



**Medical Care Subcommittee  
January 24, 2025 Meeting Report  
to the Care and Treatment Committee  
Presented February 13, 2025**

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**The Medical Care Subcommittee (MSCS):**

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
  - Continued the review of the Minimum Primary Medical Care Standards.
  - Elected officers James Dougherty (chair) and Cristhian Ysea (vice chair) for a second-term.
  - Heard information on methadone access.
  - Reviewed the service descriptions for Oral Health Care.
  - Discussed updates to 2025 meeting activities.
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**Action Items**

- Reviewed edits and approved the Oral Health Care Standards.
- 1. Motion to approve the Oral Health Care Standards with edits to licensed medical provider on page five.**
    - Reviewed edits and approved the service description for Substance Abuse (outpatient and residential).
  - 2. Motion to accept Substance Abuse Outpatient Care and Substance Abuse Service (Residential) service description as presented.**
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**Next Meeting**

The next MCSC meeting is scheduled for February 28, 2025, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

*All motions are subject to Partnership approval.*

# *Miami-Dade County Ryan White Program Oral Health Care Standards*

**Standard 1: Oral health care providers shall ensure that all staff has sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: initial orientation and training for new staff shall be provided and all staff shall participate in ongoing HIV/AIDS trainings.**

	<b>Standards of Care</b>	<b>Measure</b>
<b>Standard 1.1</b>	All oral health care staff will possess appropriate licenses, credentials and expertise; experience working with HIV/AIDS clients is desirable.	<ul style="list-style-type: none"> <li>• Copy of current license for each staff person, with provider number, as required by Florida law: copies of current required operational licenses as required by Florida law.</li> <li>• Documentation of work experience (letters of recommendation, work references, etc.)</li> </ul>
<b>Standard 1.2</b>	Policies and procedures.	Written policies and procedures manuals.
<b>Standard 1.3</b>	Newly hired staff will receive orientation within one month of hire, including training on Ryan White Program eligibility and service requirements.	Documentation of completed orientation on file including documentation of training on Ryan White Program eligibility and service requirements.
<b>Standard 1.4</b>	Ongoing annual HIV/AIDS staff training.	Documentation of all completed annual trainings on file.

**Standard 2: Clients receiving services meet Ryan White Program eligibility requirements and are informed of their rights per Ryan White Program standards.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 2.1</b>	Ryan White Program client eligibility screening and demographics present.	<ul style="list-style-type: none"> <li>• Proof of HIV status, financial eligibility, permanent residency in Miami-Dade County OR</li> <li>• Current Ryan White Program Referral.</li> <li>• Demographics include at a minimum: address, phone number, emergency information, age, race/ethnicity and gender.</li> </ul>

# Miami-Dade County Ryan White Program

## Oral Health Care Standards

<b>Standard 2.2</b>	Ryan White Program required documents present, signed, and dated.	<ul style="list-style-type: none"> <li>• Signed and dated <i>Ryan White Consent form in the data management information system</i>) OR current Ryan White Program In Network Referral</li> <li>• Documentation that <i>Outreach Consent/Miami-Dade County Notice of Privacy Practices and Composite Consent</i> were provided.</li> </ul>
<b>Standard 2.3</b>	General Consent for Treatment	Signed general consent for treatment present.

**Standard 3: All clients shall have a completed initial medical history with updates as appropriate; medical conditions and allergies are noted; an oral health history is taken.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 3.1</b>	Initial Comprehensive Medical History	<ul style="list-style-type: none"> <li>• There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care.</li> <li>• The initial comprehensive medical history is signed and dated by the client and dentist.</li> </ul>
<b>Standard 3.2</b>	Medical History is updated at least once a year. <sup>a</sup>	Medical history is updated every 6 months or at the next appointment after six months.
<b>Standard 3.3.</b>	Medical conditions and allergies are noted.	<ul style="list-style-type: none"> <li>• Medical conditions and/or medications requiring an alert are flagged.</li> <li>• Allergies/ no known allergies (NKA) are noted.</li> </ul>
<b>Standard 3.4</b>	An oral health history is taken and updated at least once a year. <sup>a</sup>	Oral health history is taken that includes problems with or reactions to anesthesia, specific or chief complaints (if any), problems with previous treatment (if any).

