

**SUBSTANCE ABUSE COUNSELING -  
OUTPATIENT COUNSELING AND RESIDENTIAL TREATMENT  
(General HIV/AIDS Population & MAI for Residential Treatment)**

*(YEAR 25 Service Priorities #8 for outpatient;  
and #10 for Part A or #5 for MAI residential)*

Two types of **Substance Abuse Counseling/Treatment** programs are included under this service category, **Outpatient and Residential**. **Outpatient substance abuse counseling** is a core medical service. **Residential substance abuse treatment** is a support service. Services must be provided to HIV+ clients in state-licensed treatment facilities.

Both **Outpatient Counseling and Residential Substance Abuse Treatment** programs shall comply with the following requirements:

- A. Program Operation Requirements:** Providers are encouraged to provide services that are highly accessible to target populations.

Providers are also encouraged to demonstrate linkages with other service providers relevant to the needs of HIV+ persons in substance abuse treatment programs. Providers should especially demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs including housing and shelter programs.

Service must be provided in settings that foster the client's sense of self-control, dignity, responsibility for his/her own actions, relief of anxiety, and mutual aid.

Substance abuse counseling services may be provided to members of a client's family in an outpatient setting if the HIV+ client is also being served. Providers are encouraged to offer program services to families without separating the family unit. If the client is participating in a residential treatment program, the client's family member may visit the facility and participate in the counseling sessions, but the family member may not physically live in residential treatment with the client during the treatment process. A family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.A. of this service definition on the following page for details). *Note: For the purpose of this service, family members are defined as those individuals living in the same household as the client.*

Individual treatment plans must be documented in the client's chart and linked to the provision of primary medical care.

Providers must ensure that clients adhere to their treatment plan, including prescription drug regimens.

Providers of substance abuse treatment must offer flexible schedules that accommodate nutritional needs in order to facilitate client compliance with medication regimens.

Providers are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate.

**I. Substance Abuse Counseling - Outpatient Counseling (Priority #8)**

This program provides regular, ongoing substance abuse monitoring and counseling on an individual and/or group basis in a state-licensed outpatient setting. Outpatient substance abuse counseling services should be limited to the pre-treatment/recovery readiness programs; harm reduction; mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; conflict resolution; anger management; relapse prevention; drug-free treatment and counseling; and treatment for alcohol addiction and other drug addictions. Limited acupuncture services may be provided with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever required by State law.

Providers of this service must specify the maximum number of clients expected to be enrolled in a group counseling session. The minimum amount of group participants is three (3) Ryan White Program clients per group and should be no higher than fifteen (15) persons per group. The ratio of support group participants to counselors should be no lower than 3:1 and no higher than 15:1. One unit is equal to one half-hour counseling session. **Substance Abuse Counseling levels are specific to the education level of the provider of the service, as indicated below, and are not interchangeable:**

- **Substance Abuse Counseling (Level I) - Professional Substance Abuse Counseling.** This Level I service includes *general and intensive* substance abuse therapy and counseling (individual, family, and group) provided by trained mental health or certified addiction professionals. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Direct service providers for Level I must possess at least *postgraduate degrees* (PhD or Master's degree) in the appropriate counseling-related field, and preferably be licensed as a *certified addiction professional* (CAP), Licensed Clinical Psychologist, LCSW, LMHC, or LMFT to provide such services.

- **Substance Abuse Counseling (Level II) - Counseling and Support Services.** This Level II service includes supportive and crisis substance abuse counseling by trained and supervised counselors (who may possess Bachelor's degrees or have related experience, and may not be licensed), peers, and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-certified personnel providing this Level II service will be supervised by professionals with appropriate Level I substance abuse counseling credentials.
- B. Additional Service Delivery Standards:** Providers of these services will also be required to adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this book for details.)
- C. Rules for Reimbursement:** Reimbursement for individual and group therapy will be based on a half hour counseling session not to exceed \$30.00 per unit for Level I individual counseling; \$34.00 per unit for Level I group counseling; \$27.00 per unit for Level II individual counseling; and \$30.00 per unit for Level II group counseling. Reimbursement for individual sessions is calculated for each client and/or family member(s) receiving the therapy, whereas, reimbursement for group sessions is calculated for the counselor that provided the group therapy. Documentation activities are included in the substance abuse counseling unit of service, and are not to be billed as a separate encounter. Substance abuse counseling services may be provided to members of a client's family in an outpatient setting if the HIV+ client is also being served. The HIV+ client must be currently receiving such services; and preferably, but not necessarily, the family member may be served on the same day as the client.
- D. Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group therapy is a *one half-hour counseling session* provided to the client and the number of unduplicated clients served. Providers must also report, on a monthly basis, the number of group counseling units provided by each counselor.
- E. Linkage/Referrals:** Providers of outpatient substance abuse treatment must document the client's progress through the treatment program, maintain linkages with one or more residential facilities, appropriate community services, including 12-step programs, and be able to refer or place clients in a residential program, in collaboration with the client, his/her medical case manager, and primary care physician when that is found to be appropriate. Providers are required to determine if the client is currently receiving medical case management services; if not, the provider

must seek enrollment of the client in a medical case management program of the client's choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the medical case management provider must be established in order to ensure coordination of services while the client remains in treatment. *Note:* referrals to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility.

