Houston Area HIV Services Ryan White Planning Council
Office of Support
Meeting Location: 1440 Harold Street, Houston, Texas 77006
832 927-7926 telephone; http://rwpchouston.org

Memorandum

To:	Members, Quality Improvement Committee	
	Tana Pradia, Co-Chair	Norman Mitchell
	Pete Rodriguez, Co- Chair	Diana Morgan
	Kevin Aloysius	Beatriz E.X. Rivera
	Yvonne Arizpe	Evelio Salinas Escamilla
	Caleb Brown	*Rodrigo Arias*
	Michael Elizabeth	*Lisa Felix*
	Glen Hollis	*Ivy Ortega*
	Denis Kelly	*Gloria Sierra*
		Mike Smith
Copy:	Glenn Urbach	Patrick Martin
	Eric James	Tionna Cobb
	Mauricia Chatman	Jeff Benavides
	Francisco Ruiz	Diane Beck
	James Supak	Rodriga "Rod" Avila
	Tiffany Shepherd	Gary Grier
	Sha'Terra Johnson	
From:	Tori Williams	
Date:	Tuesday, October 8, 2024	
Re:	Meeting Notice	

IMPORTANT: Bering Church is undergoing major plumbing repairs starting on Monday, October 14, 2024. Since we cannot guarantee that restrooms will be available, the Quality Improvement Committee meeting will be **virtual only**. Details are as follows:

Quality Improvement Committee Meeting – **Virtual Only**
2:00 p.m., Tuesday, October 15, 2024

To participate, click on this link:
https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhIdz09
Meeting ID: 811 4450 9622 Passcode: 125672
Or, call in by dialing: 346 248 7799

RSVP to Rod and let her know if you will be in attendance or not. She can be reached by telephone at 832 927-7926 or by email at: Rodriga.Avila@harriscountytx.gov. And, if you have questions for your committee mentor, do not hesitate to contact her at: Tana Pradia, 832 298-4248, tanapradia@gmail.com.

C:\Users\roavila\Desktop\Meeting reminder.docx

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Houston Area HIV Services Ryan White Planning Council
Quality Improvement Committee
2:00 p.m., Tuesday, October 15, 2024

Join the meeting via Zoom:
https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09
Meeting ID: 811 4450 9622 Passcode: 125672

Or, use your cell phone to dial in at: 346 248 7799

Agenda
* = Handout to be distributed at the meeting

Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.

I. Call to Order — Tana Pradia and Pete Rodriguez, Co-Chair
 A. Welcoming Remarks and Moment of Reflection
 B. Adoption of Agenda
 C. Approval of Minutes

II. Public Comments and Announcements
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.

III. Old Business
 A. Reports from Part A/MAI Administrative Agency — Glenn Urban
  - Data Reports
  - Updates on Geriatric Case Management Services
  - New Service Definitions
 B. Reports from the Part B/SS Administrative Agency — Patrick Martin

IV. New Business
 A. Part B Standards of Care Review
  - Mental Health
  - Oral Health

VI. Announcements

VII. Adjourn

Optional: New members meet with committee mentor — Tana Pradia

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
2:00 p.m., Tuesday, September 17, 2024
Meeting location: Bering Church 1440 Harold St, Houston, TX 77006 and Zoom Teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Tana Pradia, Co-Chair	Kevin Aloysius, excused	Josh Mica, he/him/el, RWPC Chair
Pete Rodriguez, Co-Chair	Yvonne Arizpe	Eric James, RWGA
Glen Hollis	Caleb Brown	Tionna Cobb, TRG
Denis Kelly	Evelio Salinas Escamilla	Sha'Terra Johnson, TRG
Beatriz E.X. Rivera	Michael Elizabeth	Tori Williams, Ofc. of Support
	Norman Mitchell	Diane Beck, Ofc. of Support
	Diana Morgan	
	Oscar Perez	
	Rodrigo Arias	
	Lisa Felix	
	Ivy Ortega	
	Gloria Sierra	
	Mike Smith	

Call to Order: Pete Rodriguez, Co-Chair, called the meeting to order at 2:05 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1****: it was moved and seconded (Kelly, Hollis) to approve the agenda.* **Motion carried**.

