



HIV Planning and Coordination
Health Care Agency

**MENTAL HEALTH SERVICES
STANDARDS OF CARE**

FOR

HIV SERVICES IN ORANGE COUNTY

Approved by Planning Council 12/09/20
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SECTION 1: INTRODUCTION

The goal of mental health services is to improve psychological wellbeing and increase quality of life for persons living with HIV (PLWH) through counseling and adherence to medical care. All interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The services delivered shall reflect a philosophy of service delivery that affirms a client’s right to privacy, confidentiality, self-determination, nondiscrimination, compassionate and non-judgmental care, dignity, and respect.

Individual treatment plans shall be collaborative and based on the needs identified in the Comprehensive Assessment. Mental health practitioners shall also have the role of educators. When needed, mental health practitioners shall educate their clients on life skills and educate clients about HIV prevention and care.

Individuals receiving case management services and mental health services at the same provider must have separate assessment and treatment plans completed for each service.

Goals of the Standards. These standards of care are provided to ensure that Orange County’s Mental Health Services:

- Are accessible to all PLWH who meet eligibility requirements
- Promote continuity of care, client monitoring, and follow-up
- Enhance coordination among service providers to eliminate duplication of services
- Provide opportunities and structure to promote client and provider education

- Maintain the highest standards of care for clients
- Protect the rights of PLWH
- Provide mental health services to enable clients to stay in medical care
- Increase client self-sufficiency and quality of life
- Provide a framework to foster ethical and nondiscriminatory practices

SECTION 2: DEFINITION OF MENTAL HEALTH SERVICES

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, licensed marriage and family therapists, licensed clinical social workers, licensed professional counselors, and appropriate interns.

Services may include individual counseling, couple/family counseling, and/or therapeutic group counseling. The usual maximum number of individual counseling sessions provided under this service is 15 visits annually. Family and/or couples counseling is also limited to a maximum of 15 sessions. The 15 sessions are in addition to the 15 individual counseling sessions available to a client and can be rendered in any combination of family and/or couples counseling sessions. Additional sessions beyond the 15 maximum require prior written approval by the Orange County Health Care Agency (HCA) and cannot exceed 25 sessions. Approval shall be based upon documented medical necessity

Primary activities for mental health services include:

- Client registration
- Comprehensive assessment including documentation of diagnosis
- Development of individual treatment plans
- Treatment provision in individual, family, and/or group settings
- Referral/coordination/linkages
- Mental health service closure
- Quality management

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality mental health services starts with well-prepared and qualified staff. To ensure this, Ryan White providers must meet all of the following requirements and qualifications:

- **HIV Knowledge and Training.** Practitioners shall have training and experience with HIV related issues and concerns. At a minimum, practitioners providing mental health services will have completed an initial and annual education session in at least one(1) topic from

each of the following three (3) categories listed below. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review.

- Category 1: Medical Issues. Topics may include the following:
 - HIV disease process and current medical treatments
 - Adherence to medication regimens
- Category 2: Mental Health Issues. Topics may include the following:
 - Mental disorders related to HIV and/or other medical conditions
 - Mental disorders that can be induced by prescription drug use
 - Diagnosis and assessment of HIV-related mental health issues
 - Knowledge of how certain psychiatric symptoms may have been induced by substance use
- Category 3: Psychosocial issues. Topics may include the following:
 - Psychosocial issues related to HIV
 - Cultural issues related to communities affected by HIV
 - HIV legal and ethical issues
 - Human sexuality, gender, and sexual orientation affirming care
- **Licensure.** Practitioners of mental health services include licensed practitioners and unlicensed practitioners who practice under the supervision of a licensed mental health professional and as mandated by their respective licensing boards.
 - **Licensed Practitioners:**
 - **Licensed Clinical Social Workers (LCSWs):** LCSWs must have a Master's degree in social work (MSW). They are required to have accrued hours of post-Master's supervised therapy experience as required by the State of California for licensure and to attain and maintain licensure. The Board of Behavioral Science Examiners regulates the provision of mental health services by LCSWs.
 - **Licensed Professional Clinical Counselors (LPCC):** LPCCs must have a Master's degree or doctorate in counseling or psychotherapy. They are required to have accrued hours of post-education supervised therapy experience as required by the State of California for licensure and to attain and maintain licensure. The Board of Behavioral Science Examiners regulates the provision of mental health services by LPCCs.
 - **Licensed Marriage and Family Therapists (LMFTs):** LMFTs must have a Master's degree in counseling. They must have completed hours of supervised counseling or psychotherapy as required by the State of California for licensure and to attain and maintain licensure. The Board of Behavioral Science Examiners regulates the provision of mental health services by LMFTs.
 - **Psychologists:** Psychologists must have a doctoral degree in psychology or education (PhD, PsyD, EdD). They must have accrued hours of supervised professional experience as required by the State of California for licensure and to attain and maintain licensure. The Board of Psychology regulates the provision of mental health services by psychologists.
 - **Psychiatrists:** Psychiatrists must have a medical doctor's degree and must have completed a residency in psychiatry after completing medical school.

- **Unlicensed Practitioners:**
 - **Marriage Family Therapist Interns and Trainees; Psychological Assistants; Interns; Post-Doctoral Fellows and Trainees; and Social Work Associates:** Interns, Trainees, Assistants, Fellows, and Associates are accumulating supervised experience as part of their preparation for licensing or certification. They have completed graduate work in counseling, psychology, or social work. These practitioners require direct supervision by a licensed mental health practitioner as mandated by their respective licensing boards. Documentation relating to client care including comprehensive assessment, treatment provision, referral/coordination/linkages, and mental health service closure must be reviewed by licensed supervisor as mandated by respective licensing boards. Individual treatment plan must be signed by licensed clinical supervisor.
 - **Master’s and Doctorate-Level Student Interns:** Student Interns are in the process of obtaining their master’s or doctoral degrees and completing the necessary practicum or field work in a site approved by their academic institutions. Student interns require direct supervision by a licensed mental health practitioner at the approved site as mandated by their respective academic institution. Documentation relating to client care including comprehensive assessment, individual treatment plan, treatment provision, referral/coordination/linkages, and mental health service closure must be signed by licensed clinical supervisor.
- Practitioners shall have a current registration through their professional organization in order to provide services.
- **Treatment Experience.** Practitioners shall have previous experience or training utilizing appropriate evidence-based treatment modalities in practice.
- **Legal and Ethical Obligations.** Practitioners must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
 - **Duty to treat:** Practitioners have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.
 - **Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the practitioner. Limits of confidentiality include danger to self or others, grave disability, and child/elder abuse. Domestic violence must be reported according to California mandated reporting law.
 - **Duty to warn:** Serious threats of violence (including physical violence, serious bodily harm, death, and terrorist threats) against a reasonably identifiable victim must be reported. However, at present, in California, PLWH engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Only certain physicians may notify identified partners who may have been infected within specific guidelines,¹ other mental health providers are **not**