- F. Additional Rules for Documentation:** Providers must submit an assurance to OMB-GC that outpatient substance abuse services are only provided in an outpatient setting. Providers must maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients, and must make these documents available to OMB-GC staff or authorized persons upon request. Providers must also submit to OMB-GC a copy of the staffing structure showing supervision by a physician or other qualified personnel. Providers must also maintain client charts that include treatment plans with all required elements, including but not limited to measurable goals and timelines for completion. Documentation in the client chart must also clearly indicate that services were provided as allowable under the Ryan White Program service definition, and include the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

**II. Substance Abuse Counseling – Residential Treatment (Priority #10 for Part A or Priority #5 for MAI)**

This program offers substance abuse treatment, including alcohol addiction and/or addiction to legal and illegal drugs, and counseling to HIV+ clients in state-licensed treatment facilities on a short-term basis. Residential substance abuse treatment provides room and board, substance abuse treatment, including specific HIV counseling, in a secure, drug-free, state-licensed residential (non-hospital) substance abuse treatment facility, and, when necessary, detoxification. Ryan White Program funds may not be used for hospital inpatient detoxification. All clients must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) diagnosis of substance dependence. 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 of Florida.

**Residential treatment programs shall comply with the following requirements:**

- B. Rules for Reimbursement:** The unit of service for reimbursement of substance abuse counseling - residential treatment is a *client-day* of care up to a maximum amount of \$150.00 per day. The maximum rate is subject to approval by the County's Office of Management and Budget-Grants Coordination (OMB-GC). **Under no circumstance may clients be enrolled in any Ryan White Program-funded residential substance abuse treatment program for longer than 120 days within a twelve-month period. Twelve months begins on the very first day of a client's residential treatment, and restarts every 12 months based on that original start date for Ryan White Program-funded residential substance abuse treatment services. NO EXCEPTIONS. The length of stay for existing clients will be closely monitored by the County's OMB-GC/Ryan White Program.**

Residential substance abuse treatment providers are strongly encouraged to do a ".RSA" search in the Service Delivery Information System (SDIS) in order to determine how many days of residential treatment service have already been billed for the client, and how many days are remaining in the client's 120-day/12-month period. In addition, providers should call or email the client's previous substance abuse treatment provider, if applicable, to inquire if any services are pending to be entered or compiled in the SDIS. This will affect the actual number of available days versus those that appear in the SDIS.

- C. Additional Rules for Reporting:** Monthly activity reporting for residential substance abuse treatment is per *client-day* of care and number of unduplicated clients served. Providers will indicate in the SDIS the client's disposition after residential substance abuse treatment services has ended (e.g., treatment completed, client referred to outpatient substance abuse counseling, client withdrew from treatment, etc.).
- D. Linkage/Referrals:** Providers of residential substance abuse treatment must document the client's progress through the treatment program, maintain linkages with one or more outpatient facilities and appropriate community services, including 12-step programs, and be able to refer or place clients in an outpatient program, in collaboration with the client, his/her medical case manager, and the primary care physician when that is found to be appropriate. Providers are required to determine if the client is currently receiving medical case management services; if not, the provider must seek enrollment of the client in a medical case management program of the client's choice while the client is still receiving substance abuse

treatment/counseling. A linkage agreement with the medical case management provider must be established in order to ensure coordination of services while the client remains in treatment. **A client's Ryan White Program-funded medical case manager will receive an automated "pop-up" notification through the Service Delivery Information System upon the client's discontinuance or release from, completion of, and/or relapse in residential substance abuse treatment.** *Note:* referrals to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility.

- E. Special Client Eligibility Criteria:** A Ryan White Program Certified Referral or an Out-of-Network referral (accompanied by all appropriate supporting documentation including all required consent forms and Notice of Privacy Practices) is required for this service. Clients receiving Ryan White Program Part A or MAI-funded residential substance abuse counseling/treatment must be documented as having gross household incomes below 300% of the 2015 Federal Poverty Level (FPL).
- F. Additional Rules for Documentation:** Providers must also maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients, and must make these documents available to OMB-GC staff or authorized persons upon request. Providers must submit to OMB-GC a copy of the staffing structure showing supervision by a physician or other qualified personnel, and an assurance that all services are provided in a short-term residential setting. Providers must also maintain client charts that include individual treatment plans with all required elements and document that services were provided as allowable under the Ryan White Program service definition, the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.