

Psychosocial Support Services Standards¹

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services.

Program Guidance:

- Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).
- RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.
- Funds may not be used for social/recreational activities or to pay for a client's gym membership.

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Commonwealth of Virginia Department of Health Service Standards for people living with HIV, including the following:

1.0 Intake and Eligibility

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.ⁱⁱ Documentation that psychosocial services funds are used only to support eligible activities, including: a) support and counseling activities; b) child abuse and neglect counseling; c) HIV support groups; d) pastoral care/counseling; e) bereavement counseling; f) nutritional counseling provided by a non-registered dietitian.ⁱⁱⁱ Services must be available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation.^{iv}

Health Resources and Services Administration (HRSA), the funder for Ryan White HIV Services, prohibits continued HIV services, including medications to clients who are not recertified for eligibility of services by their specified date; therefore if a client has not completed their annual certification or recertification at six months they may not be eligible for Ryan White services.^v

| Standard | Measure |
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| Referral | |
| 1.1) Referral for Psychosocial Support Services by a Part B provider is documented prior to initiation of the service. | 1.1) Documentation of referral for Psychosocial Support Services is present in the client's record, signed and dated. |
| Eligibility | |
| 1.2) The client's eligibility for Ryan White Part B services is determined. | 1.2) Documentation of the client's eligibility is present in the client's record. |
| <p>1.3) To be eligible for this service applicants must:</p> <ul style="list-style-type: none"> a) Be diagnosed with HIV b) Live in Virginia c) Have an individual or family income at or below 500% of the Federal Poverty Level (FPL) d) Ryan White Part B is the payer of last resort and other funding sources must be vigorously pursued. Providers are responsible to ensure that clients are screened and deemed ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid, all other forms of insurance or third party payers such as private and commercial insurance plans, and other payers. e) Provide recertification every six months with proof of income, changes in insurance coverage, or any changes in residency f) Client eligibility ensures Part B services are used as the payer of last resort. Client must agree to participate in the insurance option client is eligible and that best meets the client's medical needs regardless of preference. <p><i>Note:</i> The Part B Program is the payer of last resort. This is interpreted as "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by another payment source.^{vi}</p> <p>Apply through the VDH Central Office or through agency's eligibility services.</p> | <p>1.3) Documentation is present in files that verifies:</p> <ul style="list-style-type: none"> a) Client is diagnosed with HIV b) Client lives in Virginia c) Client meets income guidelines d) Client Medicaid status (gap of services) e) Recertification for continued eligibility for Part B services every six months f) Client agrees to participate in insurance option that best meets their medical needs and for which the client is eligible. |

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| Intake | |
| 1.4) Eligibility screening and intake to be completed within 15 days of initial contact with client. | 1.4) Documentation of intake and eligibility screening in record signed and dated. |
| Recertification | |
| 1.5) Client must be recertified every six months to continue to receive Ryan White services. There is no grace period. | 1.5) Documentation of recertification of the client's eligibility every six months is present in the client's record. |
| <p><u>2.0 Key Services Components and Activities (including assessment and service plan)</u> <i>National Monitoring Standards: Support for Psychosocial Support Services may include: support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care/counseling, caregiver support, bereavement counseling, nutrition counseling provided by a non-registered dietitian. Note: Funds may not be used to provide nutritional supplements.^{vii}</i></p> | |
| Standard | Measure |
| Documentation | |
| 2.1) Provision of all psychosocial support services is documented by type and level of activities. | 2.1) Documentation of psychosocial support services conducted by type and level of activities signed by provider of support services. |
| <p>2.2) When a third-party payer provides service, the sub-recipient must maintain a client record. At a minimum, the payer's record must contain:</p> <ul style="list-style-type: none"> • Referral • Initial assessment • Individualized treatment plan • Documentation of all contacts & dates of service • Reassessment of treatment plan • Referrals and follow-ups • Discharge plan. <p>All reports must be signed and dated.</p> | 2.2) Signed, dated reports located in the client's record. |
| Assessment/Service Plan/Provision of Services | |
| 2.3) An initial psychosocial assessment of client's needs to be completed prior to the initiation of the service plan. | 2.3) Documentation of assessment in client's record signed and dated by the counselor. |
| 2.4) Within fifteen (15) business days after the initial assessment a service plan will be developed and agreed upon by the client and | 2.4) Documentation of service plan in client's record signed and dated by the counselor and that client needs and service plan are |