¹ As specified in California Health and Safety Code Section 121015

permitted to do so. Staff should follow their agency’s policies and procedures in relation to duty to warn.

- **Culturally Appropriate:** Staff shall possess the ability to provide services to accommodate clients with disabilities, including communication barriers (services for clients who may have concerns such as hard of hearing, low literacy skills, and/or visually impaired) and culturally appropriate services for PLWH.
- Practitioners are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.

Standard	Measure
Service provider will ensure that all mental health practitioners providing mental health services will be licensed, accruing hours toward licensure, or a registered graduate student enrolled in a counseling, marriage and family therapy, nursing, psychology, or social work program	Documentation of licensure/student status on file
Mental health practitioners receive initial and annual education in at least one (1) topic regarding HIV from each of the following categories: 1) Medical issues; 2) Mental health issues; and 3) Psychosocial issues	Training/education documentation on file including: Date, time, and location of the education Education type Name of the agency and mental health practitioner(s) receiving education Education outline, meeting agenda and/or minutes
Mental health practitioners will have a clear understanding of job responsibilities	Written job description on file signed by mental health practitioner and supervisor
Mental health practitioners will possess skill, experience, and licensing qualification appropriate to provision of mental health treatment modalities utilized	Résumé and current license on file
Licensed mental health practitioners are encouraged to seek consultation as needed	Documentation of consultation on file
Unlicensed interns or trainees accruing hours toward licensure will receive supervision in accordance with state licensing requirements	Documentation of supervision on file
Master’s or Doctoral-level student interns will complete documentation required by academic institution	Documentation of supervision on file

Standard	Measure
Providers and mental health practitioners will practice according to California state law and the code of ethics of their respective professional organizations	Documentation on file including: Documentation of ethics training/education Documentation of legal consultation, as applicable Grantee review of grievances and client complaints

SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE

Staff must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all PLWH. Although an individual’s ethnicity is generally central to their identity, it is not the only factor that makes up a person’s culture. Other relevant factors include gender, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one’s personal limits and treat one’s client as the expert on their culture. If a practitioner determines that they are not able to provide culturally or linguistically appropriate services, they must be willing to refer the client to another practitioner or service provider that can meet the client’s needs in accordance with their agency’s referral policy and procedure.

Based on the Health and Human Services’ National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), culturally and linguistically appropriate services and skills include:

- Effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- The ability to respect, relate, and respond to a client’s culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with the culture and language of the clients being served, including providing written materials in a language accessible to all clients.
- Recognizing the significant power differential between provider and client and work toward developing a collaborative relationship.
- Considering each client as an individual, not making assumptions based on perceived memberships in any specific group or class.
- Translation and/or interpretation services to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Being non-judgmental in regards to people’s sexual practices.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Standard	Measure
Service providers will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Providers have a written strategy on file
All staff (including administrative staff) will receive ongoing training to build cultural and linguistic awareness	Training/education documentation on file including: <ul style="list-style-type: none"> • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda, and/or minutes
Service provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure

SECTION 5: CLIENT REGISTRATION

Client registration is required for all clients who request or are referred to mental health services. It is a time to gather information and provide basic information about service availability. It is also a pivotal moment for establishment of trust and confidence in the care system. Staff shall provide an appropriate level of information that is helpful and responsive to client need.

If a client is receiving multiple Ryan White or EHE services with the same provider, registration is only required to be conducted one (1) time. It is acceptable to note that eligibility, registration, and required documents discussed in this section were verified and exist in another client record at the same provider agency.

If a client has been referred by another Ryan White or EHE provider to receive services and the client has opted to share their AIDS Regional Information and Evaluation System (ARIES) data, the provider receiving the referral does not have to collect registration information. The provider shall review ARIES to ensure all registration data have been collected and is documented in ARIES. If the client is non-share in ARIES, the referring provider may provide registration information or the provider receiving the referral shall gather registration information from the client. Provision of information regarding *Client Rights and Responsibilities, Client Grievance Process, and Notice of Privacy Practices (NPP)* may be conducted one-time at the referring provider agency. To document the provision of this

information, the referring provider may send the provider receiving the referral a signed document indicating that they have provided this information to the client.

The following describe components of registration:

- Staff shall respond to phone calls within two (2) business days upon receipt of phone call from a client and/or case manager.
- Mental Health Services staff shall schedule an initial appointment within five (5) business days of client contact.
- Registration shall take place as soon as possible. If there is an indication that the client may be facing a medical crisis, the registration process shall be expedited and appropriate intervention may take place prior to formal registration.
- The service provider shall obtain the appropriate and necessary demographic information to complete registration as required for the Ryan White Services Report (RSR). This may include, but is not limited to, information regarding demographics, risk factors, HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.
- Staff shall clearly explain what services entail the availability of various services.
- Staff shall communicate information to clients described below:
 - Written information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.
 - Information about filing a **Grievance** if the client feels their rights have been violated.
 - A copy of the client's **Rights and Responsibilities** (included in the HIV Handbook or Provider's Rights and Responsibilities).
 - Clients shall also be given the **NPP** form. Clients shall be informed of their right to confidentiality. It is important not to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality shall include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc.).
- The provider shall also obtain the following required documents:
 - A **Consent for Services** form, signed by the client, agreeing to receive services.
 - Providers shall inform clients of ARIES and obtain **ARIES consent**. The ARIES consent must be signed at registration prior to entry into the ARIES database and every three (3) years thereafter. The signed consent form shall indicate (1) whether the client agrees to the use of ARIES in recording and tracking their demographic, eligibility, and service information and (2) whether the client agrees to share select information contained in ARIES with other agencies in the Ryan White or EHE system of care.
 - A signed document indicating receipt of **Rights and Responsibilities**. Client rights and responsibilities incorporate a client's input; and provide a fair process for review if a client believes they has been mistreated, poorly served, or wrongly discharged from services.

