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## SERVICE STANDARDS FOR Substance Abuse Services (Residential)

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Reviewed/approved by the Continuum of Care Committee		February 13, 2020			
Approved by the Planning Council	March 16, 2016	February 19, 2020			

### I. PURPOSE OF SERVICE STANDARDS

The purpose of these standards is to define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA)<sup>1</sup>. Providers must follow these standards as well as all New Jersey DMHAS State Regulations for Substance Abuse Treatment.

### II. GOAL

To assist HIV+ clients in addressing their dependency on legal and/or illegal substances and to have services available throughout the EMA to minimize crisis situations and stabilize clients in order to promote health care maintenance and positive health outcomes.

### III. DEFINITION

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.

Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

### IV. ELIGIBILITY FOR SERVICES

- HIV+ status
- Income must be less than or equal to 500% of FPL

### V. KEY SERVICE COMPONENTS AND ACTIVITIES

- An initial evaluation must be conducted by a qualified staff member
- Biopsychosocial assessments
- A minimum of ten hours of psychotherapeutic treatment to include:
  - Individual sessions

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*"To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren."*

- Couple sessions
- Family sessions
- Group sessions
- Case consultations
- Life skills training
- Relapse management
- Crisis intervention/Emergency services
- Sub-Acute Residential Detox
- Short-Term Residential Substance Abuse Treatment
- Co-Occurring Treatment Services
- Other services as deemed clinically appropriate

## **VI. PROVIDER AGENCY POLICIES AND PROCEDURES**

- Agency must comply with the appropriate city/county/state/federal agencies and regulations for residential provider
- Agency must have written policies and procedures in place that address confidentiality (HIPAA), grievance procedures, client's rights and the agency's rights and responsibilities
- The client must be notified of his/her rights, of the agency's rights and responsibilities and the agency's grievance policy/procedure
- Agency must have a private, confidential office space for seeing clients
- **Records Retention** – Agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years
- **Confidentiality Policy** – All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance with local, state and federal laws
- **Cultural Competence** – Agency will ensure that culturally and linguistically appropriate services are available to all clients and be able to provide services that are culturally sensitive and in the client's preferred language or arrange for a competent translator.
- **Americans Disabilities Act Compliance** – Agency must demonstrate that the needs of disabled clients are met.
- **Client consent** – The agency must obtain written consent for services and a consent for the release/exchange of information from the client. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid
- **Grievance Policy** – The agency must review the policy with the client and provide a copy in a language and format the client can understand

## **VII. ACCESSIBILITY/STANDARDS OF SERVICE**

- There will be no barriers due to client disability. The agency must be compliant with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate.
- The agency must demonstrate input from clients with regard to service delivery through client satisfaction surveys.
- There will be no barriers due to language differences between the agency and clients. Agencies must have the ability to provide native language speakers for services when 20% or more of their clients prefer another language or arrange for a competent translator.

## **VIII. PROCESS**

- A. Client Eligibility Determination
- B. Annual Certification

- C. Intake & Initial Assessment – To collect demographic information
- D. Comprehensive Substance Abuse Assessment
- E. Development and Implementation of a Treatment Plan
- F. Treatment and Coordination of Care Bi-Annual Re-Assessment and Re-Certification of Service Plan
- G. Case closure/transfer

**A. Client Eligibility Determination**

- a. Proof of HIV+ status
- b. Proof client meets income requirement

**B. Annual Certification – the following documentation should be collected:**

- a. HIV positive status
- b. Residency, including County of residence
- c. Income
- d. Household size e. Insurance

**C. Intake and Initial Assessment – The following should be included:**

- a. Proof of HIV + status
- b. Date of Intake
- c. Gender/date of birth/race/ethnicity
- d. Proof of residency, including County of residence
- e. Proof of income
- f. Employment status
- g. Proof of active participation in primary medical care or documentation of client's intention to access medical care
- h. Information about significant other/partner/minor children living in household
- i. Preferred language of communication
- j. Name and contact information about person authorized to sign for client if necessary
- k. Food preferences and client allergies/intolerances/dietary restrictions/cultural preferences