# Miami-Dade County Ryan White Program

## Oral Health Care Standards

**Standard 4: Documentation across providers shall reflect, at a minimum, services provided including procedure codes, treatment plans, examinations, charting grids, informed consents, refusal of treatment, and periodontal maintenance.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 4.1</b>	Treatment assessment and planning developed and/or updated at least once a year. <sup>a</sup>	<p>Completed treatment plan is in the progress notes OR a treatment plan form is completed.*</p> <p><i>*If clients access oral health services for episodic care only, documentation in treatment notes will reflect clients were advised to return for examination and a treatment planning appointment. If client does not present for this appointment, documentation in client's chart of advice to return for planning may serve as treatment plan.</i></p>
<b>Standard 4.2</b>	Documentation reflects services provided.	<p>Documentation, at a minimum, includes:</p> <ul style="list-style-type: none"> <li>• Date of service</li> <li>• Tooth number, if appropriate</li> <li>• Service description</li> <li>• Procedure code billed</li> <li>• Anesthetic used including strength and quantity</li> <li>• Materials used, if any</li> <li>• Prescriptions or medications dispensed, including name of drug, quantity, and dosage</li> <li>• Education provided</li> <li>• Signature and title</li> </ul>

# Miami-Dade County Ryan White Program

## Oral Health Care Standards

<p><b>Standard 4.3</b></p>	<p>A comprehensive examination is provided*at least annually.</p> <p>*Not applicable for episodic care, follow up, or problem-focused examinations.</p> <p style="text-align: center;"><b>OR</b></p> <p>A problem-focused oral examination is performed.</p>	<p>Comprehensive Examination includes:</p> <ul style="list-style-type: none"> <li>• Cavity charting</li> <li>• Complete periodontal exam or periodontal screening record</li> <li>• Documentation of restorations &amp; prosthesis</li> <li>• Full mouth radiographs, as clinically indicated</li> <li>• Pre-existent conditions</li> <li>• Disease presence</li> <li>• Structural anomalies</li> <li>• Oral hygiene instruction</li> <li>• Prescriptions or medications dispensed including name of drug, quantity, and dosage</li> <li>• Education provided</li> </ul> <p>Problem-focused examination includes:</p> <ul style="list-style-type: none"> <li>• Chief complaint is documented</li> <li>• Problem-focused evaluation is performed</li> <li>• Prescriptions or medication dispensed include name of drug, quantity, and dosage</li> <li>• Radiographs as necessary</li> <li>• Specific oral treatment plan</li> <li>• Education provided</li> <li>• Return for further evaluation documented</li> </ul>
<p><b>Standard 4.4</b></p>	<p>Charting grids are completed as appropriate.</p>	<p>Charting of the examination findings/treatment is completed in the appropriate tooth grids.</p>
<p><b>Standard 4.5</b></p>	<p>Informed specific consents are present for each oral surgery procedure.</p>	<p>A signed, informed, specific consent is present for all oral surgery procedures that includes the risks, benefits, alternatives, and consequences of not having the procedure.</p>

# Miami-Dade County Ryan White Program

## Oral Health Care Standards

<b>Standard 4.6</b>	Refusal of treatments/radiographs is documented.	<ul style="list-style-type: none"> <li>Client refusal for treatment/radiograph is documented (form or in progress note) with <del>dentist (DDS)</del> licensed dental provider signature, client signature or initials and date; signature and date of witness are present.</li> <li>Reason for <del>DDS</del> licensed dental provider refusal to perform a requested treatment is documented; signature and date of witness are present.</li> </ul>
<b>Standard 4.7</b>	Periodontal screening or examination is done at least once a year. <sup>a</sup>	Charting of the examination findings/treatment is documented in the client record.
<b>Standard 4.8</b>	<p>Periodontal maintenance is regularly performed.*</p> <p>*Not applicable for clients who are “No shows” AND “No show” is documented; not applicable for episodic care.</p>	Periodontal maintenance is performed according to the treatment plan or at the next appointment, if later than six months.
<b>Standard 4.9</b>	Oral health education offered at least once a year. <sup>a</sup>	Education documented in the client record.