- If there is a need to disclose information about a client to a third party, including family members, client shall be asked to sign an **Authorization to Disclose (ATD)/Release of Information (ROI)** form, authorizing such disclosure. This form may be signed at registration prior to the actual need for disclosure. Information disclosed will be limited to the narrowest scope of information that meets the immediate need of disclosure. Releases of information may be cancelled or modified by the client at any time.

Individuals participating in couple/family therapy who are not Ryan White or EHE eligible shall sign and date the following forms: Confidentiality and Release of Information, Consent for Treatment, Notice of Privacy Practices, Client Rights and Responsibilities, and Client Grievance Process.

Standard	Measure
Client shall be contacted within two (2) business days upon receipt of phone call from a client and/or case manager. Mental Health Services staff shall schedule an initial appointment within five (5) business days of client contact.	Registration tool is completed and in client record
ARIES Consent signed and completed prior to entry into ARIES	Signed and dated based on ARIES consent form guidelines by client and in client record
Client is informed of Notice of Privacy Practices	Signed and dated by client and in client record
Client is informed of Rights and Responsibilities	Signed and dated by client and in client record
Client is informed of Grievance Procedures	Signed and dated by client and in client record
Consent for services completed as needed	Signed and dated by client and in client record as needed
Authorization to Disclose (ATD)/ Release of Information (ROI) is discussed and completed as needed	Signed and dated by client and in client record as needed

SECTION 6: SCREENING

Ryan White Mental Health Services

Ryan White service providers shall conduct a screening of the client’s needs and eligibility/ qualification for Ryan White funded Mental Health Services. To qualify for Ryan White funded Mental Health Services the client must meet the following:

- Meet eligibility screening (HIV positive and Orange County resident), income, and payer of last resort criteria.
- If receiving individual counseling **and** case managed, a mental health referral is required.
- Be re-screened for eligibility/service qualification annually or when a change has occurred that impacts a client’s eligibility for services

Standard	Measure
Eligibility /service qualification screening conducted annually or when a change has occurred that impacts a client’s eligibility for services	Documentation in client record
Mental health referral shall be obtained if client is receiving individual counseling and is case managed	Documentation in client record, if applicable

EHE Initiative Mental Health Services

EHE service providers shall conduct a screening of the client’s needs and eligibility/ qualification for EHE funded Mental Health Services. For EHE funded Mental Health Services the client must meet **all** the following:

- Meet eligibility screening criteria (HIV positive)
- Meet payer of last resort criteria
- Client is not eligible for Mental Health Services under Ryan White
- Client is transitioning between systems of care (insured)
- Client is experiencing at least one (1) or more of the following:
 - a) Barriers: Cultural/linguistic barriers
 - b) Limited provider and/or appointment availability
 - c) Other problem accessing Mental Health Services

Standard	Measure
Client meets all eligibility and service qualification requirements	Documentation in client record

SECTION 7: SERVICE MANAGEMENT

Once client registration and screening has been conducted, the provider may offer the appropriate range of services to the client. Service management shall be consistent with the following principles.

- **Service Delivery**
 - Services shall be delivered in a manner that promotes continuity of care.
 - Providers shall refer clients to other providers if they cannot provide a level of service that is medically, culturally, linguistically, or otherwise appropriate for the needs of the clients.

- **Confidentiality**
 - Provider agencies shall have a policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), providers shall comply with HIPAA guidelines and regulations for confidentiality.

- **Service Planning**
 - Where service provision options are substantially equivalent, the least costly alternative shall be used in meeting the needs of clients.
 - Services shall be planned, managed, and monitored to avoid the need for urgent or emergency services, the interruption of services, and need for emergency or unplanned appropriations of funding to continue services during contract periods.

- **Documentation and Data Collection**
 - Program and administrative staff shall provide adequate data collection in a timely manner and documentation of all services provided for accounting, reporting compliance, and evaluation purposes.
 - Program data shall be entered into ARIES within five (5) business days as specified in contract or scope of work.
 - Service providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning.
 - Service providers shall gather and document data (e.g. demographic, eligibility, and risk factor information) for the Ryan White Services Report (RSR).

- **Compliance with Standards and Laws**
 - Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.
 - Mental Health services shall be consistent with standards set forth in this document.

Standard	Measure
Provider shall have procedure to address walk-ins, telephone triage, and emergencies and after-hour care	Written procedure in place
Provider shall have procedure for making referrals to offsite services	Written procedure in place
Provider shall have policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices; for covered agencies and information, policy shall be consistent with HIPAA regulations	Written policy on file
Staff shall be aware of confidentiality policy via training upon employment and annually thereafter	Documentation of education or training on file
Provider shall ensure client information is in a secured location	Site visit will ensure
Provider shall screen clients to ensure the least costly service is used as appropriate to client needs; screening shall occur at minimum when client is accessing a new service and periodically as the client's needs change	<ul style="list-style-type: none"> • Written procedure in place • Documentation of client screening and determination on file • Site visit will ensure
Provider shall regularly review client charts to ensure proper documentation including progress notes	Written procedure in place
Providers shall document and keep accurate records of units of services	Site visit and/or audit will ensure
Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality	Site visit and/or audit will ensure

SECTION 8: COMPREHENSIVE ASSESSMENT

Proper assessment of client need is fundamental to mental health services. A comprehensive assessment is required for all persons receiving individual counseling. Persons receiving crisis intervention or group counseling only do not require these assessments.

