

Service Category Definition (approved by SPA June 2021)

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 or under the supervision of a mental health professional or other qualified/licensed personnel.

Intake and Eligibility (HIV/AIDS BUREAU PCN #21-02)

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	Recertification Once a Year/12 Month Period
HIV Status	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Confirmatory lab results • Lab results (including VL/CD4) • Lab request form signed by provider 	No documentation required
Income	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Paystubs • SSI, SSDI and DSS income determination forms • Zero income affidavit • Bank Statement • Self-Employment Letter 	<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	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Driver's License/ID • Utility Bill • Medical Bill • Bank Statement • Landlord Letter-Notarized • Copy of Lease/Mortgage • Letter from Shelter • Official Correspondence 	<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

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.

Services will be provided to all clients without discrimination based on: 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.

Guidance on Complying with the Payor of Last Resort Requirement:

- RWHAP Recipients and Subrecipients must ensure that reasonable efforts are made to use non RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payors to extend finite RWHAP funds.
- RWHAP Recipients and Subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible.
- RWHAP Recipients and Subrecipients can continue providing services funded through RWHAP to a client who remains unenrolled in other health care coverage so long as there is rigorous documentation that such coverage was vigorously pursued.
- RWHAP Recipients and Subrecipients should conduct periodic checks to identify any potential changes to clients' healthcare coverage that may affect whether the RWHAP remains the payor of last resort and require clients to report any such changes.

Payor of Last Resort:

Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service to the extent that payment has been made, or can reasonably be expected to be made under:

1. Any State compensation program
2. An insurance policy, or under any Federal or State health benefits program
3. An entity that provides health services on a pre-paid basis

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 receiving mental health services 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%
Documentation of service provided to ensure that: <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 	Maintain client records that include documentation of services provided, dates, and consistency with Ryan White requirements and with individual client treatment plans.	100%
New Haven/Fairfield Counties EMA RWHAP Part A Program Monitoring Standards for Mental Health services.		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
Intake/Assessment: All charts will contain a completed intake, assessment and will screen for all mental health disorders and risk assessment.	New client charts have an individual intake and assessment completed and documented no later than 3 business days after client's first face-to-face visit with a behavioral health professional. Assessments contain a supervisor's signature as needed.	100%

<p>Treatment Plan compliant with CT DMHAS and DPH regulations</p>	<p>Client charts have treatment plans completed and documented no later than 7 business 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. Reassessment of treatment plans will be completed at the frequency required by Connecticut Department of Mental Health and Addiction Services (DMHAS) guidelines and based on the level of care being provided.</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. This is assessed initially, then reassessed and documented every 6 months.</p>	<p>100%</p>
<p>Mental Health providers routinely coordinate all necessary services along the Continuum of Care.</p>	<p>Documentation of referral(s) in client's chart.</p>	<p>100%</p>
<p>Discharge of Client from services. A discharge summary (for all reasons) must be placed in each client's chart within 3 business days of discharge.</p>	<p>Discharge of cases include documentation (the discharge summary) stating the reason for closure and a discharge summary with a supervisor's signature indicating approval as needed. Discharge summaries will be completed and in the client chart within 3 business days 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.