BROWARD COUNTY HUMAN SERVICES DEPARTMENT

RYAN WHITE PART A PROGRAM

Minority AIDS Initiative (MAI)

Substance Use – Outpatient

Service Delivery Model

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I. Program Description / Service Definition

HRSA Definition[1]

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

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
  - Pretreatment/recovery readiness programs
  - Harm reduction
  - Behavioral health counseling associated with substance use disorder.
  - Outpatient drug-free treatment and counseling
  - Medication-assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention

Minority AIDS Initiative (MAI) - additional funding under the Ryan White HIV/AIDS Program Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV.

- Under Part A, MAI formula grants provide core medical and related support services to improve access and reduce disparities in health outcomes in metropolitan areas hardest hit by HIV/AIDS.

The Broward County Ryan White HIV/AIDS Part A Program (RWHAP) and Minority AIDS Initiative (MAI) funds Substance Use – Outpatient services are medical or other treatment and/or counseling services provided to clients to address substance use disorders (SUDs) (i.e., recurrent use of alcohol, opiates, stimulants, or other controlled or uncontrolled substances causing clinically significant distress or impairment in physical, social or occupational functioning). These services will be provided by appropriately credentialed and/or licensed treatment professionals. Substance Use – Outpatient services include psychological assessment and evaluation, drug testing, diagnosis, treatment planning with written goals, crisis counseling, periodic reassessments, outpatient day treatment, intensive day/night treatment, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate to improve adherence to treatment and improve client health outcomes.

[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02*. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

II. Population of Focus

Individuals who are Broward County residents with HIV who earn less than or equal to 400% of the Federal Poverty Guidelines, are uninsured or under-insured, have barriers to economic stability, and have no other means or funding source to receive services.

In addition to the requirements listed for MAI funding, the eligibility requirements for clients must also include individuals who are of a racial or ethnic minority population disproportionately affected by HIV, as defined by HRSA.

- HRSA's Bureau of Health Workforce (BHW) defines URM as someone from a racial or ethnic group considered inadequately represented in a specific profession relative to the representation of that racial or ethnic group in the general population.

Race / Ethnicity categories:

• Hispanic or Latino
• White (non-Hispanic)
• Black or African American (Non-Hispanic)
• Asian (non-Hispanic)
• American Indian or Alaska Native (Non-Hispanic)
• Native Hawaiian or Other Pacific Islander (Non-Hispanic)
• Other or Multiple Races (Non-Hispanic)

For the purposes of the health professions, the Bureau of Health Workforce (BHW) considers people from these racial and ethnic backgrounds as underrepresented:

• American Indian or Alaska Native
• Black or African American
• Native Hawaiian or Other Pacific Islander
• Hispanic (all races)

III. Eligibility Criteria

Individuals must meet the following criteria to receive MAI Ryan White Part A Substance Use services.

- Broward County Resident living with HIV / AIDS
- Less than or equal to 400% of the Federal Poverty Level
- Un-insured or underinsured or experiencing economic stability barriers
- Meet the Population of Focus criteria for MAI programs

IV. Documentation of Eligibility

Notice of Eligibility from the Centralized Intake Eligibility Determination Office (CIED).

V. Key Service Components & Activities

In addition to the Substance Use – Outpatient Service Delivery Model (SDM), all providers must adhere to the minimum requirements outlined in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements outlined in the Broward County Human Services Department, Community Partnerships Division, Housing Options, Solutions and Supports Division, individual contracts, and applicable contract adjustments. Providers are subject to Florida's Statute Title XXIX, Chapter 394[2]. Per Florida Law, professional staff providing treatment, counseling, or support group facilitation must be licensed professionals or supervised by a licensed professional. Providers must also adhere to standards and requirements set forth in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, individual contracts, and applicable contract adjustments. Providers must refer to their individual contracts for service-specific client eligibility requirements. Providers of Substance Use – Outpatient services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

All MAI-funded programs are expected to adhere to the above service standards.

Outpatient Care

Outpatient Substance Use care treats, ameliorates negative symptoms from SUDs and restores effective functioning in persons diagnosed with substance-use dependency or addiction. Outpatient care is appropriate as an initial level of care for clients with less severe disorders, in the early stages of change (as a "step down" from more intensive services), or stable and ongoing monitoring or disease management. Outpatient care is provided for less than nine hours weekly.

Intensive Outpatient Services

Intensive outpatient services, which vary in intensity, provide essential addiction education and treatment to clients with SUDs. At a minimum, they provide a support system including medical, psychological, psychiatric, laboratory, and toxicology services within 24 hours via telehealth or within 72 hours in person. Intensive outpatient services are provided from 9 to 19 hours weekly.

Day Treatment

Day treatment services differ from intensive outpatient services in the intensity of clinical services that are directly provided. Day treatment is appropriate for clients who are living with unstable medical and psychiatric conditions. At a minimum, day treatment meets the same treatment goals as described in Intensive Outpatient Services, with psychiatric and other medical consultation services available within eight hours via telehealth or within 48 hours in person. Day treatment services must be continuously provided at a minimum from 9:00 a.m. until 10 p.m. during a single 24-hour period.

VI. Assessment and Treatment Plan

Assessment

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment. The biopsychosocial assessment must be completed in the

[2] FLA. STAT. § 394.

designated HSSS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional. The biopsychosocial assessment, at minimum, must include the following:

- Presenting problems
- Primary care post-traumatic stress disorder (PC-PTSD) screening[3]
- Biological factors
- Psychological factors
- Social factors
- Summary of findings
- Diagnostic impression
- Treatment recommendations

Additional assessments may be completed when clinically indicated, as indicated in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

The assessment must identify opportunities for improvement in access to care and disparities in health outcomes for MAI programs.

