



Substance Abuse Outpatient Care Service Standard

Texas Department of State Health Services, HIV Care Services Group – [HIV/STD Program](#)

Subcategories	Service Units
Group Counseling	Per visit
Individual Counseling	Per visit
Intake	Per visit
Medication Treatment Maintenance	Per visit
Medication-Assisted Detoxification	Per visit
Substance Abuse Services—Outpatient	Per visit

Health Resources & Services Administration (HRSA)

Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.

Program Guidance:

Agencies may fund acupuncture therapy under this service category only when it is part of the documented substance use disorder treatment plan.

Limitations:

Agencies may not use Ryan White Part-B and State Services program funds to carry out the distribution or exchange of sterile needles or syringes for the use of injection of illegal substances, or for programs or materials designed to promote or directly encourage intravenous drug use.

Services:

Activities under the Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis
- Treatment of substance use disorder, including:
 - Pretreatment or recovery readiness programs
 - Healthy behavior promotion
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication-assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Universal Standards:

Services providers for Substance Abuse Outpatient Care must follow [HRSA and DSHS Universal Standards](#) 1-63 and 135-145.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
Provision of Services: A physician or other qualified and licensed professional must supervise Substance Abuse Outpatient Services. Professionals must have a license, be in good standing in the State of Texas, and have at least 1,000 hours of documented experience treating substance-related disorders. Qualified and licensed professionals include: • Licensed Chemical Dependency Counselor (LCDC) • Licensed Professional Counselor (LPC) • Licensed Master Social Worker (LMSW) • Licensed Marriage and Family Therapist (LMFT) • Licensed psychologist • Licensed physician • Licensed physician assistant • Certified Addictions Registered Nurse (CARN) • Advanced Practice Registered Nurse recognized by the Board of Nurse Examiners as a Clinical Nurse Specialist (APRN-CNS) or a Psychiatric-Mental Health Advanced Practice Nurse (APN-P/MH) Services include and are limited to: • Pre-treatment and recovery readiness programs • Harm reduction • Mental health counseling associated with substance use disorder • Medication-assisted therapy	1. Percentage of clients with documentation a physician or qualified licensed professional provided or supervised services. 2. Percentage of clients with documentation that HRSA and DSHS allow all services provided under the Ryan White Part-B and State Services program.

• Neuropsychiatric pharmaceuticals • Relapse prevention • Acupuncture A licensed acupuncture provider must provide acupuncture services. Agencies providing acupuncture services must have a referral from the client's HIV medical provider and cannot use acupuncture as the primary treatment modality.	
Comprehensive Assessment: An LCDC or other qualified professional must complete a comprehensive psychosocial assessment for all clients. Professional staff must complete the comprehensive assessment no later than the third counseling session and ensure that the assessment includes the following, as applicable: • Presenting problems • Alcohol and other substance use • Psychiatric and chemical dependency treatment • Medical history and current health status • Client strengths and challenges, coping mechanisms, and self-help strategies • Psychosocial history, which may include: ◦ Living situation ◦ Social support and family relationships ◦ Education and employment history, including military service ◦ Sexual and relationship history and status ◦ Physical, emotional, or sexual abuse history ◦ Domestic violence assessment ◦ Trauma assessment ◦ Legal history ◦ Leisure and recreational activities	3. Percentage of clients with documentation of an initial comprehensive assessment completed by the third counseling session.

Staff may use approved assessment tools such as the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) and Addiction Severity Index (ASI) for substance use and sexual history, and the Mini-Mental State Examination (MMSE) for cognitive assessment. Staff may use other industry-recognized assessment tools if approved by the provider agency.	
Treatment Plan: Staff must complete a treatment plan specific to individual client needs within 30 calendar days of completing a comprehensive psychosocial assessment. Treatment planning is a collaborative process through which the provider and client develop desired treatment outcomes and identify the strategies and modalities for achieving them. The treatment plan must include documentation of the following: • Goals and objectives of treatment • Treatment start date and projected end date • Quantity, frequency, and modality of treatment • Regular monitoring and assessment of client progress • Any recommendations for follow-up • Signature of staff providing services or the staff's supervisor Staff will offer appropriate referrals to clients for support services as applicable to meet goals.	4. Percentage of clients with documentation of a treatment plan completed within 30 calendar days of the completed comprehensive assessment. 5. Percentage of clients with documentation that staff reviewed or modified treatment plans at least once, midway through the number of agreed-upon sessions.

Progress Notes: Staff must provide services according to the individual's treatment plan and document services in the client's primary record. For each professional counseling session, the counselor should document a progress note that includes: • Client name • Session date • Clinical observations • Focus of the session • Interventions • Assessment • Duration of session • Newly identified issues or goals • Client's responses to interventions and referrals • HIV medication adherence • Substance use treatment adherence • Documentation of missed visits with attempts to reschedule as applicable	6. Percentage of clients with documented progress notes for each counseling session that the client attended, or documentation of missed visits and attempts to reschedule, as applicable.
--	---

Discharge Summary: Agencies may discontinue services when the client: • Reaches goals and objectives • Demonstrates ongoing non-adherence to the treatment plan • Has missed three consecutive appointments in a six-month period • Self-terminates services • Demonstrates unacceptable behavior • Is deceased When an agency discharges a client, staff will document a discharge summary in the client chart that includes: • Circumstances of discharge • Summary of needs at admission • Summary of services provided • Goals and objectives completed during counseling • Referral to a case manager or primary care provider, as appropriate • Signature of provider Staff will complete discharge planning in collaboration with the client when possible. Providers will attempt to link clients who leave care with appropriate services to meet their needs.	7. Percentage of clients with documentation of discharge summary, as applicable.
---	---

References:

Substance Use Care. [Clinical Guidelines Program](#). New York State Department of Health AIDS Institute, 2024.

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients](#). Health Resources and Services Administration, June 2023.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, June 2023.

Food, Drugs, Alcohol, and Hazardous Substances, Subtitle B. Alcohol and Substance Programs, Chapter 464 Facilities Treating Persons with a Chemical Dependency. Subchapter A. Regulation of Chemical Dependency Treatment Facilities. statutes.legis.state.tx.us/Docs/HS/htm/HS.464.htm

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources & Services Administration, 22 Oct. 2018.

Texas Administrative Code, Title 22, Part 30, Chapter 681 - Texas Board of Examiners of Professional Counselors. Located at:
[texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=22&pt=30&ch=681](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=30&ch=681)

Texas Administrative Code. Title 26, Health and Human Services. Part 1, Health and Human Services Commission. Chapter 564. Chemical Dependency Treatment Facilities, Subchapter H, Screening and Assessment.
[texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=564&rl=804](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=564&rl=804)

Texas Administrative Code. Title 26, Health and Human Services. Part 1, Health and Human Services Commission. Chapter 306, Behavioral Health Delivery System. Subchapter D, Mental Health Services – Admission, Continuity, and Discharge.
[texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=306](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=306)

Texas Administrative Code. Title 25, Health Services. Part 1, Department of State Health Services. Chapter 140, Health Professions Regulation. Subchapter I, Licensed Chemical Dependency Counselors.
[texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=140&sch=I&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=140&sch=I&rl=Y)