

Service Category Definition (approved by SPA February 2020)

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 of CT to render such services

Intake and Eligibility (HIV/AIDS BUREAU PCN #13-02)

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

REQUIRED ELIGIBILITY DOCUMENTATION TABLE

Eligibility Requirement	Initial Eligibility Determination & Once a Year/12 Month Period Recertification	Recertification (minimum of every six months)
HIV Status	<ul style="list-style-type: none"> Documentation required for Initial Eligibility Determination Documentation is not required for the once a year/12-month period recertification 	No documentation required
Income	Self-attestation form for recertification ONLY	<ul style="list-style-type: none"> Recipient may choose to require a full application and associated documentation OR Self-attestation of no change Self-attestation of change - Recipient must require documentation of change in eligibility status
Residency	Self-attestation form for recertification ONLY	<ul style="list-style-type: none"> Recipient may choose to require a full application and associated documentation OR Self-attestation of no change Self-attestation of change - Recipient must require documentation
Insurance Status	Recipient must verify if the applicant is enrolled in other health care coverage and document status in the client's chart.	<ul style="list-style-type: none"> Recipient must verify if the applicant is enrolled in other health coverage OR Self-attestation of no change Self-attestation of change - Recipient must require documentation
Viral Load	Documentation of viral load count	Documentation of viral load count

All agencies are required to have a client intake and eligibility policy on file that adheres to the EMA's eligibility policy. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients in the New Haven & Fairfield Counties EMA must:

- Live in New Haven or Fairfield Counties in Connecticut;
- Have a documented diagnosis of HIV/AIDS;
- Have a household income that is at or below 300% of the federal poverty level; and
- Be uninsured or underinsured.

Services will be provided to all Ryan White Part A eligible 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, immigrant status, prior medical history, or any other basis prohibited by law.

Personnel Qualifications (including licensure)

Mental Health Services must be provided by trained, licensed, or certified mental health professionals:

1. Staff licensure and accreditation: As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified and/or supervised by a licensed behavioral health professional.
2. Ongoing staff training in Mental Health specific topics. At least 10 hours of Mental Health specific training per year for unlicensed/uncertified staff member serving Ryan White clients.
3. Mental Health service providers will have a crisis intervention policy to assist a client in life threatening situations.

Care and Quality Improvement Outcome Goals

- 80% of clients with mental health concerns will show improvement of or maintain mental health functioning from baseline assessment at care entry.

Service Standards and Goals

HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section B: Core Medical Services		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State.	Obtain and have on file and available for Recipient review appropriate and valid licensure and certification of mental health professionals.	100%
Documentation of the existence of a detailed treatment plan for each eligible client that includes: <ol style="list-style-type: none"> 1. The diagnosed mental illness or condition 2. The treatment modality (group or individual) 3. Start date for mental health services 4. Recommended number of sessions 5. Date for reassessment 6. Projected treatment end date 7. Any recommendations for follow up 8. The signature of the mental health professional rendering service 	Maintain client records that include a detailed treatment plan for each client that includes required components and signature.	100%

<p>Documentation of service provided to ensure that:</p> <ol style="list-style-type: none"> 1. Services provided are allowable under Ryan White guidelines and contract requirements 2. Services provided are consistent with the treatment plan 	<p>Maintain client records that include documentation of services provided, dates, and consistency with Ryan White requirements and with individual client treatment plans.</p>	<p>100%</p>
<p>New Haven/Fairfield Counties EMA RWHAP Part A Program Monitoring Standards for Mental Health services.</p>		<p>GOAL</p>
<p>STANDARD/MEASURE</p>	<p>AGENCY RESPONSIBILITY</p>	
<p>Intake/Assessment: All charts will contain a completed intake, assessment and will screen for all mental health disorders and risk assessment.</p>	<p>New client charts have an individual intake and assessment completed and documented no later than 72 hours after clients' first face-to-face visit with a behavioral health professional. Assessments contain a supervisor's signature as needed.</p>	<p>100%</p>
<p>Treatment Plan compliant with DMHAS regulations * Engaged client = individual invested in treatment and attends 50% of appointments.</p>	<p>Client charts have treatment plan completed and documented no later than 30 days of intake. Treatment Plans are co-constructed with client and signed by client. Treatment Plans will address adherence to all client medications a minimum of every 6 months. If Treatment Plan indicates change in psycho- pharmacotherapy, charts document contact with the client' medical provider within 72 hours of prescribing, or documentation of client refusal to authorize this communication. Client charts document reassessment of the Treatment Plan every 90 days and signed by client.</p>	<p>100%</p>
<p>Access to and Maintenance in Medical Care: RW clients' ongoing participation in primary HIV medical care.</p>	<p>Each client is assessed and verified for engagement in HIV medical care and assisted with establishing linkages to care if not currently receiving it. Assessed initially, then reassessed and documented every 6 months.</p>	<p>100%</p>
<p>Referral to Support Services.</p>	<p>Client charts will have documentation of appropriate referrals to support services as needed.</p>	<p>100%</p>
<p>Discharge of Client from services.</p>	<p>Discharge cases include documentation stating the reason for closure and a discharge summary with a supervisor's signature indicating approval as needed.</p>	<p>100%</p>
<p>A discharge summary (for all reasons) must be placed in each client's chart within 72 hours of discharge.</p>	<p>Closed charts will contain a Discharge Summary and of those closed charts will have a documented a summary within 72 hours of discharge.</p>	<p>90%</p>
<p>Efficacy of Services: Client satisfaction surveys are conducted</p>	<p>Clients are offered a client satisfaction survey annually as noted in client chart</p>	<p>100%</p>

Clients Rights and Responsibilities

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

Client Charts, Privacy, and Confidentiality

Agencies 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 the client's Personal Health Information (PHI). Agencies must have a client's release of information policy in place and review the release regulations with the client before services are provided. A signed copy of the client's release of information must be included in the client's chart.

Cultural and Linguistic Competency

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

Client Grievance Process

Each agency must have a written grievance procedure policy. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

Case Closure Protocol

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.