- **Initial Assessment.** The initial assessment process shall start within one week of client registration and be completed within 30 days. The initial assessment process may take more than one session, depending on the client's emotional state. If an initial assessment

cannot be completed within 30 days, the reason for this delay must be stated in the client’s chart. Assessment should be viewed as a continuing, evolving process. This dynamic view of assessment means that important information shared by the client during each contact would be noted in the client’s file, as it can help in assessing progress or identifying the emergence of new issues or problems. Mental Health providers shall use an approved Mental Health Assessment tool (See Appendix B).

- **Modality.** The assessment shall support the mental health treatment modality chosen.
- **Documentation.** The following are required documentation of the assessment.
A progress note referencing actual date(s) of assessment, time spent, and, if the assessment was not completed, plans to complete will be included in the client file.
Assessments will be signed and dated by the mental health practitioner conducting the assessment. Assessments completed by Master’s or Doctorate-level student interns will be co-signed by licensed clinical supervisor.
- **Reassessments.** Reassessments (which may be more focused and less comprehensive) shall be conducted whenever health and situational changes make it helpful and necessary to do so or at least once every 12 months. Significant changes noted through repeated mental exams, for example, may be very helpful to primary care physicians, as they may signal changes in the progression of HIV, which may necessitate changes in treatment. The results of such reassessments may be communicated to the patient’s primary care physician as appropriate and as authorized by releases of disclosure. Reassessments completed by Master’s or Doctorate-level student interns will be co-signed by licensed clinical supervisor. Mental Health providers shall use an approved Mental Health Assessment tool (See Appendix B).

Standard	Measure
Initial assessment shall be completed within 30 days	Completed assessment, signed and dated by practitioner and in client If an initial assessment is not completed in 30 days, reason for delay is documented in client file
Reassessment is ongoing and driven by client need, when a client’s status has changed significantly, or when the client has left and re-entered treatment, but a minimum of once every 12 months	Progress notes and/or new assessment demonstrating reassessment in client file
Initial assessments and reassessments completed by Master’s or Doctorate-level	Co-signature in client file

Standard	Measure
student interns will be co-signed by licensed clinical supervisor	

SECTION 9: INDIVIDUAL TREATMENT PLAN

Once client needs have been assessed, mental health practitioners and clients shall identify and prioritize care and mental health needs that will be addressed through mental health services. This process is documented on the Individual Treatment Plan (ITP). The plan provides a map for the mental health practitioner on how to address needs in a manner that best promotes mental health of the client. The ITP shall be completed within two weeks of the completed assessment and reviewed and revised as necessary, but no less than once every 12 months. The ITP must be developed by the same mental health practitioner that conducted the Comprehensive Assessment. ITPs completed by unlicensed practitioners including interns, trainees, and Master’s and Doctorate-level student interns will be co-signed by licensed clinical supervisor

The ITP will include specific goals and action steps developed jointly with the client that the client is willing to act on. Clients must sign the ITP to indicate that have reviewed and agree to items in the plan. A copy of the ITP may be provided to the client upon request. If a client cannot review or sign the ITP due to a mental health diagnosis, the reason for this must be stated in the client’s chart.

The ITP shall include:

- Statement of the problems, symptoms or behaviors to be addressed in the treatment including diagnosis
- Goals (desired outcomes) and objectives (measurable change in symptoms or behaviors)
- Interventions proposed
- Appropriate modalities (individual, family, and/or group)
- Frequency and expected duration of services
- A clear plan to address substance abuse issues if present
- Referrals and linkages to other needed services (e.g., medical care, substance abuse treatment, etc.)
- ITP signed by the client or reason for inability to sign
- Signature and date by the mental health practitioner developing the ITP. If the mental health practitioner is unlicensed, co-signature by licensed clinical supervisor.

Standard	Measure
ITPs must be finalized within two weeks of the completion of the Comprehensive Assessment and developed by the same mental health practitioner that conducted the Comprehensive Assessment	Completed ITP, signed and dated by the practitioner and in client file to include: <ul style="list-style-type: none"> • Statement of problem including diagnosis • Goals and objectives • Interventions and modalities • Frequency of service

	<ul style="list-style-type: none"> • Plan for addressing substance abuse • Referrals • ITP signed by client or reason for inability to sign <p>If ITP is not completed within two weeks of the completion of the Comprehensive Assessment, reason for delay is documented in client file</p>
Review and revise ITP as necessary, but not less than once every 12 months	Documentation of updated ITP in client file
ITPs completed by unlicensed mental health practitioners including interns, trainees, and student interns will be co-signed by licensed clinical supervisor	Co-signature in client file

SECTION 10: TREATMENT PROVISION

All interventions in mental health treatment will be guided by the needs expressed in the treatment plan. Practitioners shall be knowledgeable about outcome research and utilize clinically proven treatment for their client’s presenting problems. Treatment shall conform to the standards of care recognized within the general community and supported by clinically published research for the client’s condition.

Treatment shall include counseling regarding knowledge of modes of transmission, prevention, risk and harm reduction strategies (as well as root causes and underlying issues related to increased HIV transmission behaviors). Substance abuse, treatment adherence, development of social support systems and community resources as indicated by the client’s circumstance are important areas to be explored. Focus should also be placed on maximizing social and adaptive functioning. When a signed authorization to disclose information has been completed, sources of support and care can be recommended to significant others and family members.

For those clients on psychotropic medications, side effects of these agents shall be assessed at each visit, along with the provision of education regarding such medications, within the scope of the provider’s practice. As indicated, these clients will be referred back to the prescribing physician for further information.

In cases of violence or safety concerns, counseling shall not begin until the provider determines the appropriateness of this modality based on the progress of parties involved have made in individual or group treatment and the fact that current violence is no longer a risk. If these criteria are not met, individuals shall be referred for individual or group treatment.

Individual and Family Therapy

Individual and family therapy allows clients to work through personal and interpersonal issues with the mental health practitioner. This modality can be provided in a variety of formats including:

- **Individual Counseling/Therapy.** Individual counseling or psychotherapy may be either short or long term in duration, depending on the needs outlined in the treatment plan. Short-term or brief therapy usually lasts up to 15 sessions and can be most useful when client goals are specific. Longer term therapy provides a means to explore more complex issues that may interfere with a client's quality of life. Even in the case of longer term therapy, specific, short-term, mutually defined goals are recommended to focus treatment and measure progress.
- **Family Counseling/Therapy.** A family may be defined as either the family of origin or a chosen family. The overall goal of Family Counseling is to help families improve their functioning, given the complications of living with HIV.
- **Couples Counseling/Therapy.** This modality is most appropriate where the presenting problem is dissatisfaction or conflict within a relationship that impacts a person living with HIV.