Treatment Plan

Providers must work with each client to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment. The treatment plan must be goal-oriented with measurable objectives. The provider must assist the client in defining goals and documenting the progress and assistance provided. Treatment plans become effective on the date the plan is signed and dated by the licensed professional and the client. Treatment plans must contain, at minimum, the following components:

- The client's diagnosis code(s) consistent with assessments
- A list of the services to be provided to the client (treatment plan development and review, and evaluation/assessment services provided to establish a diagnosis; however, information gathered by the provider for the development of the treatment plan need not be listed)
- The amount, frequency, and duration of each service to be provided to the patient as part of the six-month in duration treatment plan (e.g., four units of therapeutic behavioral on-site services two days per week for six months). It is not permissible to use the terms "as needed," "p.r.n.," or to state that the client will receive a service "x to y times per week."
- Goals that are individualized, strength-based, and appropriate to the client's diagnosis, age, culture, strengths, abilities, preferences, and needs, as expressed by the client
- Measurable objectives with target completion dates identified for each goal
- Dated signature of the client or client's parent, guardian, or legal custodian (if the client is under 18 years of age)
- Dated signature of a licensed provider
- A signed and dated statement by the licensed practitioner stating services are medically necessary and appropriate to the client's diagnosis and needs

[3] Health Resources and Services Administration. *Primary Care PTSD Screen for DSM-5 (PC-PTSD-5).* https://www.hrsa.gov/behavioral-health/primary-care-ptsd-screen-dsm-5-pc-ptsd-5.

- Discharge criteria (individualized, measurable criteria that identify the client's readiness to transition to a new level of care or out of care)

For MAI programs, the treatment plan must address potential barriers to access and reduce disparities in health outcomes.

Treatment Plan Review

A formal review of the treatment plan must be conducted every six months, at a minimum. Treatment plans may be reviewed more than once every six months when significant changes occur. The treatment plan review requires the participation of the client and the treatment team members identified in the client's individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the treatment plan review. Any modifications or additions to the treatment plan made during the review must be documented. A licensed practitioner and the client must sign and date the treatment plan.

The formal treatment plan review must contain, at minimum, the following components:

- Current diagnosis code(s) and justification for any changes in diagnosis
- Client progress toward meeting individualized goals and objectives
- Client progress toward meeting individualized discharge criteria
- Updates to the aftercare plan
- Findings/interpretive summary
- Recommendations
- Dated signature of the client or client's parent, guardian, or legal custodian (if the client is under 18 years of age)
- Dated signature of a licensed practitioner who participated in the review of the plan
- A signed and dated statement by the licensed practitioner stating services are medically necessary and appropriate to the client's diagnosis and needs

VII. Standards for Service Delivery

Table 2. Substance Use – Outpatient Service Delivery Standards

Standard	Measure
1. Client is asked to give express and informed consent for treatment.	1.1. Signed informed consent form in the client file.
2. Provider conducts a biopsychosocial assessment with each client prior to the development of a treatment plan within 30 calendar days of the first encounter.	2.1. Completed biopsychosocial assessment signed by a licensed practitioner in the designated HSSS.
3. Provider works with each client to develop a detailed treatment plan.	3.1. Treatment plan signed and dated by a licensed practitioner and client in the designated HSSS.
4. Provider conducts a formal treatment plan review at least every six months.	4.1. Updated treatment plan with signature and date of licensed practitioner and client in the designated HSSS.

Standard	Measure
5. Assistance provided to the client and progress made toward achieving treatment plan goals is documented in the client file within three business days of meeting with the client.	5.1. Documentation of client communication, services provided, and progress made toward treatment plan goals in the designated HSSS.
6. All client communication is documented in the client file and includes a date, length of time spent with the client, the person(s) included in the encounter, a summary of what was communicated, and the provider's signature.	6.1. Detailed documentation with provider signature of all client communication in the designated HSSS.
7. Progress notes in the client file are linked to a treatment plan goal.	7.1. Progress notes in the designated HSSS.
8. Minority AIDS Initiative (MAI) funds must be used to address the disproportionate impact of HIV on racial and ethnic minority populations and subpopulations, in addition to disparities in access, treatment, care, and outcomes.	8.1. Establish and maintain a system that tracks and reports the following for MAI Services: • Funds expended. • Number of clients served. • Units of service provided overall by race/ethnicity, women, infants, children, and youth. • Client-level outcome within each minority population and/or subpopulation.

VIII. Broward Outcomes & Indicators

Table 1. Outcomes, Indicators, Data Source, and Measure

Outcomes	Indicators	Data Source	Measure
1. Improvement in client's symptoms and/or behaviors associated with primary Substance Use diagnosis.	1.1. 85% of clients achieve treatment plan goals by the designated target date.	1.1.1. Client's Provide Enterprise Profile.	1.1.2. Treatment plan documented in designated Human Services Software System (HSSS). 1.1.3. Data obtained from the MAI Annual Report. **Calculation** *Numerator* – Clients in the denominator whose closed treatment plan goal was successful and completed by the target date. /

			Denominator: Clients who received MAI—Substance Use services during the reporting period and had at least one (1) treatment plan goal closed during the reporting period. **Numerator Divided by the Denominator multiplied by 100 = Percentage Attained.**