



Maricopa County  
Ryan White Part A Program Policies and Procedures

Substance Abuse Services

**PURPOSE:**

To guide the administration of Ryan White Part A (RWPA) Program's **Outpatient Substance Abuse Services** (a core medical service under the Ryan White HIV/AIDS Treatment Extension Act of 2009). The administration of funds must be consistent with RWPA client eligibility criteria and the service category definitions established by the Phoenix EMA RWPA Planning Council.

**DEFINITIONS:**

Outpatient Substance Abuse Services are provided by or under the supervision of a physician or other qualified/licensed personnel and may include services such as pre-treatment/recovery readiness programs, harm reduction, mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse, outpatient drug-free treatment and counseling, opiate assisted therapy, neuropsychiatric pharmaceuticals, relapse prevention and **limited acupuncture services with a written referral from client's primary health care provider and must be provided by certified or licensed practitioners set by state guidelines**. **Note: Acupuncture, however, is not a funded service in the Phoenix EMA.**

**POLICIES:**

- The funds are intended to provide intensive, comprehensive Outpatient Substance Abuse treatment to HIV-infected individuals with histories of substance abuse.
- Per Arizona Department of Health Services (ADHS) guidelines A.A.C. Title 9, Chapter 20, professional staff who provides treatment, counseling and support group facilitation will be licensed or supervised by a licensed behavioral health professional.
- All fee- for- service reimbursements made under this service are limited to the current Arizona Health Care Cost Containment System (AHCCCS) reimbursement rates, as applicable, or a reasonable rate approved by the Administrative Agency. Contractors with direct cost reimbursement contracts will be reimbursed for actual/allowable costs incurred during the contract period.
- All groups under this service category must be approved by the Administrative Agent before billing and reimbursement are allowable. A behavioral health group Condition of Award should be completed and submitted to the AAs office for approval.
- All direct service subrecipients must meet the Phoenix EMA Planning Council Standards of Care.



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- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.

**CLIENT CHARTING:**

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans, and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).

All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and brief summary of what was communicated in adherence with the client charting definition.

Documentation through program files and client records that services provided meet the service category definition and that all services provided with Part A funds are allowable under Ryan White.



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**ELIGIBLE COSTS AND SERVICES:**

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Service Unit	Substance Abuse Services	<i>Appropriate medical code (i.e. CPT, HCPCS or other federally recognized medical code such as H0031, H0004, Individual and Group Counseling units).</i>	Entered into CAREWare under actual client name.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost
Line Item Unit	SA - 01... through SA - 10...	Corresponding units are named SA – 01 Salaries, SA – 02 Fringe benefits and so on. May only be billed if line item is in approved budget and support documents confirm identified expense.	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost