K. Substance Use Disorder Services

Service Definition

SUD Outpatient Treatment

SUD outpatient treatment services include screening, assessment, diagnosis, and treatment of substance use disorders (SUD) provided to people living with HIV (PLWH). Services may include pre-treatment/recovery readiness programs, harm reduction techniques, behavioral health counseling associated with substance use disorder, outpatient treatment and counseling, medication assisted therapy, neuro-psychiatric pharmaceuticals, and relapse prevention. Services must be based on a treatment plan and conducted in an outpatient group and/or individual session.

Life Care and Early Intervention Services (LCEIS) recipients providing SUD services are expected to comply with the LCEIS Universal Standards of Care, as well as these additional standards:

Standard 1: SUD services providers must ensure services are delivered in accordance with the Wisconsin Life Care and Early Intervention Services Eligibility and Recertification Policy and Procedures.

Providers are responsible to determine eligibility at enrollment and to confirm eligibility annually.

Documentation

Client records must document that the client is living with HIV and resides in Wisconsin at initial enrollment in accordance with the Wisconsin LCEIS Eligibility Policy.

Standard 2: Intakes must be conducted in a safe, welcoming, and trauma informed way.

Providers or non-service provider staff who conduct intake services must create a safe, welcoming, and trauma-informed environment for all new clients to encourage retention in services.

Documentation

Providers or non-service provider staff must be able to describe clinic policies, protocols, and practices that create an environment to build client rapport.

Standard 3: Intakes may be performed by providers, non-service provider staff, or interns.

Intake may be performed by subrecipient staff or interns who are not SUD providers granted they meet all the following criteria:

- Are an employee or intern of the subrecipient.
- Received proper onsite training and signed the agency confidentiality agreement.
- Completed the HIV Basics Online Course offered through the University of Wisconsin-Madison, HIV Training System.

Documentation

The client record must indicate who performed the intake.

If the client record shows that intake is performed by someone who is not an SUD provider, the required criteria must be documented in their personnel file or somewhere easily accessible for chart audits.

Standard 4: Intake includes identification of alternative funding sources and assurance that LCEIS is payer of last resort*.

On intake, clients must be assessed for current or potential eligibility for third-party payment of SUD services, including Medicaid and private health insurance plans.

Third-party payers for which the client is enrolled should be utilized before LECIS funding.

Documentation

Client records and billing records must document assessment, enrollment assistance, and use of alternative payment sources before using LCEIS funding.

*These provisions do not apply to Ryan White, Veterans Administration, and Indian Health Services benefits.

Standard 5: A crisis intervention plan must be in place.

Clients must be provided a documented procedure to follow if they need after-hours assistance when they are initially enrolled in services.

Recipients must have written policies and procedures for staff to follow in psychiatric or medical emergencies. Such policies and procedures define emergency situations, and the responsibilities of key staff are identified.

There must be a procedure in place for training staff to respond to emergencies and assess client suicide risk.

Clients participate in safety planning to determine local resources for after-hours care in event of a medical or psychiatric emergency.

Documentation

The recipient crisis intervention plan is available for inspection by the Wisconsin HIV Care Unit upon request.

Standard 6: When a client needs a translator or interpreter, the recipient must make a certified medical interpreter available to the client.

Recipients must have available and offer certified medical interpreter services to clients. A client's family members and friends should not be considered as interpreters due to medical technology limitations and should only be considered as interpreters if the client refuses services of a certified medical interpreter.

Recipients should proactively inform clients that medical interpretation services are available.

Documentation

Recipients must maintain a current contract with a provider of certified medical interpreter services or maintain medical interpretation certifications of staff employed by the clinic. If the client refuses the use of a certified medical interpreter, the client record must include documentation of client refusal.

Standard 7: Voluntary client transitions to other providers are seamless and emphasize uninterrupted access to services, whenever possible.

When clients express an intent to transfer their SUD treatment to another provider, this transition must be handled with courtesy and professionalism.

