



# Nevada Office of HIV Nevada Ryan White Part B Program Mental Health Services

## I. HRSA Service Definition

Funding of Comprehensive Mental and Behavioral Health Services that include psychological and psychiatric treatment and counseling services offered to persons living with HIV with a diagnosed mental illness, substance use disorder, or co-occurring disorder conducted in a group or individual setting, based on a detailed treatment plan, and provided by a professional licensed or authorized within the State to provide such services.

Substance Use Disorder services (outpatient) are medical or other treatment and/or counseling to address substance use problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel. They include limited support of acupuncture services to HIV-positive clients, provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.<sup>1</sup> Co-occurring disorders are often referred to as “dual disorders” or “dual diagnosis” in which an individual has co-occurring mental health and substance use disorders.

The State of Nevada recommends that all agencies utilize validated best practices for the execution of their service category. If an agency needs resources or recommendations to locate or implement best practice tools please contact the Grantee Office and we will provide necessary guidance. It is an expectation that all agencies implement a program that can have measurable positive effects on for clients.

## II. Service Goals and Objectives

To provide mental and behavioral health services to minimize crisis situations, stabilize clients' mental health needs, and treat substance use issues. In doing so, improving health outcomes and retention in care, promoting lifestyles free from substance use, and enhancing client self-efficacy.

## III. Currently Funded Mental Health Service Items

- A) Screening
- B) Clinical Intervention
- C) Non-Clinical Intervention
- D) Clinical Group Counseling
- E) Individual Counseling
- F) Psychiatric Medication Management
- G) Acupuncture Service

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<sup>1</sup> The *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*) has been updated to combine “substance abuse” and “substance dependence” under a single continuum of Substance Use Disorders, designated at mild, moderate, or severe (American Psychiatric Association, 2013). The Nevada Ryan White Part B Program funds Substance Use Disorder treatment under the Mental Health Service Category.



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### IV. Mental Health/Substance Use Services Eligibility

#### DSM V Diagnosis

Clients should have a DSM V diagnosis documented on intake or within the first three appointments. The clinician may need additional sessions to assess client's mental health status over time to rule out or observe behavior over time consistent with presentation of symptoms that may be occurring. The clinician will notate this process as it occurs in assessment and case notes.

The DSM V is published by the American Psychiatric Association and is the most current best practices for mental health treatment.

Following the assessment of diagnostic criteria, clinicians should consider the application of disorder subtypes and/or specifiers as appropriate. Severity and course specifiers should be applied to denote the individual's current presentation, but only when the full criteria are met. When full criteria is not met, clinicians should consider whether the symptom presentation meets criteria for an "other specified" or "unspecified" designation. Where applicable specific criteria for defining disorder severity (e.g., mild, moderate, severe, extreme), descriptive features (e.g. with good to fair insight; in a controlled environment), and course (e.g., in partial remission, in full remission, recurrent) are provided each diagnosis. On the basis of the clinical interview, text descriptions, criteria, and clinician judgment, a final diagnosis is made.

Assessment Measures will use WHODAS 2.0 that was developed to assess a patient's ability to perform activities in six areas: understanding and communicating; getting around; self-care; getting along with people; life activities (e.g., household, work/school) and participation in society. The scale is self-administered and was developed to be used in patients with any medical disorder. It corresponds to concepts contained in the WHO International Classification of Functioning, Disability and Health. This assessment can also be used over time to track changes in patient's disabilities.

To track change in individual's symptom presentation over time, the Level 1 and relevant Level 2 cross cutting symptoms measures may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals with impaired capacity and for children ages 6-17 years, it is preferable for the measures to be completed at follow up appointments by the same knowledgeable informant and by the same parent or guardian. Consistently high scores on a particular domain may indicate significant and problematic symptoms for the individual that might warrant further assessment, treatment and follow up. Clinician judgment should guide all decision making.

Before services are provided under this Service Category, Provider Agency staff must ensure current Ryan White Part B enrollment through CAREWare's Eligibility and Enrollment Fields tab.



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The following eligibility criteria are specific to Mental Health Services: Client has been referred to a RWPB Mental Health Services Provider from another RWPB funded program, has sought out assistance of the agency through self-referral, or has received a referral from an outside RWPB provider. If the client is referred to the Mental Health Services Provider from a non-RWPB provider, the Mental Health Services Provider is responsible for notifying the originating non-RWPB provider that the client is now accessing services and the Mental Health Services Provider is responsible for logging the referral in CAREWare.