Individuals receiving couples or family counseling may be provided 15 visits annually that are not counted towards the 15 individual counseling sessions a patient may receive. Additional sessions beyond the 15 maximum require prior written approval by the Orange County Health Care Agency (HCA) and cannot exceed 25 sessions. Approval shall be based upon documented medical necessity.

Treatment provision is documented through progress notes, which will include the date and signature of the mental health practitioner. Progress notes completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor

- Progress notes for individual and family therapy will include:
 - Date, type of contact, and time spent with client
 - Interventions and referrals provided
 - Results of interventions and referrals
 - Progress toward ITP goals
 - Newly identified issues/goals
 - Client's responses to interventions and referrals
 - Other observations
 - Notes shall not include personal identifying information of anyone other than the client

Group Therapy

Group therapy can provide opportunities for increased social support vital to those isolated by HIV. Group therapy may be part of an individual's treatment plan, with progress being recorded in the individual's chart. Consideration shall be given to the composition of the group such that the client feels comfortable with the group. Group therapy shall be provided as evidence based solution-oriented psychotherapy groups and shall include a minimum of two (2) Ryan White or EHE eligible clients per session. Groups may be led by a single leader or two co-

facilitators. Psychotherapy groups must be conducted by at least one licensed mental health practitioner. Master’s and Doctorate-level student interns may conduct group therapy sessions if it is co-facilitated by a licensed mental health practitioner.

Treatment provision is documented through summary notes, which will include the date and signature of the mental health practitioner. Summary notes completed by Master’s or Doctorate-level student interns will be co-signed by a licensed clinical supervisor.

- Summary notes for groups will include:
 - Date and length of the group
 - Counselor/Group leader
 - Record of attendance
 - Issues discussed and interventions planned
 - Notes shall not include personal identifying information of anyone other than the client

Crisis Intervention

Crisis intervention is an unplanned service provided to an individual, couple, or family experiencing psychosocial stress. Such services are provided in order to prevent deterioration of functioning or to assist in the client’s return to baseline functioning. Any request to see a mental health professional immediately shall be taken seriously. Depending on the urgency of the situation, appointments and/or referrals or linkages shall be arranged immediately or promptly. Crisis situations may sometimes be handled by phone.

Crisis intervention services are documented through notes, which shall include the date and signature of the mental health practitioner. Notes completed by Master’s or Doctorate-level student interns will be co-signed by licensed clinical supervisor.

- Crisis intervention notes shall include the following:
 - Date, time of day, and time spent with or on behalf of the client
 - Summary of the crisis event
 - Interventions and referrals provided
 - Results of the interventions and referrals
 - Follow-up plan
 - Notes shall not include personal identifying information of anyone other than the client

Standard	Measure
Number of individual sessions shall not exceed 15 without prior approval	Site visit will ensure
Number of individual sessions shall not exceed 25 with written prior approval	Site visit will ensure Prior written approval received by HCA and in client file

Standard	Measure
Progress notes for individual, couple, and/or family therapy shall be used to document progress through treatment provision	Signed and dated note in client file to include: Date and type of contact Interventions/referrals provided Progress toward ITP goals Newly identified issues Client response Notes shall not include personal identifying information of anyone other than the client
Group sessions shall include a minimum number of two (2) Ryan White or EHE eligible clients per session	Site visit will ensure
Summary notes for group therapy shall be used to document progress through treatment provision	Signed and dated note to include: Date and length of group Counselor/Group leader Record of attendance Issues discussed Interventions planned Notes shall not include personal identifying information of anyone other than the client
Notes shall document crisis intervention services	Signed and dated note in client's file to include: Date, time of day and time spent Summary of crisis event Interventions and referrals Safety assessment Results of interventions and referrals Follow-up plan Notes shall not include personal identifying information of anyone other than the client
Notes completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor	Co-signature on file

SECTION 11: REFERRAL/COORDINATION/LINKAGES

In certain cases, clients will require a higher level of mental health intervention than a given agency is able to provide. It is incumbent upon mental health practitioner to refer these clients to additional mental health services including psychiatric evaluation and medication management, neuropsychological testing, day treatment programs, and in-patient hospitalization. Referrals to other services including, but are not limited to, case management, medical treatment and dental treatment shall also be made as indicated. As many clients receiving mental health services are also diagnosed with co-occurring substance abuse

disorders, careful consideration and referral to appropriate substance abuse treatment services are critical.

Also vital is the coordination of mental health care with all of the above listed services, especially primary care medical providers. Regular contact with a client’s primary care provider and other providers will ensure integration of services and better client care. In addition, referring agencies and/or service providers assisting in the care of the client should be notified when a client experiences crisis and/or changes in their mental or physical state that could impact the continuity of care.

Standard	Measure
As needed, providers will refer clients to a full range of mental health services including: Psychiatric evaluation, medication management Neuropsychological testing Day treatment programs Inpatient hospitalization	Signed and dated note to document referrals in client file
As needed, providers will refer to other services including medical services, case management, and other support services	Signed and dated note to document referrals in client file
Providers will attempt to make contact with a client’s primary medical care provider at a minimum of once every 12 months, or as clinically indicated, to coordinate and integrate care Contact with other providers will occur as clinically indicated	Documentation of contact with primary medical providers and other providers in progress notes
Documentation regarding referrals/coordination/linkages completed by Master’s or Doctorate-level student interns will be co-signed by licensed clinical supervisor	Co-signature on file

SECTION 12: MENTAL HEALTH SERVICE CLOSURE

Mental health services are considered critical to a client’s psychological welfare and in assuring access to medical care and other critical services. Closure from mental health services may affect the client’s ability to receive and stay compliant with medical care. As such, closure from mental health services must be carefully considered and reasonable steps must be taken to assure clients who need mental health services are maintained in services. The usual maximum number of sessions provided under this service category is 15 visits annually. Additional sessions beyond the 15 maximum require prior written approval by the Orange County Health

Care Agency (HCA) and cannot exceed 25 sessions. Approval shall be based upon documented medical necessity.

