

ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES

SUBSTANCE ABUSE TREATMENT SERVICES- OUTPATIENT

Purpose

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is provided. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

Definition

Substance Abuse Treatment Services-Outpatient is the provision of outpatient services for the treatment of drug or alcohol use disorders (i.e. alcohol and/or legal and illegal drugs) by or under the supervision of a physician or other qualified/licensed personnel. Services 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

Services are must be based on a treatment plan and can be conducted in an outpatient group or individual session. Please refer to section II.B for the qualifications of program staff providing substance abuse treatment services.

Standards Development Process

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, meetings of the quality management committee of the Atlanta HIV Health Services Planning Council, and meetings with the Ryan White Part A Recipient.

Application of Standards

These standards apply to any agency receiving Part A funds to provide Substance Abuse-Outpatient Services. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain in quarterly reports the steps it is taking to meet that standard.

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Mental Health, Substance Abuse, Case Management, and Legal Standardized Screening Questions

The screening process includes utilization of the Atlanta EMA Screening Tool, standardized Case Management, Mental Health, Substance Abuse, and Legal questions, which all agencies must use if receiving Part A funds to provide Outpatient Ambulatory Health Services, Substance Abuse, Mental Health, Case Management (medical or non-medical) or Referral for Health Care and Support services. The purpose of the tool is to provide a uniform way to identify persons living with HIV (PLWH) who need an assessment conducted. Given this standardized approach, clients will receive the same follow-up for assessment, treatment and/or referrals based on their responses, regardless of the agency. Please note that agencies may decide to add more questions to their screening tool; however, the questions listed in these standards must be asked first before an agency's additional questions.

Acknowledgements

Fulton County would like to thank all of the EMAs that shared their standards and those who gave generously of their time to provide valuable input to the development of these quality management standards and measures.

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I. Policies and Procedures	
Standard	Measure
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law and local regulations.	<ul style="list-style-type: none"> • Policy and procedure manual • Grievance procedure posted in visible location
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> ✓ Clients rights and responsibilities ✓ Release of information/confidentiality ✓ Eligibility for services 	<ul style="list-style-type: none"> • Policy on file
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> • Current licensure on file from appropriate city/county/state/federal agency
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> ✓ Physical agency safety management and public health emergencies <ul style="list-style-type: none"> • Meets fire safety requirements • Complies with Americans with Disabilities Act (ADA) • Is clean, comfortable and free from hazards • Complies with Occupational Safety and Health Administration (OSHA) infection control practices ✓ Crisis management and psychiatric emergencies <ul style="list-style-type: none"> • How to assess emergent/urgent vs. routine need • Verbal intervention • Non-violent physical intervention • Emergency medical contact information • Incident reporting • Voluntary and involuntary inpatient admission ✓ Refusal of services ✓ Personnel <ul style="list-style-type: none"> • Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio ✓ Client/Parent/Guardian Rights and Responsibilities (see Section VII) ✓ Health Record Storage and Maintenance <ul style="list-style-type: none"> • Complies with DHHS, Office of Civil Rights HIPAA requirements 	<ul style="list-style-type: none"> • Policy on file • Site visit

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✓ Business Association Agreements on file	
E. Agency has private, confidential office space for seeing clients with substance abuse treatment needs (e.g. no half-walls or cubicles, all rooms must have doors).	<ul style="list-style-type: none"> ● Site visit
F. Agency will have all inactivated client records in a confidential locked location for a period as stipulated by law.	<ul style="list-style-type: none"> ● Site Visit/Program Monitoring
<p>G. Agency is required to assure and maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation that 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 <ul style="list-style-type: none"> ● Staffing structure showing supervision by a physician or other qualified personnel ✓ Documentation through program files and client records that: <ul style="list-style-type: none"> ● Services provided meet the service category definition ● All services provided with Part A funds are allowable under Ryan White ✓ Assurance that services are provided only in an outpatient setting ✓ Assurance that services provided include a treatment plan for only allowable activities 	<ul style="list-style-type: none"> ● Personnel files ● Client records ● Site Visit/Program Monitoring

II. Program Staff

Standard	Measure
A. Staff are trained and knowledgeable about HIV/AIDS and available resources.	<ul style="list-style-type: none"> ● Training records
B. Staff has appropriate skills, relevant experience and licensure to care for PLWH with substance abuse issues. Substance Abuse services provided with HRSA funding are subject to Georgia Code Title 43, Chapter 10A. Services will be provided by or under the supervision of a physician or other qualified/licensed personnel such as licensed social workers, professional counselors, and certified alcohol and drug counselors.	<ul style="list-style-type: none"> ● Current certifications on file ● Training records
C. Agency staff administering screening questions must have completed training for using the Atlanta EMA screening tool.	<ul style="list-style-type: none"> ● Training records
D. All staff without direct experience, licensure, or certification must work under direction and supervision of an appropriately licensed/credentialed Substance	<ul style="list-style-type: none"> ● Personnel records ● Training records

