Indiana Department of Health HIV Services Program
Mental Health Service Standard

HRSA Service Definition:

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, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for HIV positive clients.

Key Service Components and Activities:

Mental Health Services are provided by or under the supervision of qualified/licensed personnel and provides services as outlined in the service definition to persons screened, assessed, and diagnosed with a mental health disorder. This service may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available. Key service components and activities are noted in the Service Standards below.

HIV Services Program Service Standard:

Standard	Documentation
1. Personnel Qualifications	
1. Staff must possess a master's degree or higher in counseling, social work, psychology, or another closely related discipline in addition to valid licensure. 2. Staff must possess certification as mental health professionals issued by one of the following: a. The Indiana Behavioral Health and Human Services Licensing Board b. The Indiana State Psychology Board 3. Staff that do not possess licensure or certification from the licensing boards must possess: a. A master's degree at minimum in counseling, social work, psychology, or another closely	1. Documentation of all applicable licensures, certifications, and education is available for review by IDOH upon request. 2. Documentation of continuing education, at minimum, 20 hours per year.

related discipline and must be supervised by an individual that is licensed by one of the aforementioned boards. 4. Providers must obtain continuing education according to the appropriate licensing board, or at minimum, 20 hours of continuing education.	
2. Eligibility Criteria	
1. Sub-recipients must have established criteria for the provision of mental health services that includes, at minimum: a. Eligibility verification consistent with recipient requirements	1. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program. 2. Documentation must be made available for review by IDOH upon request.
3. Intake	
1. Client will be contacted to schedule an intake within seven (7) business days of receipt of client referral, and client's intake appointment will be completed within 15 business days of client's initial contact to agency unless client requests time outside of the 15 business days 2. Sub-recipient will have a protocol in place for responding to more time-sensitive emergencies.	1. New client charts will have an individual intake completed within 15 business days of client's initial contact to the agency. If the intake was not completed within 15 days of client's initial contact to agency, the reason will be documented in the client's record. 2. Documentation of protocol to respond to time-sensitive emergencies.
4. Assessment	
1. Each client receives a formal assessment upon entry into mental health care within the first two (2) sessions, except when documented reasons exist that preclude this standard from being met 2. Evidence-based screening tools and/or clinical skills will be used when needed to assess for suspected mental health diagnoses. 3. Every assessment will address at a minimum: a. Suicidal/Homicidal ideation	1. Client record documentation includes a written assessment completed during the first or second session and, if completed after the second session, an explanation for the delay 2. Sub-recipient is able to explain procedures for determining diagnostic tools used.

b. Crisis needs c. Medication history d. History of trauma e. Appropriateness of referral for psychiatric needs f. Substance use history and current use g. Treatment recommendations h. Mental health treatment history i. Sexual and drug use risk-taking behavior j. The diagnosed mental illness or condition, as identified in DSM-5 TR, that will guide treatment	
5. Service Delivery/Treatment	
1. Providers deliver the appropriate level of service for the client based on the client's ability and willingness to participate, and providers immediately refer clients for whom the services offered are not suitable. 2. Providers create or adapt an individualized, written treatment plan within two (2) visits for each client. Every plan must include, at a minimum: a. A description of the need(s) b. The treatment modality c. Start date for mental health services d. Recommended number of sessions e. Date for reassessment f. Any recommendations for follow-up g. Provider signature 3. Notes in the service record reflect progress on and recommended updates to the treatment plan, as well as any collaborations or information exchanges that have taken place with	1. Client record documentation includes: a. Client referral to appropriate services, if applicable b. Client Treatment Plan notes c. Signed and dated progress notes demonstrating counseling and services consistent with Treatment Plan d. Signed and dated progress notes addressing engaging and maintaining clients in care, including any coordination of medication management e. Efforts to follow up with clients who miss scheduled visits f. Services provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided.

other providers and members of the treatment team. 4. Efforts are made to engage and maintain clients in primary care. 5. The mental health treatment provider coordinates medication management with primary care and other prescribing providers as appropriate. 6. Staff follow-up with clients who miss scheduled visits to address barriers and reschedule the appointment, communicating with other providers, (including case managers) as needed to maximize retention in care.	
6. Discharge	
1. Reasons for case closure are documented when applicable. Notes reflect attempts to provide continuity of care (such as linkage with another service, attempts to contact client, referrals made for or on behalf of client, or a plan for after-care) prior to closure. Allowable reasons for case closure include: a. The client has requested termination of services b. Goals of the treatment plan have been achieved (upon mutual agreement by provider and client) c. The client has moved out of the service area or is otherwise no longer eligible d. The agency has had no contact with the client for no less than three (3) months and no more than seven (7) months e. The agency refers the client out to more appropriate mental health resources f. The client is deceased	1. Client record documentation notes reason for case closure and appropriate referrals if indicated.

Subservices:

- MHS – Assessment visit including annual re-assessment
- MHS – Follow-up individual counseling visit
- MHS – Follow-up group counseling visit
- MHS – Discharge

Service Unit Definition:

- Unit = 1 visit