**Standard 5: Client care and referrals shall be coordinated with other care providers, as appropriate.**

	Standard	Measure
<b>Standard 5.1</b>	<p>Treatment provided for oral opportunistic infection (when indicated) is coordinated with client PCP.*</p> <p>*Not applicable if no oral opportunistic infection (OI) Dx/treatment documented.</p>	Documentation reflects treatment provided for oral OI and coordination with PCP.
<b>Standard 5.2</b>	<p>Referral and coordination of care.*</p> <p>*Not applicable if no condition documented and no referral made.</p> <p>Tobacco use and referral.*</p> <p>*NA for clients not using tobacco products.</p> <p>Nutritional problems and referral.*</p> <p>*Not applicable when no indication of nutritional problems.</p>	<ul style="list-style-type: none"> <li>Documentation in client record of the condition and referral to a specific specialty or ancillary service provider.</li> <li>Documentation of heavy tobacco use and referral to a tobacco counseling program.</li> <li>Documentation of nutritional problems and referral to a nutritionist for nutritional counseling.</li> </ul>

# *Miami-Dade County Ryan White Program Oral Health Care Standards*

**Standard 6: Clients shall receive education in preventive oral health practices; tobacco, and nutritional counseling as appropriate.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 6.1</b>	<p>Education will be provided in preventive oral health practices<sup>1</sup> including hygiene, nutritional education<sup>2</sup> as related to oral health care and education, as appropriate, concerning tobacco use<sup>3</sup>.</p> <p><sup>1</sup>Not applicable for episodic care.</p> <p><sup>2</sup>Not applicable for episodic care.</p> <p><sup>3</sup>Not applicable if no indication of tobacco use; not applicable for episodic care.</p>	<ul style="list-style-type: none"> <li>• Documentation of education in preventive oral health practices including hygiene is provided every six months or at next appointment if later than six months.</li> <li>• Documentation of nutritional education as related to oral health.</li> <li>• Documentation of education, as appropriate, concerning tobacco use.</li> </ul>

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<sup>a</sup> Reflects Health Resources and Services Administration (HRSA) HIV/AIDS Bureau Core Performance Measures for Oral Health Care

**SUBSTANCE ABUSE OUTPATIENT CARE  
AND  
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)**

*(Year ~~345~~ Service Priorities: #8 for outpatient Part A and #~~65~~ for MAI; and #~~711~~ for Part A residential only)*

Two types of substance abuse counseling and treatment services are included in this section: Outpatient and Residential. **Substance Abuse Outpatient Care** is a core medical service. **Substance Abuse Services (Residential)** is a support service. Both of these substance abuse service components 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 people with HIV 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-determination, dignity, responsibility for own actions, relief of anxiety, and peer support.

Providers are encouraged to offer program services to families to support the family unit. However, substance abuse services may be provided to members of a client's family in an outpatient setting only (i.e., non-HIV family members may not stay in the residential facility), and only if the program-eligible individual served (client) is also being served. 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). **IMPORTANT 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 services must offer flexible schedules that accommodate the client's nutritional needs in order to facilitate client compliance with medication regimens.

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



A residential substance abuse episode is not a pre-requisite to access Substance Abuse Outpatient Care. However, clients stepping down from or completing Substance Abuse Services (Residential) are encouraged to transition to Substance Abuse Outpatient Care. Furthermore, providers shall attempt a warm hand off to Substance Abuse Outpatient Care, where appropriate.;

## **I. Substance Abuse Outpatient Care**

**Substance Abuse Outpatient Care** is the provision of outpatient services for the treatment of drug or alcohol use disorders. This service includes medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a Licensed Medical Provider or under the supervision of a Physician, or by other qualified personnel as indicated below. This program provides regular, ongoing substance abuse monitoring and counseling on an individual and/or group basis in a state-licensed outpatient setting.