### V. Service Delivery

#### Screening, Evaluation, and Treatment Plan-Individual Sessions Only (Items A and E)

Providing mental health and/or substance use screening and counseling interventions in the clinic aids in addressing untreated Behavioral Health concerns which can negatively impact a client's ability to engage in HIV treatment. Treatment plans should be created for all clients in clinic sessions. The Mental Health provider should develop a treatment plan based on the screening and comprehensive assessment. This should be completed on intake but no later than within the first three appointments with the mental health provider.

The facility must document that the following assessments are completed prior to the development of an Individual Program Plan (IPP) and/or Service Plan; re-admission assessments must document the following information from the date of last service:

- Assessment of current functioning according to presenting problem, including history of the presenting problem, assessments must include a clinically supported screening tool (including but not limited to WHODAS, SBIRT, Kessler 6, Kessler 10, M3 Checklist, The Healthy Living Questionnaire)
- Basic medical history, including any drug usage, a determination of the necessity of a medical evaluation, and a copy, where applicable of the results of the medical evaluation;
- Assessment information, including employment and educational skills; financial status; emotional and psychological health; social, family and peer interaction; physical health; legal issues; community living skills and housing needs; and the impact of alcohol and/or drug abuse or dependency in each area of the service recipient's life functioning; and
- If necessary, a history of prescribed medications, over the counter medications used frequently, and alcohol or other drugs, including patterns of usage.

A written Plan of Care and/or Service Plan must be developed prior to the initiation of services with the participation and agreement of the client or guardian. The purpose of the written plan is to turn the assessment into a workable plan of action. The client must be



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allowed to have an active role in determining the direction of the delivery of services. As appropriate, the written plan may also serve as a vehicle for linking clients to one or more needed services. The plan must be realistic and obtainable.

An Individual Program Plan and/or Service Plan must be developed and documented for each service recipient within thirty days of admission or by the end of the third face-to-face treatment contact with qualified alcohol and drug abuse personnel, whichever occurs first, and must include:

- The service recipient's name
- The date of the care plan's development
- Standardized diagnostic formulation(s) including, but not limited to, the current Diagnostic and Statistical Manual (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD) and ASAM PPC
- Specified service recipient problems which are related to specified problems and which are to be addressed within the particular service/program component
- Interventions addressing goals
- Planned frequency of contact
- Signatures of appropriate staff; and
- Documentation of the service recipient's participation in the treatment planning process.

Treatment plans should be detailed including dates for measurable goal completion and continued treatment progress on the plan documented in the progress notes. All treatment plans will be reviewed every 90 days.

Staff should keep progress notes which include written documentation of progress or changes occurring within the care plan must be made in the individual service recipient record for each treatment contact.

The facility must review and, if indicated, revise the care plan at least every ninety days. The revision shall document any of the following which apply:

- Change in goals and objectives based upon service recipient's documented progress or identification of any new problems
- Change in primary counselor assignment
- Change in frequency and types of services provided; and
- A statement documenting review and explanation if no change are made in the IPP and/or Service Plan

Reassessment is an ongoing process that may occur throughout the process of receiving this service. At least once annually the client must complete a reassessment including the



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client's need for this service and review/update of the care plan and/or Service Plan. The purpose of the reassessment is to address the issues noted during the monitoring phase. Reassessment must occur at the time the IPP and/or Service Plan monitoring.

Reassessment includes the following elements:

- Updating signatures and/or documentation from intake and screening to include confidential releases, eligibility requirements and contractual agreements per stated standards
- Updating assessment per stated standards
- Updating/ revising written plan of care and/or Service Plan per stated standards
- Communication with client regarding services
- Entries in the written plan of care and/or Service Plan
- Client acknowledgment of changes resulting from the reassessment

*Couples counseling can be recorded as service items A or E with service notes indicating that the service was provided to benefit the Individual client living with HIV in a couples counseling format.*

### **Mental Health/Substance Use Group Counseling (Item D)**

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 can be provided in a variety of formats including psychotherapy groups, support groups, and drop-in groups. 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. Support groups and drop-in groups must be conducted by at least one licensed mental health practitioner or an intern working toward licensure. Master's and Doctorate-level student interns may not conduct group therapy unless it is co-facilitated by a licensed mental health practitioner or an intern working toward licensure. 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 licensed clinical supervisor.

### **Mental Health/Substance Use Clinical/Non-Clinical Intervention (Items B and C)**

Brief Crisis Counseling session refers to a session in which crisis intervention techniques/methods are utilized for immediate and short term help in order to help restore client to basic level of functioning and safety from emotional, mental or behavioral distress. Location of intervention will denote whether clinical (on-site) or non-clinical (off-site/community or home based).



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### Behavioral Health/Substance Use Treatment and Medication Management (Items F)

Psychiatric medication management is a level of outpatient treatment where the sole service rendered by a qualified medical staff is the initial evaluation of the patient's need for psychotropic medications, the provision of a prescription, and, as-needed, ongoing medical monitoring/evaluation related to the patient's use of the psychotropic medication.