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| <p>provider outlining service goals, objectives, and interventions. This should include client identified needs as well as plans for continuity of primary medical care and support services, clients are assessed for:</p> <ul style="list-style-type: none"> • Support system and psychosocial support needs • History of accessing primary care and other services and barriers to access—noting psychosocial support barriers in particular. <p>Staff explains to the client during the first encounter what services are available at the agency based on the client's identified needs.</p> | <p>reviewed and revised a minimum of every six months.</p> |
| <p>2.5) <u>Counseling Services</u> Staff may provide counseling related to:</p> <ul style="list-style-type: none"> • Child abuse and neglect counseling • Bereavement counseling • Nutrition counseling (provided by non-registered dietitian). <p>Psychosocial support staff will make appropriate referrals.</p> | <p>2.5) Documentation of psychosocial support services conducted by type and level of activities signed by provider of support services</p> |
| <p>2.6) <u>Support Groups</u> HIV support groups include, but not limited to, caregiver and HIV support.</p> <p>Staff or volunteers providing psychosocial support through group facilitation will include discussions on:</p> <ul style="list-style-type: none"> • Treatment adherence • Access and engagement in primary care • Access and engagement in case management, if appropriate. | <p>2.6) Evidence of client progress toward meeting established goals through documentation of activity including sign-in sheets, progress notes, group curricula, etc.</p> |
| <p>2.7) Service plan is reassessed every 90 days to assess progress and identify emerging needs.</p> | <p>2.7) Documentation of review and update of the plan as appropriate signed and dated by client and support counselor.</p> |

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| 2.8) Refer client to other services as appropriate, e.g. mental health, substance abuse treatment. | 2.8) Documentation of referrals made and status of outcome in client's record. |
| Transition and Discharge | |
| <p>2.9) Client discharged when psychosocial support services are no longer needed, goals have been met, upon death or due to safety issues. <i>(see 2.10)</i></p> <p><u>Prior to discharge:</u> Reasons for discharge and options for other service provision should be discussed with client. Whenever possible, discussion should occur face-to-face. If not possible, provider should attempt to talk with client via phone. If verbal contact is not possible, a certified letter must be sent to client's last known address. If client is not present to sign for the letter, it must be returned to the provider.</p> <p><u>Documentation:</u> Client's record must include:</p> <ul style="list-style-type: none"> a) Date services began b) Special client needs c) Services needed/actions taken, if applicable d) Date of discharge e) Reason(s) for discharge f) Referrals made at time of discharge, if applicable. <p><u>Transfer:</u> If client transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If client moves to another area, transferring agency will make referral for needed services in the new location.</p> <p><u>Unable to Locate:</u> If client cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the client's last known mailing address within five business days after the last attempt to notify the client. The letter</p> | 2.9) Documentation of discharge plan and summary in client's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable. |

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| <p>will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made.</p> <p><u>Withdrawal from Service:</u> If client reports that services are no longer needed or decides to no longer participate in the Service Plan, client may withdraw from services. Because clients may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the client's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency clients should be referred to appropriate agencies.</p> <p><u>Administrative Discharge:</u> Clients who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a client for this reason, the case must be reviewed by leadership according to that agency's policies. Clients who are discharged for administrative reasons must be provided written notification of and reason for the discharge, and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the client's last known mailing address within five business days after the date of discharge, and a copy must be filed in the client's chart.</p> | |
| Case Closure | |
| <p>2.10) Case will be closed if client:</p> <ul style="list-style-type: none"> a) Has met the service goals; b) Decides to transfer to another agency; c) Needs are more appropriately addressed in other programs; d) Moves out of state; e) Fails to provide updated documentation of eligibility status thus, no longer eligible for services; | <p>2.10) Documentation of case closure in client's record with clear rationale for closure.</p> |