Services include screening, assessment, diagnosis and/or treatment of substance use disorder. Allowable substance use disorder treatments include: pre-treatment/recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorders; outpatient drug-free treatment and counseling; medication assisted therapy; psychopharmaceutical interventions; substance abuse education; and relapse prevention. Services may also include mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; conflict resolution; anger management; and relapse prevention. All clients receiving this service must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis of substance use disorder.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, it is included in a documented plan. Acupuncture therapy must be provided by an acupuncturist who is licensed in the State of Florida to provide such service.

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) total persons per group. The ratio of group counseling

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 Outpatient Care levels are specific to the education level of**

**the provider of the service, as indicated below, and are not interchangeable:**

- **Substance Abuse Outpatient Care (Level I) - Professional Substance Abuse Counseling.** Level I services include *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 a *doctorate or postgraduate degree* (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 Outpatient Care (Level II) - Counseling and Support Services.** Level II services include 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.
- **Tele-substance abuse outpatient care services** are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

**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 FY 2024~~5~~ Service Delivery Manual for details, as may be amended.)

**C. Rules for Reimbursement:** Reimbursement for individual and group Substance Abuse Outpatient Care will be based on half-hour counseling sessions (i.e., 1 unit) 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 counseling, whereas, reimbursement for group sessions is calculated for the Counselor that provided the group counseling. Documentation activities are

included in the Substance Abuse Outpatient\_

Care unit of service and are not to be billed as a separate encounter. Substance Abuse Outpatient Care may be provided to members of a client's family in an outpatient setting if the program-eligible person with HIV (client) is also being served. The 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.

Tele-substance abuse outpatient care services are reimbursed as follows:

New Code	Description	Flat rate Reimbursement
THSAC1	Tele-Substance Abuse Outpatient Care provided by a Level I provider (individual client only)	\$30.00 per 30-minute session
THSAC2	Tele-Substance Abuse Outpatient Care provided by a Level II provider (individual client only)	\$27.00 per 30-minute session

- D. Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group counseling 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 Substance Abuse Outpatient Care 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, Medical Case Manager, and Licensed Primary Care Provider 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.

**IMPORTANT NOTE:** referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

F. **Additional Rules for Documentation:** Providers must submit an assurance to OMB that Substance Abuse Outpatient Care 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 staff or authorized persons upon request. Providers must also submit to OMB a copy of the staffing structure showing supervision by a Licensed Medical Provider 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 local 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 Services (Residential)**

This program offers substance abuse, including alcohol addiction and/or addiction to legal and illegal drugs, treatment and counseling, including HIV specific counseling, to program-eligible people with HIV (clients) on a short-term basis. Medication-Assisted Treatment (MAT) is also covered as part of the residential treatment services. **Substance Abuse Services (Residential)** provides room and board, in a secure, drug-free, state-licensed residential (non-hospital) substance abuse treatment facility, and, when necessary, detoxification. Detoxification services are allowable, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital). HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license. Proof of the separate license is required for detoxification services.

In accordance with HRSA Policy Clarification Notice #16-02, Substance Abuse Services (Residential), as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, are permitted **only** when the client has received a written referral from a clinical provider. In Miami-Dade County's Ryan White Part A/MAI Program, this requirement shall be met if the client is accessing the service based on a Ryan White Program In Network Service Referral or Out of Network Referral as a result of a comprehensive health assessment conducted by a Medical Case Manager or other case manager or in response to a court-ordered directive to a residential treatment program. Upon arrival at the residential treatment center and PRIOR TO final enrollment in the treatment program, an assessment MUST be conducted by the residential clinical staff (e.g., Medical Director, Psychologist, Licensed Therapist, etc.) as appropriate using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) assessment

tool (e.g., ASAM Criteria®, a Level of Care determination tool) for diagnosis of a substance use disorder or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) tools. Services will then be provided by or under the supervision of a Licensed Medical Provider or by other qualified personnel with appropriate and valid licensure and certification as required by the State of Florida.

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 the residential facility with the client during the treatment process. As a reminder, 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.B. of this service definition on the following page for details).

