# Psychosocial Support Services
# Standards of Care

## Definition:

Support for Psychosocial Support Services that may include:

- Support and counseling services
- Child abuse and neglect counseling
- HIV support groups
- Pastoral Care/counseling
- Caregiver support
- Bereavement counseling
- Nutrition counseling provided by a non-registered dietitian

## Limitations:

Funds under this category cannot be used to provide nutritional supplements.

## Services:

Psychosocial services includes planning for continuity of primary medical care for those who are currently receiving medical care and coordination of core and support services the client is receiving.

Psychosocial Support Services includes individual and group counseling for child abuse and neglect, caregiver support, bereavement counseling, and associated HIV problems.

Pastoral care/counseling supported care under this service category must be:

- Provided by an institutional pastoral care program (e.g. components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider)
- Provided by a licensed accredited provider wherever such licensure or accreditation is either required or available.
- Available to all individuals eligible to receive Ryan White services regardless of their religious denominational affiliation.

Nutrition Counseling provides nutritional education, assessment, and counseling to persons living with HIV/AIDS to assist clients in:

- Maintaining treatment regimens
- Remaining in primary medical care
- Improving overall client wellness and quality of life.

This service is to help clients use food products in the best way possible to maintain or improve health and to maximize the health benefits.

## Agency/Personnel /Staff Training

| Staff Qualification | Expected Practice |
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| **Agency Policies and Procedures** | The agency shall have policies/procedures for each of the following:<br>-Client rights and responsibilities, including confidentiality guidelines<br>-Client grievance policies and procedures<br>-Client eligibility requirements<br>-Data collection procedures and forms, including data reporting<br>-Guidelines for language accessibility<br>-Collection of client satisfaction and methods to address client feedback<br>-Client discharge |
| **Staff Qualifications**<br>According to HRSA National Monitoring Standards, pastoral care is to be provided by a licensed accredited provider. | Staff who deliver pastoral care/counseling services must be licensed.<br><br>Staff who deliver non-professional counseling services, group facilitation and/or caregiver support will have experience providing these services. |
| **Staff Education** | Staff and volunteers providing Psychosocial Support will be trained in core competencies:<br>-Active listening and other one-on-one support skills<br>-Group facilitation (if applicable)<br>-Conflict de-escalation/resolution<br>-Roles and responsibilities of peer emotional support and the difference between this service and other services<br>-Client assessment skills<br>-HIV co-morbidities, symptoms, medications, interactions and side effects<br><br>Program staff conducting nutritional counseling will be trained to perform nutritional assessments. |
| **Supervision** | All non-professional staff delivering support group facilitation must be supervised by a licensed professional. |

## Standards of Care

| Standard | Measure |
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| **Intake and Service Eligibility**<br>According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined. | Agency will receive referrals from a broad range of HIV/AIDS service providers or by self-referral.<br><br>Eligibility information will be obtain from the referral source and will include:<br>- Contact and identifying information (name, address, phone, birth date, etc.)<br>-Language(s) spoken<br>-Literacy level (client self-report)<br>-Demographics<br>-Emergency contact<br>-Household members<br>-Pertinent releases of information<br>-Documentation of insurance status<br>-Documentation of income (including a "zero income" statement)<br>-Documentation of state residency<br>-Documentation of proof of HIV positivity<br>-Photo ID or two other forms of identification<br>-Acknowledgement of client's rights<br><br>Agencies should attempt to get all relevant eligibility information from the referral source before providing services to client.<br><br>If a HIV positive person is attending support group sessions and has not entered into care, every effort should be made to obtain proof of HIV positivity and residence at a minimum. |
| **Payer of Last Resort** | Before assistance is provided there should be written documentation in the client's file that Ryan White/State Services funding is being used as the payer of last resort. |
| **Assessment/Plan of Care for Counseling Services** | Within thirty (30) business days of intake for counseling, clients are assessed for:<br>-Support system and psychosocial support needs<br>-History of accessing primary care and other services and barriers to access—noting psychosocial support barriers in particular<br><br>Staff explains to the client during the first encounter what services are available at the agency based on the client's identified needs. |

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| | Within thirty (30) business days after the assessment a service plan will be developed and agreed upon by the client and provider outlining service goals, objectives, and interventions. This should include client identified needs as well as plans for continuity of primary medical care and support services.<br><br>Client needs and service plan are reviewed and revised a minimum of every six months. |
| **Support Group Service Plans** | Within thirty (30) business days of first attendance, a client primary record should be established for all clients attending support groups only. Attendance and topic discussed should be documented in the progress notes with goals for the client outlined. |
| **Provision of Services**<br>**-Counseling** | Staff may provide counseling related to:<br>-Child abuse and neglect counseling<br>-Bereavement counseling<br><br>Topics that should be covered in individual counseling sessions by non-professional staff include:<br>-Treatment adherence<br>-Access and engagement in primary care<br>-Assess and engagement in case management if appropriate<br><br>Psychosocial support staff will make appropriate referrals |
| **-Support Groups** | HIV support groups include but not limited to:<br>-Caregiver support<br>-HIV support<br><br>Staff or volunteers providing psychosocial support through group facilitation will include discussions on:<br>-Treatment adherence<br>-Access and engagement in primary care<br>-Assess and engagement in case management if appropriate<br><br>Evidence of client progress toward meeting established goals through documentation of activity including sign-in sheets, progress notes, group curricula, etc. |

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| **-Pastoral Counseling/Care** | If pastoral care is needed, may be provided by the agency either :<br>-Directly if by a licensed provider<br>-Through referral to AIDS interfaith networks, separately incorporated pastoral care and counseling center and/or a home care or hospice licensed provider<br>• If client referred to another agency, referral and follow-up regarding outcome must be documented<br><br>Must be available either directly or through referral to all individuals eligible to receive Ryan White services regardless of their religious denominational affiliation. |
| **-Nutrition** | Staff must develop individualized nutrition plans for each client that is both measurable and applicable to the underlying client needs.<br><br>Nutritional education and counseling must be based on the client's nutritional assessment and nutritional plan.<br><br>Progress notes will be kept in the client primary record system and will include progress toward meeting objectives outlined in the nutritional plan. |
| **Closure**<br>Agency will develop closure criteria and procedures. | An individual is deemed no longer to be in need of psychosocial support services and can be deemed inactive/closed if one or more of these criteria is met:<br>-Client expires<br>-Client's medical condition improves and counseling/group attendance is no longer necessary<br>-Client elects not to participate.<br>-Client is asked to discontinue attendance for cause |
| **Documentation** | Client eligibility for services, actual services provided by type of service, number of clients served and level of services will be collected.<br><br>The following will be documented in the agency's client record:<br>-All intake and eligibility documentation, to include at a minimum:<br>• Documentation of HIV diagnosis<br>• Proof of residency<br>• Verification of financial eligibility (if required locally)<br>• Intake and assessment information |

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| | • Referral/outcome if applicable<br>-Nutritional assessment if applicable<br>-Nutritional plan if applicable<br>-Progress notes/other tracking system listing type and level of activities<br>-Documentation of reason for closure |

**References:**

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 42-43.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013. p. 41-42.

# Psychosocial Support Services Standards of Care
# Austin TGA Ryan White Part A Modifications

## Support Group Service Plans Standard, page 4

Under Measure, last sentence changed as follows:
Attendance and topic discussed should be documented in the group notes.

## Provision of Services – Support Groups Standard, page 4

Under Measure, fourth bullet changed as follows:
Documentation of activity including

## Provision of Services – Pastoral Counseling/Care Standard, page 5

Under Measure, first open bullet changed as follows:
If client referred to another agency, the referral must be documented.