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Abuse Professional (SAP) that is qualified by the Georgia Composite Board of Medical Examiners, Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists, or Georgia Addiction Counselors' Association to provide supervision.	
E. Staff obtaining experience must document supervision. Both supervisors and supervisees are required to maintain a record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session available upon request.	<ul style="list-style-type: none"> ● Personnel records
III. Access to Services	
A. Agency is accessible to desired target populations. Accessibility includes: <ul style="list-style-type: none"> ✓ Proximity to community impacted by HIV ✓ Proximity to mass transit ✓ Proximity to low-income individuals ✓ Proximity to underinsured/uninsured individuals 	<ul style="list-style-type: none"> ● Site visit
B. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (e.g. sign language interpreter).	<ul style="list-style-type: none"> ● Policy on file
C. Agency demonstrates the ability to provide culturally and linguistically appropriate care according to the Atlanta EMA standards for desired target population.	<ul style="list-style-type: none"> ● Personnel and training records ● Site visit ● Client satisfaction survey
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> ● Client satisfaction survey ● Existence of Consumer Advisory Board
E. Agency is accessible using HIPAA-compliant applications to provide telehealth services with healthcare-specific features and security.	<ul style="list-style-type: none"> ● Policy on file ● Personnel and training records ● Program Review
IV. Eligibility Determination/Screening	
Standard	Measure
A. Upon initial contact with client, agency will assess client for emergent/urgent or routine mental health and substance abuse needs.	<ul style="list-style-type: none"> ● Client record
B. Provider determines client eligibility for services. Client eligibility will be reassessed every six months. The process to determine client eligibility must be completed in a time frame so that treatment is not delayed. Eligibility assessment must include at a minimum: <ul style="list-style-type: none"> ✓ Proof of HIV status 	<ul style="list-style-type: none"> ● Client record ● Policy on file ● Agency client data report consistent with funding requirements

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<ul style="list-style-type: none"> ✓ Proof of income not greater than 400% of Federal Poverty Level ✓ Proof of residency within the Atlanta EMA ✓ Proof of payor of last resort ✓ Proof of active participation in primary care or documentation of the client's plan to access primary care <ul style="list-style-type: none"> • At least 1 visit with a primary care provider every 6 months • For affected children < 4, at least 1 primary care visit within 12 months. 	
<p>C. Client is informed of the client confidentiality policy and grievance policy at first face to face contact.</p>	<ul style="list-style-type: none"> • Client record • Client satisfaction survey
<p>D. New and re-enrolling clients will be screened for case management, mental health, substance abuse and legal needs using the standardized Atlanta EMA screening tool per screening protocol during a face to face contact from appropriate program staff immediately following eligibility determination. All clients will be rescreened annually to address any new client needs.</p>	<ul style="list-style-type: none"> • Client record with Atlanta EMA Screening tool • Client data entered consistent with funding requirements (CAREWare) • Client record - if client disagrees with the screening disposition, the client record must include signature of client noting this and the scheduled appointment time with the identified agency grievance staff person.

V. Assessment/Treatment

Standard	Measure
<p>A. Clients who are referred shall receive an assessment within 10 business days. Assessment includes at a minimum:</p> <ul style="list-style-type: none"> ✓ Medical history and current health status ✓ HIV risk behavior ✓ Available financial resources ✓ Available support system ✓ Legal history ✓ Mental health issues ✓ Housing history 	<ul style="list-style-type: none"> • Client record • Agency client data report consistent with funding requirements
<p>B. Clients with a current substance use issue as determined by the standardized assessment who want treatment will be provided either with treatment or a referral as clinically indicated.</p>	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements • Client record
<p>C. Substance Abuse treatment plan is developed for each client who receives substance abuse outpatient treatment.</p>	<ul style="list-style-type: none"> •
<p>C. Develop treatment plan with client within 20 business days of intake</p>	<ul style="list-style-type: none"> • Client record including completed treatment plan signed by

