



Maricopa County  
Ryan White Part A Program  
Policies and Procedures  
**for Mental Health Services**

**PURPOSE:**

To guide the administration of Ryan White Part A (RWPA) Program's **Mental Health Services** (a core medical service under the Ryan White HIV/AIDS Treatment Extension Act of 2009). The administration of funds must be consistent with RWPA client eligibility criteria and the service category definitions established by the Phoenix EMA RWPA Planning Council.

**DEFINITIONS:**

Mental Health Services include the funding of psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.

**POLICIES:**

- The funds are intended to improve the mental health status of HIV-infected individuals experiencing behavioral health symptoms.
- As per ADHS guidelines A.A.C. Title 9, Chapter 20, professional staff who provides treatment, counseling and support group facilitation will be licensed or supervised by a licensed behavioral health professional.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and brief summary of what was communicated in adherence with the client charting definition.
- All fee- for- service reimbursements made under this service are limited to the current Arizona Health Care Cost Containment System (AHCCCS) reimbursement rates, as applicable, or a reasonable rate approved by the Administrative Agency. Contractors with direct cost reimbursement contracts will be reimbursed for actual/allowable costs incurred during the contract period.
- Limited services for non-infected individuals under Mental Health must be related to a Ryan White Part A eligible client living with HIV/AIDS.
- Mental Health Services to non-infected individuals must meet the following conditions:
  - The service has its primary purpose enabling the non-infected individual to participate in the care of an eligible client living with HIV/AIDS. This includes assessment/screening, counseling and groups.



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- The service promotes family/support system stability for coping with the unique challenges posed by HIV/AIDS.
- Mental health services which focus on equipping uninfected family members and caregivers to manage the stress and loss associated with HIV and short-term post-death bereavement counseling not to exceed 90 days.
- All groups under this service category must be approved by the Administrative Agent before billing and reimbursement are allowable. A behavioral health group Condition of Award should be completed and submitted to the AAs office for approval.
- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages

### **ALLOWABLE SERVICES**

### **PERSONNEL QUALIFICATIONS AND TRAINING REQUIREMENTS**

#### **CLIENT CHARTING:**

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans, and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).

#### **ELIGIBLE COSTS AND SERVICES:**

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.



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Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Service Unit	Mental Health Services/Mental Health Services	<i>Appropriate medical code (i.e. CPT, HCPCS or other federally recognized medical code)</i>	Entered into CAREWare under actual client name. ROI must be on file.	Date HIV service was completed	1 unit = 1 <i>Appropriate medical code</i>	Actual Cost
Line Item Unit	MH - 01... through MH - 10...	Corresponding units are named MCM – 01 Salaries, MH – 02 Fringe benefits and so on. May only be billed if line item is in approved budget and support documents confirm identified expense.	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost

**CLIENT RIGHTS AND RESPONSIBILITIES**

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure services are provided in accordance with the client rights and responsibilities statement and that each client fully understands his or her rights and responsibilities.



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**CLIENT RECORDS, PRIVACY AND CONFIDENTIALITY**

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients' Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and must review the release regulations with the client before services are rendered. A signed copy of the release of information form must be kept in the client's CAREWare record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored CAREWare Database managed by the RWPA Program.

All communications made with or on behalf of the client are to be documented in the client chart and must include a date, length of time spent with client, person(s) included in the encounter, and brief summary of what was communicated. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Client records must be retained for a minimum of 6 years following the completion of the grant year.

**CULTURAL AND LINGUISTIC COMPETENCY**

Subrecipients must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

**CLIENT GRIEVANCE PROCESS**

Subrecipients must have a written grievance procedure policy in place that allows for objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be kept in the client's record