A client may be closed from mental health services due to the following conditions:

- The client has successfully attained mental health goals
- The client has become ineligible for services
- The client chooses to terminate services
- The client's needs would be better served by another agency
- The client demonstrates unacceptable behavior that violates client rights and responsibilities
- The client cannot be located
- The client has died

The following describe components of discharge planning:

- **Efforts to Find Client.** The provider shall periodically query data systems to identify clients who appear to be lost to follow-up. If the client is receiving case management, the mental health provider may work with the case manager to locate the client. It is recommended, but not mandatory, that at least three (3) attempts to contact the client are made over a period of three (3) months. Efforts shall be made to locate and contact a client who has not shown up for appointments or responded to provider's phone calls. These efforts shall include contacting last known medical provider and other providers for which releases have previously been obtained. Clients who cannot be located after extensive attempts may be referred to available outreach services so that they may be linked back into the care system. Emergency contacts may be used to reach a client and may be done based on agency policy.
- **Closure Due to Unacceptable Behavior.** If closure is due to unacceptable behavior that violates client rights and responsibilities including excessive missed appointments, the provider shall notify the client that his/her services are being terminated and the reason for termination. Within the limits of client's authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be placed in the client's chart. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g. phone calls, visit) or attempts to notify the client of closure. If the client does not agree with the reason for closure, he/she shall be informed of the provider's grievance procedure.
- **Mental Health Service Closure Summary.** A mental health service closure summary shall be documented in the client's record. Mental health service closure summaries completed by Master's or Doctorate-level student interns will be signed by licensed

clinical supervisor. The mental health service closure summary shall include the following:

- Circumstances and reasons for closure
 - Summary of service provided
 - Goals completed during therapy
 - Diagnosis at closure
 - Referrals and linkages provided at closure
- **Data Collection Closeout.** The provider shall close out the client in the data collection system (ARIES) as soon as possible, but no later than thirty (30) days after mental health service closure unless the client is receiving other services at the agency. A progress note should clearly indicate why the client was not closed out in ARIES.
 - **Transfer.** A client may be closed if his/her needs would be better served by another agency. If the client is transferring to another mental health service provider, mental health service closure shall be preceded by a transition plan. To ensure a smooth transition, relevant documents shall be forwarded to the new service provider with authorization from client. Mental health service providers/practitioners from the two agencies shall work together to provide a smooth transition for the client and ensure that all critical services are maintained.

Standard	Measure
Follow up will be provided to clients who have dropped out of treatment without notice	Signed and dated note to document attempt to contact in client file
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client file. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client file.
A mental health service closure summary shall be completed for each client who has terminated treatment	Client file will include signed and dated mental health service closure summary to include: Course of treatment Diagnosis at closure Referrals made Reason for termination
Closeout of data collection shall be completed for each client who has been closed from all Ryan White or EHE services at that provider agency	Data collection system (ARIES) will indicate client's closure no later than thirty (30) days of service closure
Mental health service closure summaries completed by Master's or Doctorate-level	Co-signature on file in client record

Standard	Measure
student interns will be co-signed by licensed clinical supervisor	

SECTION 13: QUALITY MANAGEMENT

Ryan White Part A providers, and other funded providers if applicable, shall have at least one (1) member on the Health Care Agency’s Quality Management (QM) Committee. The QM Committee will oversee quality management activities for all funded services. Providers may continue to have their own QM committee if they desire and/or are required to do so under other funding streams. The intent of a centralized QM committee with representation from all providers is to ensure information between agencies is consistent, quality initiatives are undertaken by all funded agencies, and service delivery issues can be addressed system wide.

As providers participate in the centralized QM committee, the intent is for all providers to actively participate in and provide feedback on the following items:

- Providers shall participate in community-wide Quality Improvement initiatives as developed by the QM committee, if applicable.
- Providers will implement strategies that may lead to improvements in health outcomes as outlined in annual Performance Outcome Goals.
- Providers will implement quality assurance strategies that improve the delivery of services.

Standard	Measure
Providers shall participate in annual quality Initiatives, if applicable	Documentation of efforts to participate in quality initiatives

Appendix A: Glossary of Terms

The terms defined in the appendix are general terms used throughout all of the standards of care and may not appear in the each individual standard.

Americans with Disabilities Act of 1990 (ADA): The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as the general public.

ARIES: The AIDS Research Information and Evaluation System (ARIES) is a centralized HIV/AIDS client management system that allows for coordination of client services among medical care, treatment and support providers and provides comprehensive data for program reporting and monitoring. ARIES is used by Ryan White-funded service providers to automate, plan, manage, and report on client data.

Authorization to Disclose (ATD): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Client: Individual receiving services.

Eligibility for EHE Services: Is based on Health Resources Services Administration (HRSA) requirements and is limited to proof of HIV status. Providers are responsible for verifying this information.

Eligibility for Ryan White/and or HOPWA Services: Is based on Health Resources Services Administration (HRSA) and/or Housing Opportunities for Persons with AIDS (HOPWA) requirements. It includes that a person must have proof of HIV status, proof of Orange County residency, and proof of payer of last resort. Providers are responsible for verifying this information.

Eligibility Verification Form (EVF): Form used to document a client's eligibility for Ryan White services. Information includes but is not limited to contact, income, household, and insurance information.

Grant Recipient: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grant Recipient for Ryan White Part A funds.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Is the US federal legislation that provides data privacy and security provisions for safeguarding medical information. More information can be found through US Department of Health & Human Services at <https://www.hhs.gov/hipaa/for-professionals/index.html>.

HIV Planning Council (Council): Provides advice and makes recommendations to the County regarding HIV policy issues, service needs of the community, and allocates funds to each service

funded under the Ryan White Act and advises the County on Housing Opportunities for People with AIDS (HOPWA) funds.

Notice of Privacy Practice (NPP): A notice to clients that provides a clear, user friendly explanation of client's rights with respect to their personal health information and the privacy practices of health plans and health care providers as required by HIPAA.