**D. Comprehensive Substance Abuse Assessment – To identify clinical needs of client the following bio-psychosocial assessment should include:**

- a. Identification and assessment of Substance Use
- b. Mental Health Assessment
- c. Assessment of dangerousness to self and others
- d. Past Psychiatric history
- e. Educational/literacy assessment
- f. Vocational Assessment
- g. Self-Sufficiency/Productivity
- h. Identification of Legal Issues, if they exist
- i. Medical History including medications.
- j. Family History
- k. Support Systems

**E. Development and Implementation of Treatment Plan - The Plan should document treatment plan and dates for measurable goal completion. It should also document treatment progress and should be reviewed within 90 days from initial plan and modified if necessary. Plan should include:**

- a. Client participation in service decisions.
- b. Goals and measurable objectives responding to client needs.

- c. Timeframes to achieve objectives
- d. Addressing barriers which are systemic, programmatic and client-specific.
- e. Referrals facilitated and follow-up by Substance Abuse Counselor.
- f. Documentation and verification of the patient's participation in primary medical care.
- g. Discussion and agreement of treatment modality and treatment adherence
- h. Ongoing HIV education/counseling
- i. Coordinated continuum of HIV/AIDS services in concert with substance abuse services.
- j. Substance Abuse Treatment Standards of Care–Approved by Continuum of Care Committee 8-11-11, Approved by Planning Council 10-19-11
- k. Documentation that patient was referred and is actively receiving mental health treatment if this is an active problem for the client.

**F. Bi- Annual Re-Assessment and Re-Certification of Service Plan**

- a. Reassess plan; revise as necessary
- b. Adjust Service Plan if necessary
- c. Utilize CHAMP to reduce duplication of services
- d. Revaluation of client eligibility

**G. Case closure/transfer**

- a. The agency must document date and reasons for closure of case including but not limited to; no contact, client request, client moves out of service area, client died, client ineligible for services or inappropriate use of Service
- b. A summary of the services received by the client must be prepared for the client's record

**IX. DOCUMENTATION**

Written documentation is kept for each client which includes:

1. Client's name and unique identifier number
2. Proof of HIV+ status
3. Initial Intake
4. Initial Substance Abuse Assessment
5. Documentation of reassessment(s)
6. Signed initial and updated individualized service plan
7. Evidence of consent for services
8. Progress notes detailing each contact with the client. These notes should include date of contact and names of persons providing the services
9. Evidence of the client's understanding of his/her rights and responsibilities
10. Signed "Consent to release information" form if needed. This form must be specific and time limited

**X. ENGAGEMENT AND RETENTION OF CLIENTS**

The best way to retain clients in care and be aware of barriers that are preventing a client accessing care is to maintain an ongoing relationship.

**Procedure to be followed for missed appointments**

1. The client should be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
2. The substance abuse treatment provider will attempt to reach the client no less than 2 times during a one-week period.
3. If the client cannot be reached by phone, a letter (certified) will be sent to the client stating that an appointment has been missed and requesting that the client contact the agency to set up another appointment.

4. The substance abuse treatment provider should check with other agencies which are providing services to the client.
5. If appropriate and with prior approval of the client, contact the emergency contact.

## **XI. STAFF/TRAINING**

### Qualifications/Training

Staff must meet requirements pursuant to New Jersey DMHAS State Regulations

HIV experience/training preferred

Ongoing education/training in related subjects including “prevention with positives”

Agency will provide new hires with training regarding confidentiality, client rights and the agency’s grievance procedure

Annual staff evaluation/review

Clinical staff knowledgeable about the full spectrum of alcohol and drug addiction must conduct this evaluation

## **XII. Program Guidance [HIV/AIDS Bureau Policy 16-02]**

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.