Approval of the Minutes: ***Motion #2****: it was moved and seconded (Kelly, Hollis) to approve the August 13, 2024 minutes.* **Motion carried**.

Public Comment: None.

Reports from the Administrative Agents:
Ryan White Part A/MAI: James said that in response to the public comments received last month, Chatman has sent questions regarding interpretation to all agencies. He said for bus passes, the standards of care require that the client have a primary care visit and labs within the year to be eligible but it is not required to get a bus pass only during a primary care visit. Bus passes are available at all Ryan White funded agencies; if a client goes to an agency that is not their record holder to get a bus pass they will need to go through their eligibility process. Rivera asked if they need to do an assessment to get a bus pass. James said they are required to do an assessment every year but it is not tied to bus passes. He is working to make sure all agencies keep an inventory of bus passes in stock.

Updates on Geriatric Case Management Services: James said that there is no billing or service utilization yet. They are working to make sure the agencies bill under this category when appropriate.

James presented the following reports, see attached:

- FY24 Procurement Report – Part A/MAI, dated 09/09/24
- FY24 Service Utilization – Part A/MAI, dated 09/03/24

Ryan White Part B and State Services: P. Martin said that the Standards of Care meetings would be a good place to address the public comments that were transcribed and reviewed today. P. Martin presented the following reports, see attached:

- FY24-25 Procurement Report – Part B, dated 09/05/24
- FY23-24 Procurement Report – State Services, dated 09/05/24

Part B Standards of Care Review:
See attached DSHS service category standards for Emergency Financial Assistance, Local Pharmacy Assistance Program, Medical Case Management, Non-Medical Case Management, and Referral for Health Care and Support Services. Williams asked that comments be sent to Sha'Terra Johnson at The Resource Group.

Announcements: None.

Adjourn: ***Motion:*** *it was moved and seconded (Kelly, Rivera) to adjourn the meeting at 2:37 p.m.* **Motion Carried.**

Submitted by:		Approved by:	
Tori Williams, Director	Date	Committee Chair	Date

Scribe: Beck

ja = Just arrived at meeting
lm = Left the meeting
C = Chaired the meeting

2024 Quality Improvement Meeting Voting Record for Meeting Date 09/17/24

MEMBERS:	**Motion #1** Agenda				**Motion #2** Minutes			
	ABSENT	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**
Tana Pradia, Co-Chair		**X**				**X**		
Pete Rodriguez, Co- Chair				**C**				**C**
Kevin Aloysius	**X**				**X**			
Yvonne Arizpe	**X**				**X**			
Caleb Brown	**X**				**X**			
Michael Elizabeth	**X**				**X**			
Glen Hollis		**X**				**X**		
Denis Kelly		**X**				**X**		
Norman Mitchell	**X**				**X**			
Diana Morgan	**X**				**X**			
Oscar Perez	**X**				**X**			
Beatriz E.X. Rivera		**X**				**X**		
Evelio Salinas Escamilla	**X**				**X**			
Lisa Felix	**X**				**X**			
Ivy Ortega	**X**				**X**			
Gloria Sierra	**X**				**X**			
Mike Smith	**X**				**X**			

FY 2025 Houston EMA/HSDA Ryan White Part A Service Definition **Home Delivered Meals** Approval Date: October 2024	
HRSA Service Category Title: **RWGA Only**	**Food Bank/Home Delivered Meals**
Local Service Category Title:	**Home Delivered Meals**
Budget Type: **RWGA Only**	**Fee for Service**
Budget Requirements or Restrictions: **RWGA Only**	Unallowable costs include household appliances, pet foods, and other non-essential products.
HRSA Service Category Definition (**do <u>not</u> change or alter**): **RWGA Only**	**Food Bank/Home Delivered Meals** refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: • Personal hygiene products • Household cleaning items • Water filtration/purification systems in communities where issues of water safety exist
Local Service Category Definition:	Home delivered meals are the provision of prepared meals or food vouchers for prepared meals to clients who are homebound or require special dietary support in meeting nutritional outcomes based on dietary needs to improve and enhance their HIV care. This service includes the provision of both frozen and hot meals.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Persons with HIV living within the Houston Eligible Metropolitan Area (EMA) .

