

Mental Health Standards

Note: The Universal Standards apply to all service categories, in addition to the standards listed below.

Definition: Mental health services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting 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.¹

Objectives:

- Provide psychological or psychiatric treatment and/or counseling services.
- Provide services to minimize crisis situations and stabilize patients' mental health in order to promote positive health outcomes and retention in care.

Performance Measures:

- Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.
 - Percentage of mental health services patients, regardless of age with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
 - Percentage of mental health services patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
- Percentage of patients age 12 years and older, screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

¹ 2012 Annual Ryan White HIV/AIDS program Services Report (RSR) Instruction Manual (September, 2012),p.9

1.0 Agency Policies & Procedures

National Monitoring Standards: Eligibility determination process requiring documentation in patient medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual's HIV-positive status, residency. Determination and documentation of patient eligibility every six months.²

Documentation that mental health services are: a) allowable under Ryan White guidelines and contract requirements; b) consistent with the treatment plan.³

Standard	Measure
1.1 Patient eligibility for Ryan White (RW) Part B services is determined.	1.1 Patient eligibility criteria verified every six months and documented in patient's record.
1.2 Referral for mental health services is documented prior to initiation of service. Referral may be made by a provider or patient self.	1.2 Signed, dated referral from provider is located in patient's record.
1.3 Provision of all mental health services is documented by: a) services provided and dates of such services; and b) compliance with RW requirements and treatment plan.	1.3 Documentation of mental health services conducted by services, date and compliance with treatment plan signed by mental health provider.
1.4 Patient discharged when mental health services are no longer needed, goals have been met, moved out-of-state, upon death or due to safety issues.	1.4 Documentation of discharge plan in patient's record with clear rationale for discharge and discussion with patient. Plan signed and dated by the mental health provider.
1.5 When a third-party payer provides service, the subcontractor must maintain a patient record. At a minimum, the payer's record must contain: <ul style="list-style-type: none">• Referral• Initial assessment with mental health diagnosis• Individualized treatment plan• Documentation of all contacts & dates of service• Reassessment of treatment plan	1.5 Signed, dated reports located in the patient's record.

² HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 6.

³ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 18.

<ul style="list-style-type: none"> • Referrals and follow-ups • Discharge plan <p>All reports must be signed and dated.</p>	
<p><u>2.0 Service Provision</u> <i>National Monitoring Standards: Support for Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.</i>⁴</p>	
Standard	Measure
<p>2.1 Screening and intake to be completed within 15 days of initial contact with patient to include:</p> <ul style="list-style-type: none"> • Patient demographics • Eligibility for services • PHQ-9 • GAD-9 • AUDIT-DAST • Rx abuse screener • MOCA 	<p>2.1 Documentation of intake, eligibility & 5 core mental health screeners in record signed and dated by mental health professional.</p>
<p>2.2 Within 30 days of the initial assessment, a detailed treatment plan is developed for each eligible patient and signed by the patient and mental health professional rendering services. The individualized treatment plan should include:</p> <ul style="list-style-type: none"> • Diagnosed mental illness or condition as identified in DSM-IV-TR • Treatment modality (group or individual) • Start date for mental health services • Date for reassessment • Projected treatment end date • Recommendations for follow-up • Personal risk, HIV transmission & prevention • Treatment adherence 	<p>2.2 Treatment plan with required components is signed and dated by the patient and mental health professional.</p>

⁴ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), pp. 17-18.

2.3 If psychotropic medications are used, patient's record will include the following: <ul style="list-style-type: none"> • Medication list • Assessment for side effects • Patient education regarding medications 	2.3 Documentation of medications in patient's record signed and dated by mental health professional.
2.4 Patients who miss a scheduled appointment will be contacted by phone to reschedule appointment within 5 days.	2.4 Documentation of missed appointment and staff attempts to contact patient and reschedule in patient's record.
2.5 Treatment plan is reassessed every 90 days to assess progress and identify emerging needs.	2.5 Documentation of review and update of treatment plan as appropriate signed and dated by the patient and mental health professional.
2.6 Refer patient to other services as appropriate, e.g. substance abuse treatment, support services.	2.6 Documentation of referrals made and status of outcome in patient's record.
2.7 Develop discharge plan once goals have been met.	2.7 Discharge plan is signed and dated by patient and mental health professional.

3.0 Personnel

National Monitoring Standards: Mental health services are provided by a mental health professional licensed or authorized with the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers. Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State.⁵

Standard	Measure
3.1 All mental health professional have appropriate and valid licensure and certification as required by the Commonwealth of Virginia.	3.1 Copy of current licensure and certification in personnel file.
3.2 All mental health professionals must complete 2 hours of continuing education in HIV/AIDS treatment or care annually.	3.2 Documentation of continuing education credits in personnel file.

⁵ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 17.

4.0 Quality Management

National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.^{6,7}

Standard	Measure
4.1 Measure and report patient outcomes using mental health services measures approved by VDH.	4.1 Performance measurement data on the following indicators: <ul style="list-style-type: none">• Percentage of HIV-infected Mental Health patients regardless of age, with HIV who had a care marker within 3 months of HIV diagnosis.• Percentage of HIV-infected Mental Health patients regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

⁶ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

⁷ PHS Act 2618(b)(3)(C&E)