Interactive psychotherapy cannot be rendered under this service unit.

### Acupuncture Service (Item G)

Acupuncture is the "insertion of needles into the human body by piercing the skin of the body to control and regulate the flow and balance of energy in the body and to cure, relieve or palliate: any ailment or disease of the mind or body; or any wound, bodily injury or deformity (NRS 634A.020)." Acupuncture is recognized by HRSA and the Ryan White HIV/AIDS Program as an acceptable treatment for Substance Use Disorders.

### Termination of Care Plan and/or Service Plan

Each client may be terminated from services as a result of monitoring, reassessment, or any form of client ineligibility. The purpose of this phase is to systematically conduct closure of the patient's record. The criteria for termination must be the result of previously discussed conditions directly relating to the written plan of care and/or Service Plan. The purpose of termination may be initiated by the client or service staff.

Conditions which result in a client's termination from services may include:

- Attainment of goals
- Non-compliance with stipulations of written plan
- Change in status which results in program ineligibility
- Client desire to terminate services
- Death
- Relocation

## VI. Licensing, Knowledge, Skills, and Experience

Mental Health services can be provided by a psychiatrist; licensed M.D.; licensed psychologist; licensed psychiatric nurses; licensed nurses; licensed clinician: M.F.T., L.C.S.W., PhD or PsyD; licensed State interns with following credentials: MFT, LCSW; registered student interns with appropriate supervision or appropriate credentials identified by the agency. Only psychiatrists and psychiatric nurses can use items A-D, all other professions can record services B through D.

Substance Use services can be provided by personnel working under this Service Category who meet the criteria described in items as follows:



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- a) Licensed or certified by the State of Nevada as a physician, registered nurse, practical nurse, clinical or counseling psychologist, psychological examiner, social worker, alcohol/drug abuse counselor, teacher, professional counselor, or marital and family therapist, or if there is no applicable licensure or certification by the state has a bachelor's degree or above in a behavioral science or human development related area and supervision by staff that has an appropriate credential; interns are appropriate personnel if they are supervised by a credentialed non-intern; OR
- b) Are qualified by education and/or experience for the specific duties of their position; (and)
- c) Are trained in alcohol or other drug specific information or skills. (Examples of types of training include, but are not limited to, alcohol or other drug specific in-services, workshops, substance abuse schools, academic coursework and internships, field placement, or residencies).

A physician must be employed or retained by written agreement to serve as medical consultant to the program.

All Mental Health/Substance Use staff is to be trained and knowledgeable about HIV/AIDS, the affected communities and available resources. Providers must demonstrate knowledge of HIV/AIDS, its psychosocial dynamics and implications as well as substance abuse, including cognitive impairment and generally accepted treatment modalities and practices.

Acupuncture services for Substance Use and Co-occurring disorder treatment must be performed by a licensed acupuncturist and in good standing of the Nevada State Board of Oriental Medicine.

### **VII. Summary**

These service specific standards shall be followed by all funded providers that provide Part B funded Mental Health Services. It is expected that all providers follow these standards as well as the universal programmatic and administrative National Monitoring Standards. Provider organizations and staff may exceed any of these standards as part of the program delivery.

### **VIII. Recommendations**

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.

### **IX. References and further reading**

All Part B funded providers should read their individual Part B contracts, as well as but not limited to, the Quality Management Plan and all local policies and guidelines set forth by the Part B office regarding the Part B program statewide. All referenced materials for standards are listed under the Universal Programmatic and Administrative National Monitoring Standards.



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[AETC National Resource Center for Mental Health for Persons Living with HIV](#)

[HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Grantees: Program – Part B; April 2013.](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, January 2016.](#)

[Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Service Standards](#)

[Nevada Office of HIV/AIDS Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B, February 2016.](#)

[Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.](#)

[US Substance Abuse and Mental Health Services Administration Products and Guidance for Individuals Living with HIV](#)

[US Department of Justice – Frequently Asked Questions Regarding Twelve-Step Recovery Programs](#)

## Revision Schedule

Published	February 9, 2017	Located at <a href="http://dpbh.nv.gov">dpbh.nv.gov</a>
Revised	October 6, 2017	Located at <a href="http://dpbh.nv.gov">dpbh.nv.gov</a>
Revised	August 11, 2022	Located at <a href="http://endhiv.org">endhiv.org</a>

## X. Contact

For further information or clarification please contact the Nevada Office of HIV Prevention and Care, [NVRWPB@health.nv.gov](mailto:NVRWPB@health.nv.gov)