Services to be Provided:	The provision of home delivered meals to eligible clients with a written referral from the client's Primary Care provider registered, licensed dietician or nutritionist. Agencies will develop a client assessment that specifies frequency, duration, and amount; and includes a written nutritional plan prepared by a licensed, registered dietician or nutritionist. The client's Primary Care provider's licensed dietician or nutritionist will approve the client assessment and review it quarterly thereafter. Home-delivered meals should be culturally representative and best meet the eligible client's traditional food options and have the ability to supply a variety of meal options with daily, weekly or on an as-needed basis delivery. The prepared meals should be nutritious and individualized to client's dietary needs, and shall be based on current federal dietary guidelines (Dietary Guidelines for

	Americans, 2020-2025 and Online Materials | Dietary Guidelines for Americans). The Agency must incorporate practices that honor clients' beliefs, being sensitive to cultural diversity and diverse cultural and ethnic backgrounds, including supporting clients with limited English proficiency or disabilities, and regardless of gender, sexual orientation, or gender identity. This includes fostering attitudes and interpersonal communication styles in staff and providers which respect recipients' cultural backgrounds. All meal plans must be reviewed and approved by a registered dietician.
Service Unit Definition(s): **RWGA Only**	One (1) unit of service = One (1) home delivered meal and shall include costs of food, supplies, staffing, and delivery.
Financial Eligibility:	Refer to the RWPC's approved *FY 2025 Financial Eligibility for Houston EMA Services*.
Client Eligibility:	• Persons with HIV living within the Houston Eligible Metropolitan Area (EMA) or HIV Service Delivery Area (HSDA) who are homebound or require special dietary support in meeting nutritional outcomes based on dietary needs to improve and enhance their HIV care including persons with compromised nutritional status and limited ability to prepare his/her own meals. The client is actively enrolled in primary medical care along with the referral from the client's Primary Care provider's registered dietician or nutritionist.
Agency Requirements:	Agencies shall comply with local, state, and federal food safety, sanitization, and safety regulations.
Staff Requirements:	Agencies shall receive consultation from a registered and/or licensed dietitian regarding the nutrition, caloric needs, and other dietary issues of people with HIV. Agencies shall incorporate such guidance into its home-delivered meals program. Consultations should be done on quarterly basis and must be documented.
Special Requirements: **RWGA Only**	Must comply with Houston EMA/HSDA Part A/B Standards of Care. Food vouchers/gift cards are to be restricted from the purchase of tobacco or alcohol products. No direct payments to clients are allowed.

<table>
<tr><td colspan="2">FY 2025 Houston EMA/HSDA Ryan White Part A/MAI Service Definition
Other Professional Services
Approval Date: October 2024</td></tr>
<tr><td>HRSA Service Category Title: RWGA Only</td><td>Other Professional Services (Legal Services/Permanency Planning)</td></tr>
<tr><td>Local Service Category Title:</td><td>Legal Assistance – Expungement of Criminal Record</td></tr>
<tr><td>Budget Type:
RWGA Only</td><td>Fee for Service</td></tr>
<tr><td>Budget Requirements or Restrictions:
RWGA Only</td><td>Only time spent by the Attorney working on a client's case may be billed under this contract. Travel time to and from a client's residence is not billable.</td></tr>
<tr><td>HRSA Service Category Definition:
RWGA Only</td><td>Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
Assistance with public benefits such as Social Security Disability Insurance (SSDI)
Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
Preparation of:
Healthcare power of attorney
Durable powers of attorney
Living wills
Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption</td></tr>
<tr><td>Local Service Category Definition:</td><td>Ryan White allowable legal assistance in expungement of criminal record by an Attorney licensed to practice in Texas in accordance with 55.02, Texas Code of Criminal Procedure. https://statutes.capitol.texas.gov/Docs/CR/htm/CR.55.htm. Services include an assessment to determine the client's eligibility for expungement of criminal record.</td></tr>
<tr><td>Target Population (age, gender, geographic, race, ethnicity, etc.):</td><td>Persons living with HIV within the Houston Eligible Metropolitan Area (EMA).</td></tr>
</table>

