

**Minnesota Ryan White HIV/AIDS Program**  
**Service Area Standards: Substance Abuse Outpatient Care**

**HRSA Definition:** Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

1. Screening
2. Assessment
3. Diagnosis, and/or
4. 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

**Program Guidance:** Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

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**Universal Standards:** All subrecipients must meet [universal standards](#) requirements in addition to service area standards for which they are funded.

<b>Individual Client Focused Standards</b>		
<b>Standard</b>	<b>Measure</b>	<b>Data Source</b>
<b>1. Government Regulations</b>  1. Eligible services will meet all applicable statutory and administrative rule practice requirements that apply to Minnesota-licensed chemical dependency detoxification and treatment programs. Chemical dependency treatment licensing requirements include but are not limited to Minnesota Rule 31 (9530.6405-9530.6505).	1. Compliance with all appropriate regulatory agencies.	1. File review/Site visits
<b>2. Comprehensive Assessment</b>  2.1 A comprehensive assessment including the client's needs that relate to substance use and personal strengths that support recovery.  2.2 Basic medical history, including substance usage, a determination of the necessity of a medical evaluation, and a copy, where applicable of the results of the medical evaluation.  2.3 Screening for mental health disorders.	2.1 Charts will include a comprehensive assessment.  2.2 Documentation of basic medical history and a copy of medical evaluation in client chart.  2.3 Documentation in client chart.	2.1-2.3 File Review/Site Visits
<b>3. Medication assisted therapy linkage</b>  3. Based on assessment, clients should be informed of, and offered linkage to, evidence-based pharmacotherapy treatments (e.g., opioid agonist therapy, tobacco cessation treatment, alcohol use disorder treatment).	3. Client chart will include documentation of evidence-based pharmacotherapy offered.	3. File Review/Site Visits/Quarterly Reports

Standard	Measure	Data Source
<p><b>4. Treatment Plan</b></p> <p>4.1 A written treatment plan must be developed in conjunction with referral and coordination of services with the participation and agreement of the client or guardian. Client must have an active role in determining the goals and activities.</p> <p>4.2 Treatment plan will reflect the assessment and will document:</p> <ul style="list-style-type: none"> <li>• The quantity, frequency, and modality of treatment services.</li> <li>• The date treatment begins and ends.</li> <li>• Regular monitoring and assessment of client progress, including linkage to substance abuse disorder treatment and completion or non-completion of treatment.</li> <li>• The signature of the individual providing the service or the supervisor, as applicable.</li> <li>• In cases where acupuncture therapy services are provided, documentation should be in the client's service plan.</li> </ul>	<p>4.1-4.2 Client chart will include documentation of signed treatment plan. The signature of the individual providing the service and or the supervisor as applicable.</p>	<p>4.1-4.2 File Review/Site Visits</p>

Standard	Measure	Data Source
<b>5. Referral, Linkage, and Coordination</b>  5.1 A client who is identified in need of treatment receives referral, linkage, and coordination.  5.2 Program shall identify, network, and establish referrals and agreements with treatment programs outside of the Ryan White System. This does not preclude making a referral to a treatment program where there is no formal agreement.  5.3 Program staff will assess for and address client barriers to making the treatment appointments. Coordinate additional services when applicable.	5.1 Referral, linkage, and coordination occur as a result of the assessment. For clients linked to substance abuse treatment programs, staff will document completion or non-completion in the client's file.  5.2 List of referrals and signed agreements.  5.3 Documentation of referral and coordination to additional services, including medical case management, food, medical transportation, etc.	5.1-5.3 File Review/Site Visits
<b>6. Individual and Group Counseling Curriculum</b>  6. In addition to education around the topics covered in the assessment, agency will have a written curriculum as guidance for individual and group level education: <ul style="list-style-type: none"> <li>• Reducing HIV transmission risks including partner testing</li> <li>• Preventing STIs</li> <li>• The benefits of treatment and information on how to access and retain in care</li> <li>• Available resources to help with HIV treatment and prevention</li> <li>• PrEP</li> <li>• Understanding lab values and medication regimen</li> <li>• Personal HIV disclosure</li> <li>• Personal recovery disclosure</li> </ul>	6. Curriculum approved by Ryan White Program.	6. File review/Site Visits

Program Focused Standards		
Standard	Measure	Data Source
<p><b>7. Provider Qualifications</b></p> <p>7.1 Provider staff, will be licensed as an LADC, or meet the exceptions to license requirements in Minnesota State Statute 148F.11</p> <p>7.2 Provider staff will have:</p> <ul style="list-style-type: none"> <li>• Knowledge of HIV-related topics.</li> <li>• At a minimum, provider staff will have completed 12 hours of <i>Intersection of HIV &amp; SUD Webinar Series</i>.</li> <li>• 2 years of HIV prevention or HIV service delivery.</li> </ul> <p>7.3 Supervision will be provided by a physician or other qualified/licensed personnel. Supervisor requirements:</p> <ul style="list-style-type: none"> <li>• Be a licensed alcohol and drug counselor or other qualified professional as determined by the Board</li> <li>• Have three years of experience in providing alcohol and drug counseling</li> <li>• Have received a minimum of 12 hours of training in clinical and ethical supervision. This can include continuing education courses, workshops, or college courses</li> </ul> <p>To supervise applicants completing their 2,000 hours of supervised practice for licensure, you need to be an approved supervisor. You do not need to be an approved supervisor if you are supervising a temporary permit holder. To supervise a temporary permit holder, you need to either be a licensed alcohol and drug counselor or other licensed professional practicing under Minnesota Statutes section 148F.11.</p>	7.1- 7.3 Policy and staff license documentation in program files	7.1-7.3 File Review/Site Visits