Payer of last resort: Funds are used to pay for care services that are not covered by other resources such as Medi-Cal or private health insurance.

Protected Health Information (PHI): Under US law, any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity such as a health plans, health care clearinghouses, and health care providers as defined by HIPAA rules that can be linked to a specific individual.

Provider: An institution or entity that receives funding to provide Ryan White, EHE, and/or HOPWA services. This includes a group of practitioners, clinic, or other institution that are funded to provide Ryan White, EHE, and/or HOPWA services and the agency at which services are provided.

Qualifying for a service: Based on Ryan White, EHE, and/or HOPWA eligibility and Planning Council determined requirements (for example, income less than 150% of Federal Poverty Level for Ryan White funded Medical Transportation Services), providers are responsible for ensuring that services provided adhere to qualifying requirements.

Release of Information (ROI): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Ryan White Act: Federal legislation first authorized in 1990 that created Ryan White HIV/AIDS Program which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

Staff: An individual who directly provides Ryan White, EHE, and/or HOPWA funded services, oversees the provision of services, or perform administrative functions for services. This may include paid employees, subcontractors, volunteers, or interns.

Appendix B: Mental Health Psychosocial Assessment

Assessment Conducted at (Check one): Office Client's Home Hospital Other: _____ Date: ____/____/____

First Name	Last Name	MI	OR	No MI	AKA	Mother's MN
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Date of Birth: ____/____/____ Age: _____ Gender (Check one): M F TG (M-F) TG (F-M) _____
 Marital Status: Married Single Divorced Other: _____ Sexual Orientation: _____

Information in "double line" section is documented elsewhere and not completed below. Indicate Location: _____

Race: White Black/African Amer. Asian Pacific Islander/Hawaiian Native Amer. Other: _____
 Ethnicity: Hispanic/Latino Not Hispanic/Latino Unknown Decline to State
 Primary Language: _____ Requires Translation Services: Yes No

Address	City or location if homeless	Zip Code	Ok to Mail
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Preferred Number OR None Ok to Call Ok to Leave Message Ok to Text Email Ok to Email

Monthly Income (Reported or Based on ARIES-Eligibility): _____ Federal Poverty Level Percentage: _____
 Income Type (Check all that apply): Employment Unemployment Disability Retirement Gen. Assist/TANF Other: _____
 Disability: None Type (List): _____ Permanent OR Temporary Expiration: ____/____/____
 Emergency Contact OR Refused: _____ ROI on File Language of Emergency Contact: _____

Employment Info OR N/A Employment Type: _____ Full Time OR Part Time Benefits: Yes No
 Current Living Situation: Stable/Permanent Housing Homeless/Unstable Other: _____
 Temporary/Transitional Housing - Indicate Date Housing Ends: ____/____/____
 Education Completed: Elementary/Primary Jr. High High School/GED Trade/Vocational College Other: _____

¹HRSA Viral Load suppression definition is used for consistency.

Appendix B: Mental Health Psychosocial Assessment

Presenting Problem/Chief Complaint: Describe why seeking treatment, include symptoms/behaviors, precipitating/contributing factors, suicidal/homicidal ideation, and impact on functioning

Pertinent Mental Health History: Indicate history of psychiatric or mental health treatment (Check all that apply) and provide a brief description:

No Prior History
 Previous Therapy (Indicate type: _____)
 Hospitalization (Indicate year/duration: _____)
 Psychiatric Diagnosis (Indicate diagnosis: _____)
 Current or Past Medications (Indicate medication): _____ **OR** N/A

Pertinent Substance Use History: Indicate history of substance use (Check all that apply) and include any consequences of use in notes section:

Substance	N/A	History	Current Use	Frequency			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Heroin/Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Amphetamines (Speed, Crystal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Misuse of prescribed drugs (Indicate):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally
Other (Indicate):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally

Notes: _____

Substance Use Treatment: Describe any pertinent information regarding substance use treatment

Referral Needed
 Accepted
 Declined

HIV Medical Care: Describe any pertinent information regarding medical care, including viral load/CD4, knowledge of HIV disease and progression, medication adherence, etc.

HIV Medical Provider:

Phone:

Appendix B: Mental Health Psychosocial Assessment

HIV Medical Care Continued:	
Date of Last HIV Medical Appointment: / /	Year of HIV Diagnosis:
Viral Load¹ (Suppressed is under 200 copies/mL):	Date of Test: / / <input type="checkbox"/> Unknown
CD4 (Prophylaxis required under 200 cell/mm ³):	Date of Test: / / <input type="checkbox"/> Unknown
	<input type="checkbox"/> Referral Needed <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Co-Morbidities: Describe any pertinent information regarding medical co-morbidities	
	<input type="checkbox"/> Referral Needed <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Family History: Describe any pertinent information regarding mental health issues or history of substance use abuse, etc.	
	<input type="checkbox"/> Referral Needed <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Relationship History: Describe any pertinent information regarding dating history or current relationship, including any history of abuse	
	<input type="checkbox"/> Referral Needed <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Trauma History: Describe any pertinent information regarding traumatic events including sexual, physical, verbal, or emotional abuse	
	<input type="checkbox"/> Referral Needed <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Cultural: Describe any pertinent information regarding cultural systems, including cultural influences and spiritual/religious beliefs, etc.	
	<input type="checkbox"/> Referral Needed <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Legal Issues: Describe any pertinent information regarding a legal situation or legal assistance need	
	<input type="checkbox"/> Referral Needed <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Strengths and Barriers: Describe any pertinent information regarding strengths, support systems, or barriers to care	
	<input type="checkbox"/> Referral Needed <input type="checkbox"/> Accepted <input type="checkbox"/> Declined

Appendix B: Mental Health Psychosocial Assessment

Mental Status Exam

General Appearance: Within normal limits Disheveled/Unkempt Meticulous Other: _____

Attitude: Within normal limits Other: _____

Activity: Within normal limits Unresponsive Drowsy Other: _____

Affect: Within normal limits Anxious Angry Fearful Irritable
 Labile Euphoric Suspicious Depressed Agitated Other: _____
Mood: _____

Speech/Language: Normal Rate/Flow Slow Rate/Flow Pressured Slurred Rapid Verbose
 Muted Other: _____