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

- B. Rules for Reimbursement:** The unit of service for reimbursement of Substance Abuse Services (Residential) is a *client-day* of care up to a maximum amount of \$250.00 per day. The final, maximum rate is negotiated between the County's Office of Management and Budget-Grants Coordination division and each funded subrecipient. **Under normal circumstances clients may not be enrolled in any Ryan White Program-funded Substance Abuse Services (Residential) program for longer than 180 calendar 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, unless approved by the Miami-Dade County Office of Management and Budget for extreme circumstances (e.g., public health emergencies such as COVID-19 or extreme weather events such as hurricanes). Override requests may be considered on a case-by-case basis and would be approved or denied at the discretion of Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program (OMB-GC/RWP) management. Please contact the OMB-GC/RWP office for pre-approval prior to extending residential care past the 180-day cap. The length of stay for existing clients will be closely monitored by the County's OMB/Ryan White Program.**

Residential substance abuse treatment providers are strongly encouraged to check the Provide® Enterprise Miami data management system 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 180-day/12-month period. In addition, providers should call or email the client's previous Substance Abuse Services (Residential) provider, if applicable, to inquire if any services are pending to be entered or compiled in the Provide Enterprise® Miami data management system. This will affect the actual number of available days versus those that appear in the Provide® Enterprise Miami data management system.



C. **Additional Rules for Reporting:** Monthly activity reporting (i.e., reimbursement requests) for Substance Abuse Services (Residential) is per *client-day* of care and number of unduplicated clients served. Providers will indicate in the Provide® Enterprise Miami data management system the client’s disposition after Substance Abuse Services (Residential) has ended (e.g., treatment completed, client referred to outpatient substance abuse counseling, client withdrew from treatment, etc.). This process is facilitated by the review and managing of the “RSA Disenrollment Report” available in the Provide® Enterprise Miami data management system. Service providers are required to print this report on a monthly basis and disenroll clients who are no longer in active care. Once all residential treatment disenrollments for the month are completed, a final “RSA Disenrollment Report” must be printed and uploaded along with the monthly reimbursement request that is uploaded in the Provide® Enterprise Miami data management system.

D. **Linkage/Referrals:** Providers of Substance Abuse Services (Residential) 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, Medical Case Manager, and the Licensed Primary Care Provider 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 Provide® Enterprise Miami data management system upon the client’s discontinuance or release from, completion of, and/or relapse in residential substance abuse treatment.**

**IMPORTANT NOTE:** referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

E. **Special Client Eligibility Criteria:** A Ryan White Program In Network Service Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service. Clients receiving Ryan White Program Part A or MAI-funded Substance Abuse Services (Residential) must be documented as having gross household incomes below 400% of the 2024~~5~~ 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 staff or authorized persons upon request. Providers must submit to OMB a copy of the staffing structure showing supervision by a Licensed Medical Provider 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.

### III. Additional Standards and Guidelines

**Guidelines:** Outpatient and residential substance abuse treatment and counseling providers will adhere to generally accepted clinical guidelines for substance abuse treatment of people with HIV. The following are examples of such guidelines:

- American Society of Addiction Medicine. *The ASAM Principles of Addiction Medicine*, ~~Seventh~~<sup>sixth</sup> Edition; ~~November 2, 2014~~<sup>April 8, 2024</sup>. Available at: <https://www.asam.org/publications-resources/textbooks> Accessed 10/19/2024.
- American Society of Addiction Medicine (ASAM). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. Fourth Edition. Available at: <https://www.asam.org/publications-resources/textbooks> Accessed 10/19/2024.
- American Society of Addiction Medicine. Current and archived public policy statements related to the treatment of substance use disorder. Available at: <https://www.asam.org/advocacy/public-policy-statements> Accessed 10/25/2024.
- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.



- Rules governing the provision of substance abuse treatment services consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.
- Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that are consistent with the administrative regulations promulgated in Chapter 65D-30, Substance Abuse Services Office, of the Florida Administrative Code under the State of Florida Department of Children and Families, as may be amended.

**IV. Best Practices Compilation Search** provides interventions that improved outcomes:

<https://targethiv.org/bestpractices/search?keywords=substance%20abuse&page=1>