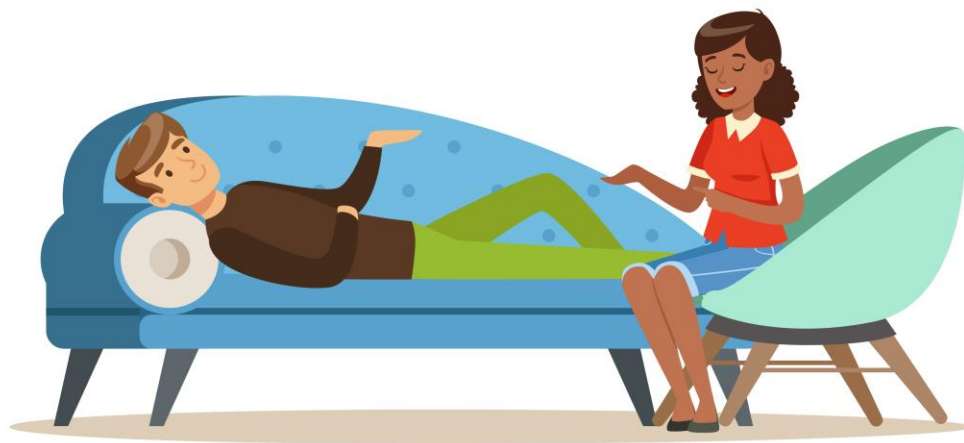


## CONTENTS

<b>Mental Health Services Standards of Care .....</b>	<b>2</b>
HRSA Service Category Definition .....	3
Client Intake and Eligibility .....	3
Personnel Qualifications .....	4
Care and Quality Improvement Goals .....	5
Service Standards, Measurements, and Goals .....	6
Client Rights and Responsibilities .....	7
Client Records, Privacy, and Confidentiality .....	8
Cultural and Linguistic Competency .....	8
Client Grievance Process .....	8
Case Closure Protocol .....	9

## MENTAL HEALTH SERVICES STANDARDS OF CARE



Mental Health Services provides psychological and psychiatric treatment and counseling to support clients in staying engaged in medical care and adherent to treatment so that they may become virally suppressed. The following standards identify the minimum expectations for Mental Health Services funded by the Arizona Ryan White Part B Program.

## HRSA Service Category Definition

**Mental Health Services** are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

**Program Guidance:** Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

Source: [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

### **Additional Notes:**

- Mental Health Services provided with Ryan White Part B funding are subject to Arizona's Administrative Code Title 9, Chapter 20. Per Arizona law, professional staff who providing treatment, counseling, or support group facilitation must be licensed or supervised by a licensed professional.
- Ryan White funding is for direct client services and cannot be used to pay charges for clients' missed or cancelled appointments with the mental health provider. Program funds may only be used for kept appointments.
- If the subrecipient is using a subcontractor to provide direct services to clients, then the subrecipient is responsible for ensuring the subcontractor is meeting all of the requirements of the Ryan White Part B Program.
- If a client has insurance (AHCCCS, FFM, private, etc.), assistance with mental health copay costs should be billed to Health Insurance Premium Cost Sharing Assistance (HIPCSA) and not Mental Health Services.
- All requests for support groups must be submitted to and approved in writing by the Ryan White Part B Program Manager.

## Client Intake and Eligibility

All subrecipients are required to have a client intake and eligibility policy on file. It is the responsibility of the subrecipient to determine and document client eligibility status as outlined in the Arizona Department of Health Services Ryan White Part B Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every 6 months.

Eligible clients must:

- Provide proof of HIV diagnosis
- Live in the state of Arizona and provide proof of residency\*
- Earn less than [400% of the federal poverty level](#)
- Participate in the insurance option for which he or she is eligible that best meets his or her medical needs
- Submit the Arizona Ryan White and ADAP application in [English](#) or [Spanish](#) and required supporting documentation. Support documents must include:
  - Documented viral load labs within the past 6 months
  - AHCCCS (Arizona's Medicaid program) approval or denial for clients under 150% of the federal poverty level
  - Proof of income
  - Proof of residency
  - Proof of insurance (if applicable)
  - Taxes for clients enrolled in an ADAP-funded Marketplace plans

Additional details on support documentation requirements are outlined in the Ryan White Part B/ADAP Application, and the Eligibility Processing Guide. All eligibility policies, documents, and training materials can be found on the Health Services Portal.

Services will be provided to all Ryan White Part B qualified clients without discrimination on the basis of HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigration status, or any other basis prohibited by law.

\*Clients who reside in Maricopa County, Mohave County, or Pinal County fall under a Part A jurisdiction. If a client who resides in one of these counties wishes to receive Part B services, or vice versa, a request for exception must be submitted to the Part A and B Program Managers.