Whenever possible, all transition of records should happen within 30 days of request and must include all items requested by the client and the provider, within the limits of HIPAA and other laws, Federal Confidentiality 42 CFR Part 2 regulations, and policies.

Documentation

The recipient must document how its protocols, policies, and practices regarding voluntary transfers emphasize uninterrupted access to SUD outpatient treatment services. Client records must document steps taken to transfer care to another provider.

Standard 8: Recipients must establish and apply criteria by which clients will be transferred to other providers without client request.

There may be time when clients need to be transferred to other providers for a variety of reasons, including client behavior that poses a threat to clinic staff and clients.

Each recipient must establish criteria and processes for such transfers and apply it consistently, while still attempting to prevent interruptions in care.

Documentation

The clinic must document how its protocols, policies, and practices regarding involuntary transfers emphasize uninterrupted access to care.

Standard 9: Recipients must establish criteria for client discharge.

Clients may be discharged from counseling and therapy services for reasons that include, but are not limited to:

- Completion of the treatment plan.
- Voluntary withdrawal from the service.
- Relocation outside of the service area.
- Client does not attend appointments and does not respond to correspondence for 3 months past client's anticipated appointment date.
- Severe, inappropriate, threatening, or otherwise destructive behavior on the part of the client that makes continuation of services dangerous to the provider or unlikely to be helpful to the client.
- Client death.

Documentation

The clinic must document how its protocols, policies, and practices regarding case closure are reasonable and attempt to motivate the client to re-engage in counseling and therapy services.

Standard 10: Recipients must establish criteria for encouraging re-engagement in SUD services after an extended absence.

Unless contraindicated, providers should attempt to convey that ongoing SUD services is extremely important, and that the provider would be open to re-engagement in care in the future.

Documentation

The clinic must document how its protocols, policies, and practices regarding re-engagement to care are reasonable and attempt to motivate the client to re-engage in SUD services. Clinic policies must be available for review by the Wisconsin HIV Care Unit upon request.

Standard 11: A client's potential SUD is identified using an evidence-based screening tool. The results of the screening tool inform available options for care.

Client involvement with alcohol and other drugs must be identified using an evidence-based screening tool. The choice of screening tool should be guided by professional judgment and based on known client characteristics (such as age, self-described drug use, and cultural beliefs).

Clients must be advised on available options based on the screening outcome and the client's stated preferences, including:

- Pre-treatment or recovery readiness.
- Harm reduction interventions.
- Referral to formal drug treatment (including, but not limited to, medication assisted therapy and substance use disorder treatment and counseling).

Documentation

The client record must document the screening tool used, the results of the screening, and how clients are advised on options and preferences.

Standard 12: Clients who choose to engage in SUD outpatient treatment services receive a comprehensive substance use assessment as a basis for further treatment decisions.

Clients must receive a comprehensive substance use assessment, consistent with the outcome of the screening process and the client's readiness to pursue treatment.

Assessors should utilize The American Society of Addiction Medicine (ASAM) Criteria as a comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.[1]

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care, as seen below:

1	Acute Intoxication and/or Withdrawal Potential	Exploring an individual's past and current experiences of substance use and withdrawal
2	Biomedical Conditions and Complications	Exploring an individual's health history and current physical condition
3	Emotional Behavioral, or Cognitive Conditions and Complications	Exploring an individual's thoughts, emotions, and mental health issues
4	Readiness to Change	Exploring an individual's readiness and interest in changing
5	Relapse, Continued Use, or Continued Problem Potential	Exploring an individual's unique relationship with relapse or continued use or problems
6	Recovery and/or Living Environment	Exploring an individual's recovery or living situation, and the surrounding people, places, and things

The client's individualized treatment plan must be informed by the results of the comprehensive assessment.

Documentation

The client record must document the use of a comprehensive assessment and its outcome.

Standard 13: Each SUD treatment client has a comprehensive individualized treatment plan for outpatient services.