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| <ul style="list-style-type: none"> f) Fails to maintain contact with the psychosocial service assistance staff for a period of three months despite three (3) documented attempts to contact client; g) Can no longer be located; h) Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan; i) Exhibits pattern of abuse as defined by agency’s policy; j) Becomes housed in an “institutional” program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program; or k) Is deceased. | |
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3.0 Client Rights and Responsibilities

National Monitoring Standards: Provision of Part B funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.^{viii}

| Standard | Measure |
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| <p>3.1) Services are available and accessible to any individual who meets program eligibility requirements.</p> <p>All providers shall be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American’s with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting the refusal of rendering services on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or HIV/AIDS diagnosis.</p> <p>Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.</p> | <p>3.1) Written eligibility requirements and non-discrimination policy on file.</p> |

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| <p>3.2) Client's Rights and Responsibilities policy exists which requires each client to sign & date a form indicating they has been offered: a) explanation of the policy, and b) copy of <i>Client's Rights and Responsibilities</i> and to communicate client's understanding of the policy.</p> | <p>3.2) Written policy on file.</p> |
| <p>3.3) Explanation of <i>Client's Rights and Responsibilities</i> is provided to each client.</p> <p>Client rights include:</p> <ul style="list-style-type: none"> ○ Be treated with respect, dignity, consideration, and compassion; ○ Receive services free of discrimination; ○ Be informed about services and options available. ○ Participate in creating a plan of services; ○ Reach an agreement about the frequency of contact the client will have either in person or over the phone. ○ File a grievance about services received or denied; ○ Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; ○ Voluntary withdraw from the program; ○ Have all records be treated confidentially; <p>Have information released only when:</p> <ul style="list-style-type: none"> ○ A written release of information is signed; ○ A medical emergency exists; ○ There is an immediate danger to the client or others; ○ There is possible child or elder abuse; or ○ Ordered by a court of law. <p>Client responsibilities include:</p> <ul style="list-style-type: none"> ○ Treat other clients and staff with respect and courtesy; ○ Protect the confidentiality of other clients; ○ Participate in creating a plan of service; | <p>3.3) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record.</p> |

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| <ul style="list-style-type: none"> ○ Let the agency know any concerns or changes in needs; ○ Make and keep appointments, or when possible, phone to cancel or change an appointment time; ○ Stay in contact with the agency by informing the agency of change in address and phone number, respond to phone calls and mail ○ Avoid to subject the agency's staff to physical, sexual, verbal and/or emotional abuse or threats. | |
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4.0 Grievance Process

| Standard | Measure |
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| <p>4.1) Grievance policy exists which requires each client to sign & date indicating they has been offered: a) explanation of the policy, and b) copy of <i>Grievance Procedure</i> and c) communication of client's understanding of the policy.</p> <p>Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.</p> <p>Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.</p> | <p>4.1) Written grievance procedure on file, available in languages and formats appropriate to populations served.</p> |
| <p>4.2) Explanation of <i>Grievance Procedure</i> is provided to each client.</p> <p>Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received.</p> | <p>4.2) Current <i>Grievance Procedure</i> form signed and dated by client and located in client's record.</p> |
| <p>4.3) Grievance process shall be fair and expeditious for resolution of client grievances.</p> | <p>4.3) Documentation of client grievances, status and resolution.</p> |
| <p>4.4) Review the grievance policy yearly with client signature.</p> | <p>4.4) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record.</p> |

5.0 Personnel Qualifications (including licensure)

National Monitoring Standards: Psychosocial support services are provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available;