## Personnel Qualifications

Mental Health Services must be provided by Arizona licensed behavioral health professionals. Requirements include the following:

- Individual clinicians shall have documented unconditional licensure/certification in his/her area of practice and may include Licensed Social Workers, Licensed Professional Counselors, and clinical psychologists;

- Subrecipients shall employ clinical staff knowledgeable and experienced in their area of clinical practice as well as in the area of HIV/AIDS clinical practice. All staff without direct experience or licensure (e.g. residents, paraprofessionals, etc.) shall be supervised by staff that is qualified by the Arizona Board of Behavioral Health Examiners to provide clinical supervision; and
- Staff providing mental health services who do not have documented HIV/AIDS training must complete an HIV/AIDS training course. Training may be provided through the local AIDS Education and Training Centers (AETC) or via another approved training course within one year of the hire date.

Completion of any and all required trainings must be documented and kept in staff personnel files. If new staff previously completed the required trainings, they do not need to be repeated, but documentation of prior trainings must be kept in personnel files.

## Care and Quality Improvement Goals

The overall goal of Mental Health Services is to provide treatment and counseling services to address mental illness, eliminating barriers to treatment and increasing adherence to medical care so that clients may achieve viral load suppression.

Clinical Quality Improvement goals for Mental Health Services are:

- 90% of all client files include documentation of a completed comprehensive treatment and care plan.
- 90% of clients receiving Mental Health Services are actively engaged in medical care as documented by a medical visit in each 6 month period in a two-year measure and in the second half of a single year measure.  
\*Exception in cases with documentation from clinician stating client is seen once a year.
- 90% of clients receiving Mental Health Services are virally suppressed as documented by a viral load of less than 200 copies / mL at last test.

**Service Standards, Measurements, and Goals**

<b>Standards</b>		<b>Measures</b>	<b>Goals</b>
1	Services are provided by licensed behavioral health professionals.	Documentation of current Arizona licensure for Mental Health Services staff.	100%
2	The agency or facility holds licensure to operate as a behavioral health facility as required by state law.	Documentation of current Arizona licensure to operate as a behavioral health facility.	100%
3	Staff providing services have been trained to work with HIV positive populations.	Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations.	100%
4	Clients have a detailed treatment plan that includes the diagnosis of mental health illness or condition.	Documentation of a detailed treatment plan that includes diagnosis of mental health illness or condition.	90%
5	Clients have a detailed treatment plan that includes the treatment quantity, frequency, and modality (group or individual).	Documentation of a detailed treatment plan that includes treatment quantity, frequency, and modality recommendation.	90%
6	Clients have a detailed treatment plan that includes the start date and end date (or estimated end date) for mental health services.	Documentation of a detailed treatment plan that includes start date and end date (or estimated end date) for mental health services.	90%
7	Clients have a detailed treatment plan that includes the date for reassessment. Plans must be updated at least annually.	Documentation of a detailed treatment plan that includes the date for reassessment and annual updates.	90%
8	Clients have a detailed treatment plan that includes any recommendations for follow up.	Documentation of a detailed treatment plan that includes recommendations for follow-up.	90%

Standards		Measures	Goals
9	Clients have a detailed treatment plan that includes the signature for the mental health professional rendering service.	Documentation of a detailed treatment plan that includes the signature of mental health professional providing service.	90%
10	Clients have a detailed treatment plan that includes the signature of client receiving services.	Documentation of a detailed treatment plan that includes the signature of client receiving service.	90%
11	A discharge plan and/or case closure note is completed within 30 days of a client accomplishing treatment goals or within 90 days of last clients for clients who have fallen out of mental health treatment.	Documentation of a discharge plan and/or case closure note within 30 days of completion or 90 days of inactivity.	90%
12	Clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year.	90%
13	Clients are retained in medical care.	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits.	90%
14	Clients are virally suppressed.	Documentation of a viral load less than 200 copies/mL at last test.	90%

## Client Rights and Responsibilities

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure services are provided in accordance with the client rights and responsibilities statement and that each client fully understands his or her rights and responsibilities.

## Client Records, Privacy, and Confidentiality

Subrecipients providing services must comply with the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) provisions and regulations and all federal and state laws concerning confidentiality of clients' Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and must review the release regulations with the client before services are rendered. A signed copy of the release of information form must be kept in the client's record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored CAREWare Database managed by the Arizona Department of Health Services.

All communications made with or on behalf of the client are to be documented in the client chart and must include a date, length of time spent with client, person(s) included in the encounter, and brief summary of what was communicated. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Client records must be retained for a minimum of 6 years.

## Cultural and Linguistic Competency

Subrecipients must adhere to the [National Standards on Culturally and Linguistically Appropriate Services](#).

## Client Grievance Process

Subrecipients must have a written grievance procedure policy in place that allows for objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be kept in the client's record.



## Case Closure Protocol

Subrecipients must have a case closure protocol on file. The reason for case closure must be documented in each client's file. If a client chooses to receive services from another provider, the subrecipient must honor the client's request.

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