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<p>encompassing continuum of care. An appropriate treatment plan must include:</p> <ul style="list-style-type: none"> ✓ The quantity, frequency, and modality of treatment provided ✓ The date treatment begins and ends ✓ The signature of the individual providing the service and or the supervisor as applicable ✓ Regular monitoring and assessment of client progress <ul style="list-style-type: none"> • Risk reduction counseling on possible HIV re-infection and avoiding transmission to their partners • Documentation of current medications if applicable • Recommended substance use treatment and client’s willingness to participate in such treatment • Plans for continuity of primary medical care for those clients who are currently receiving medical care • Plans to link client into primary medical care with a designated time frame that is coordinated with client’s substance use treatment needs 	<p>client</p> <ul style="list-style-type: none"> • Client satisfaction survey
<p>D. Client’s needs and treatment plan are reviewed at least every 6 months. Treatment plans of clients receiving intensive outpatient services shall be reviewed at a minimum of 30 days and revised as clinically needed. Clients receiving telehealth services should have a face-to-face visit at least once a year.</p>	<ul style="list-style-type: none"> • Client record • Agency client data report consistent with funding requirements
VI. Service Coordination/Referral	
Standard	Measure
<p>A. Agency staff acts as a liaison between the client and other service providers to support coordination and delivery of high quality care. For those clients not in outpatient ambulatory health services, agency staff must note progress towards linking the client into outpatient ambulatory health services.</p>	<ul style="list-style-type: none"> • Client record – documentation of with whom staff are communicating and progress to linking client to primary care if appropriate
<p>B. Agency staff implement discharge plan when appropriate in client treatment plan. The discharge plan shall be inclusive of:</p> <ul style="list-style-type: none"> ✓ Summary of needs at admission ✓ Summary of services provided ✓ Goals completed during counseling ✓ Circumstances of discharge ✓ Disposition 	<ul style="list-style-type: none"> • Client record
<p>C. Referral sources should be provided at a minimum with the following:</p>	<ul style="list-style-type: none"> • Client record

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<ul style="list-style-type: none"> ✓ Authorization form from client to provide records to referral source ✓ Concise problem statement ✓ Relevant lab tests 	
VII. Clients' Rights and Responsibilities	
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> • Policy on file
B. Grievance policy exists.	<ul style="list-style-type: none"> • Policy on file
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> • Client record
D. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> • Policy on file • Legal/medical consultation policy
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services annually.	<ul style="list-style-type: none"> • Client record • Documentation in client chart initialed or signed by client (may include electronic signature)

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Staff Credentials¹

Substance Abuse Professional (SAP)

The following are considered to be Substance Abuse Professionals:

1. Physician (MD, DO, etc.) – A physician licensed to practice medicine or osteopathy by Georgia Composite Board of Medical Examiners who has specialized training/certification in addiction or one year of experience treating persons with addictive diseases.
2. Physician's Assistant (PA) – A person who completed a physician's assistant training program approved by Georgia Composite Board of Medical Examiners who has specialized training/certification in addiction or one year of experience treating persons with addictive diseases.
3. Advanced Practice Nurse or Registered Nurse – An advanced Practice Nurse or Registered Nurse with a bachelor's degree in nursing with specialized training/certification in addiction or one year of experience treating persons with addictive diseases.
4. Psychologist (PhD or PsyD) – A holder of a doctoral degree from an accredited university or college and who is licensed by the Georgia Board of Examiners of Psychologists with specialized training/certification in addiction or one year of experience treating persons with addictive diseases.
5. Social Worker, Professional Counselor or Marriage and Family Therapist – A social worker, professional counselor or marriage and family therapist licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists with specialized training/certification in addiction or one year of experience treating persons with addictive diseases. Licensures may include Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), and/or Licensed Associate Professional Counselor (LAPC).
6. Certified Addiction Counselor I (CAC-I) or higher – Individuals with certification as a Certified Addiction Counselor I or II by the Georgia Addiction Counselors Association, or certification by the National Association of Alcoholism and Drug Consortium as a Master Addiction Counselor, or certification by the International Credentialing Reciprocity Consortium as a Certified Alcohol and Drug Counselor I, II, or III.
7. Licensed Practical Nurse (LPN) – A person licensed for practical nursing by Georgia Board of Licensed Practical Nursing with one year experience treating persons with addictive diseases.
8. Interns or Trainees – A person with a high school diploma/equivalent or higher and who is actively pursuing certification as a certified addiction counselor or certified alcohol and drug counselor. Must be supervised and directed by a supervisor who meets the qualifications established by the Georgia Addiction Counselors' Association or any other similar private association of addiction.

¹ Adapted from the FY2020 Provider Manual for Community Behavioral Health Providers by Georgia Department of Behavioral Health & Developmental Disabilities (Oct 2019). <https://dbhdd.georgia.gov/provider-manuals-archive>