Psychomotor Behavior: Within normal limits Agitated/Restless Tics Tremors Catatonic
 Other: _____

Thought Process: Appropriate/logical Slow Lack of concentration Inattentive Loose
 Tangential Other: _____

Thought Content: Within normal range
 Preoccupations re: _____
 Obsessions re: _____
 Delusions re: _____
 Hallucinations re: _____
 Other: _____

Orientation: Oriented to Person Oriented to Place Oriented to Time Oriented to Situation

Memory: Short term: Intact Impaired Other: _____
Long term: Intact Impaired Other: _____

Suicidality/ None Reported
Homicidality: Suicidal Thoughts Plan Recent Attempt: _____
If applicable, reason client does not follow-through with attempt: _____

Homicidal Thought Towards: _____ Plan Towards: _____ Recent Attempt: _____
If applicable, reason client does not follow-through with attempt: _____

Judgment: Appropriate Impaired Other: _____

Insight: Appropriate Impaired Other: _____

Intelligence: Average Poor Above Average Other: _____

Appendix B: Mental Health Psychosocial Assessment

Summary: Describe any significant findings, including observed strengths and barriers, that lead you to the diagnosis and indicate initial treatment recommendations

Diagnosis: Indicate DSM 5 diagnosis

Assessor's Name and Discipline/Licensure (Print)

Date

Clinical Supervisor Signature, If appropriate

Next Medical
Appointment: / /

Next
Psychosocial
Assessment : / /

Next Eligibility: / /

Full OR
 Self-Attestation

Appendix C: Prior Authorization Request for Mental Health Services



MENTAL HEALTH PRIOR AUTHORIZATION FORM

This form should be completed at least two weeks prior to 15 session expiration to request prior authorization to provide additional Mental Health Individual Counseling Sessions for a client.

The completed form and required documentation should be faxed to (714) 834-8418 Attention: Referral Coordinator. If this is an urgent request, please call Colleen Brody after the fax has been submitted at (714) 834-7833.

ARIES ID: (Share / Non-Share) Medi-Cal ID: N/A
Name (print): No MI
DOB: Gender: Male Female Transgender M to F Transgender F to M
Address: Street City Zip Code
Preferred Phone: Alternate Phone: Call Discretion? Yes No

ALL THREE (3) CRITERIA MUST BE MET IN ORDER FOR THE PRIOR AUTHORIZATION TO BE REVIEWED:

- 1. Client signed authorization which allows referring provider to disclose patient protected health information (PHI) to Health Care Agency (HCA) is attached. Clients shall be informed of their right to: confidentiality in accordance with state and federal laws and informed consent.
2. I have ensured that eligibility has been verified in ARIES.

Eligibility expiration date: OR Client Referred to Eligibility (30-day grace ends):

- 3. I have reviewed the client's insurance (check appropriate insurance below).
No Insurance: Client has no insurance and is eligible for Ryan White-funded Mental Health
Medi-Cal: Services must be billed to Medi-Cal unless service is not covered
Other (attach proof of denial or non-covered benefit):

SERVICE REQUEST INFORMATION

- 1. Provide brief Mental Health History, including DSM diagnosis:
2. Psychiatrist contact information: or N/A
3. List current psychiatric medications: or N/A
4. Treatment goals:
5. Treatment goals achieved:
6. Treatment goals not achieved (Include a description of psychosocial, therapeutic, etc. barriers):
7. Number of sessions provided this fiscal year (March-February):
8. Number of additional sessions requested (limit 10):
9. Justification for additional sessions based on medical necessity:

Agency Information

Check one: Shanti Radiant Health Centers
Person Making Request (Print Name)
Signature Date:
Phone: Fax:
Chose one: Release of Information (ROI)/Authorization to Disclose (ATD) OR
Current ROI/ATD is already on File, expiration date:

Orange County Health Care Agency Use Only

Authorization Decision Status (Check one):
Approved. Number of additional sessions approved:
Denied (indicate reason below):
Sessions exceeded limit Additional sessions not medically necessary Other (Describe):
Authorizing Signature: Date:

Appendix D: Group Counseling Sign in Sheet

Group Counseling Session Sign in Sheet

Date of Group Counseling Session: / /
Duration of Session:
Topic(s) of Therapy Session:
Session Overview including description of intervention(s) discussed/planned:

Attendee Sign In Sheet						
	Please Print Name Below		Staff to Complete Section Below			
	First Name	Last Name	ARIES ID# OR Check N/A	Indicate Eligibility Exp. Date	Other Insurance Type	Check box if referred from outside agency
1			<input type="checkbox"/> N/A			<input type="checkbox"/>
2			<input type="checkbox"/> N/A			<input type="checkbox"/>
3			<input type="checkbox"/> N/A			<input type="checkbox"/>
4			<input type="checkbox"/> N/A			<input type="checkbox"/>
5			<input type="checkbox"/> N/A			<input type="checkbox"/>
6			<input type="checkbox"/> N/A			<input type="checkbox"/>
7			<input type="checkbox"/> N/A			<input type="checkbox"/>
8			<input type="checkbox"/> N/A			<input type="checkbox"/>
9			<input type="checkbox"/> N/A			<input type="checkbox"/>
10			<input type="checkbox"/> N/A			<input type="checkbox"/>
11			<input type="checkbox"/> N/A			<input type="checkbox"/>
12			<input type="checkbox"/> N/A			<input type="checkbox"/>
13			<input type="checkbox"/> N/A			<input type="checkbox"/>
14			<input type="checkbox"/> N/A			<input type="checkbox"/>
15			<input type="checkbox"/> N/A			<input type="checkbox"/>
16			<input type="checkbox"/> N/A			<input type="checkbox"/>
17			<input type="checkbox"/> N/A			<input type="checkbox"/>
18			<input type="checkbox"/> N/A			<input type="checkbox"/>
19			<input type="checkbox"/> N/A			<input type="checkbox"/>
20			<input type="checkbox"/> N/A			<input type="checkbox"/>

Counselor Name (Print)	Signature	/ / Date:
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Clinical Supervisor Name (Print)	OR <input type="checkbox"/> N/A Signature	/ / Date:
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