Treatment plans must include:

- The level of treatment advisable for the client, based on the comprehensive assessment, availability of services, and client right to self-determination.
- Projected treatment start date and, if appropriate, projected treatment end date.
- A process to regularly monitor and assess client progress.

[1] www.asam.org/asam-criteria/about

The ASAM Criteria's strength-based multidimensional assessment considers a patient's needs, obstacles and liabilities, as well as their strengths, assets, resources, and support structure. This information is used to determine the appropriate level of care across a continuum.[2]

Funding in this service category may be utilized to support three of the five broad levels of care:

- Level 0.5, Early Intervention
- Level 1, Outpatient Services
- Level 2, Intensive Outpatient or Partial Hospitalization Services
- Level 2.1, Intensive Outpatient Services

Funding in this service category may also be utilized to support two additional outpatient services, noted by ASAM:

- Ambulatory Withdrawal Management (with or without extended on-site monitoring)
- Opioid treatment programs (including those offered in physician offices)[3]

Documentation

The client record must include a treatment plan with all of the required elements, consistent with the findings of the ASAM criteria. If ASAM findings are not used due to client self-determination, the client record must document this.

Standard 14: The client must receive substance use treatment consistent with their treatment plan unless declined by the client. The treatment plan is reviewed and revised to reflect changes in client's condition or situation.

Clients must have continued access to the treatment level and modality specified in their treatment plan so long as **one** of the placement criteria are met:

- The patient is making progress but has not yet achieved the goals articulated in the individualized treatment plan.
- The patient is not yet making progress but has the capacity to resolve their problems.
- New problems have been identified that are appropriately treated at the present level of care.

The treatment plan must be continually monitored to ensure that it remains relevant to client needs.

The level of care in the client's treatment plan should be revised based on ASAM-defined criteria:

- The patient has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan, indicating another level of care is needed.
- The patient has demonstrated a lack of capacity to resolve his or her problems, indicating another level of care is needed.

[2] As described at www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

[3] Overview of Substance Use Disorder (SUD) Care Clinical Guidelines: A Resource for States Developing SUD Delivery System Reforms, ASAM, April 2017, available at www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/reducing-substance-use-disorders/asam-resource-guide.pdf

- The patient has experienced an intensification of his or her problems or has developed a new problem and can be treated effectively only at a more intensive level of care.

Documentation

The client record must document one or more criteria for ongoing service.

The client record must document monitoring of the treatment plan and, when indicated, a revision to the level of care.

Standard 15: A system is in place to ensure coordination of substance use treatment with other services to improve health outcomes.

Providers of substance use treatment must facilitate client access to a full range of services, including medical care, mental health and psychiatry, case management, harm reduction techniques, criminal justice, social and legal services, rehabilitation, and self-help programs, as appropriate.

The recipient must coordinate services with other programs needed by patients and there are written policies and procedures regarding care coordination with other service providers.

Documentation

Appropriate releases of information (ROIs) must be in the client record for any incoming and outgoing patient information. The primary HIV outpatient ambulatory medical provider must be identified in each client record.

Client charts must show evidence of case consultation with providers of other systems of care, as appropriate.

Client records must include summary information from other service providers, as appropriate.

Standard 16: SUD outpatient treatment clients that require higher-intensity treatment receive active referrals that are monitored for client follow up.

The ASAM Criteria may indicate that a higher intensity level of service is advisable, including:

- Level 3, Residential Inpatient Services.
- Level 4, Medically Managed Intensive Inpatient Services.

When clients require higher-intensity services, the provider should provide active referrals to specialty care as agreed upon by the client and the provider.

The referral process may include referral to a named agency, providing an exact address, assisting clients with making and keeping appointments, identifying referral agency eligibility requirements, and assisting clients with gathering any required documents to bring to the appointment.

Documentation

Referrals must be documented in the client record and include all the active elements. The client record should include evidence that outcomes were tracked.