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provided by an institutional pastoral care program. Documentation of appropriate and valid licensure and certification as required by the State.^{ix}

| Standard | Measure |
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| 5.1) All psychosocial and pastoral care counselors will have appropriate and valid licensure if required by the Commonwealth of Virginia. ^x | 5.1) Copy of current licensure in personnel file. |
| 5.2) All staff who deliver non-professional counseling services or group facilitation must have a high school diploma or General Equivalency Diploma (GED) and one year of experience working with people living with HIV, providing counseling services or additional health care training. | 5.2) Documentation of qualifications in personnel file. |
| 5.3) Newly employed psychosocial counselors, including individual practitioners, must complete orientation within 2 weeks of hire and the following training within 180 days of hire: <ul style="list-style-type: none"> • HIV 101; • HIV testing; • Cultural competency; • Legal ramifications, including confidentiality; • Counseling & referral; and • Prevention. | 5.3) Documentation of training completed in personnel file. |
| 5.4) All staff and volunteers providing will be trained in the following core competencies: <ul style="list-style-type: none"> • Active listening and other one-on-one support skills • Group facilitation (if applicable) • Conflict de-escalation/resolution • Roles and responsibilities of peer emotional support and the difference between this service and other services • Client assessment skills • HIV co-morbidities, symptoms, medications, interactions and side effects. <p>Program staff conducting nutritional counseling will be trained to perform nutritional assessments.</p> | 5.4) Documentation of training completed in personnel file. |

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| 5.5) All psychosocial counselors must complete 6 hours of continuing education in counseling or HIV/AIDS annually. | 5.5) Documentation of continuing education credits in personnel file. |
| 5.6) All non-professional staff delivering psychosocial support services must be supervised by a licensed professional. | 5.6) Documentation of supervision according to agency policy. |
| 6.0 Cultural and Linguistic Competency | |
| Standard | Measure |
| 6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider's documentation should include: a) Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted; b) Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; c) List of cultural competency trainings completed by staff. | 6.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report. |
| 6.2) Easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area shall be available. ^{xi} | 6.2) Culturally and linguistically appropriate materials and signage accessible. |
| 7.0 Privacy and Confidentiality (including securing records) | |
| Standard | Measure |
| 7.1) Client confidentiality policy exists which include: 1) Release of information requirements, and b) Health Insurance Portability and Accountability Act. | 7.1) Written client confidentiality policy on file at provider agency. |
| 7.2) Client's consent for release of information is determined. | 7.2) Current <i>Release of Information Form</i> signed and dated by client and provider representative and located in client's record. Each release form indicates who may receive the client's information and has an expiration of not more than 12 months. |
| 7.3) Each client file is stored in a secure location. Electronic client records are protected from unauthorized use. | 7.3) Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are secure with password protection and access is limited to appropriate personnel. |

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| 7.4) Annual submission of <i>Verification of Receipt of Assurance of Key Requirements</i> document by all staff that handle client identifying information. | 7.4) Documentation of signed <i>Verification of Receipt of Assurance of Key Requirement</i> forms. |
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8.0 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.^{xii}

| Standard | Measure |
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| 8.1) Measure and report client health outcomes using Psychosocial Support Services measures approved by VDH. | <p>8.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of persons living with HIV and receiving Psychosocial Support Services, regardless of age, who will have at least two care markers in a 12 month period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). • Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Psychosocial Support Services, 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. |

ⁱ HRSA/HAB Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice #16-02 (Revised 10/22/18).

ⁱⁱ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards for Part A and B Grantees: Universal (April, 2013), p. 4.

ⁱⁱⁱ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 41.

^{iv} HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 42.

^v HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Ryan White Program Eligibility Determinations and Recertification Requirements Policy Clarification Notice #13-02

^{vi} Public Health Service Act; Sections 2605(a)(6), 2617 (b) (7) (F), 2664 (f) (1), and 2671 (i).

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^{vii} HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 61-62.

^{viii} HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 41-21.

^{ix} HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 42.

^x Virginia Board of Counseling. Laws governing Counseling available at:
https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm

^{xi} National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Available at:

<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

^{xiii} HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 71.