Services to be Provided:	Legal assistance with expungement of criminal record.
Service Unit Definition(s): **RWGA Only**	A unit of service is defined as one (1) hour of service provided by an Attorney licensed to practice law in the State of Texas.
Financial Eligibility:	Refer to the RWPC's approved *FY 2025 Financial Eligibility for Houston EMA Services*.
Client Eligibility:	Persons living with HIV in the Houston EMA/HSDA.
Agency Requirements:	Not applicable.
Staff Requirements:	Attorney must be licensed to practice law by the State of Texas.
Special Requirements: **RWGA Only**	To the extent that expunging a client's record is done to assist in obtaining access to services and benefits that will improve HIV-related health outcomes, Ryan White funds can be used to pay for the expungement of criminal records and associated costs. Must comply with Houston EMA/HSDA Part A/B Standards of Care. No direct payments to clients are allowed.

NOTE: It is advisable that RWHAP recipients and subrecipients partner with legal service professionals and consult their own state and local laws to determine eligibility for expungement assistance.

FY 2025 Houston EMA/HSDA Ryan White Part A Service Definition **Housing – Temporary Assisted Living** Approval Date: October 2024	
HRSA Service Category Title: **RWGA Only**	**Housing**
Local Service Category Title:	**Housing – Temporary Assisted Living**
Budget Type: **RWGA Only**	**Fee for Service**
Budget Requirements or Restrictions: **RWGA Only**	Housing activities cannot be in the form of direct cash payments to clients. Funds may not be used for nutritional services, durable medical equipment and medical supplies or case management services.
HRSA Service Category Definition (**do not change or alter**): **RWGA Only**	Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.
Local Service Category Definition:	Housing - Temporary Assisted Living should provide room, board, and medical support for up to 15 days for individuals who have been discharged from a medical facility but are not medically able to return to a dwelling in which they do not have a current caregiver or support structure. The program should include physician-ordered nursing and supportive health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals such as occupational and physical therapists.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Persons with HIV living within the Houston Eligible Metropolitan Area (EMA). Eligible person should enter temporary assisted living upon release from a medical facility following disruption in ongoing Ryan White care.
Services to be Provided:	Services to be provided should be designed to support ongoing HIV care, increased functioning, and the return to self-sufficiency for PLWH through the provision of treatment and activities of daily living.

	Services must include: • Room and daily nutritious meals and snacks, • Skilled Nursing to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, ongoing monitoring of client's physical condition and communication with attending physician(s) and personal care team • Other Therapeutic Services including physical and occupational therapies Patient Medication Education Services must adhere to the following requirements: • Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN), licensed Social Worker, or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
Service Unit Definition(s): **RWGA Only**	One (1) unit of service = One (1) day
Financial Eligibility:	Refer to the RWPC's approved *FY 2025 Financial Eligibility for Houston EMA Services*.
Client Eligibility:	• Persons with HIV living within the Houston Eligible Metropolitan Area (EMA). • Client must receive referral for service from an MD, NP, or PA. • Client must have a qualifying inpatient hospital stay of at least three (3) days in a row defined as the day of admission, but not counting the day of discharge. • Client must enter the facility within 30 days of discharge from a hospital.
Agency Requirements:	Facility must have all required federal, state and local licenses, certifications and permits and must comply with local, state, and federal regulations.
Staff Requirements:	Staff must have all required federal, state and local licensure, certifications, permits and must comply with local, state, and federal regulations. The contractor is responsible for ensuring that services are provided by State licensed MDs, NPs, PAs, RNs, LVNs, social workers, and pharmacists. In addition, Contractor must ensure the following staff requirements are met:

	Medication and Adherence Education: The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV care may also provide adherence education and counseling.
Special Requirements: **RWGA Only**	Must comply with Houston EMA/HSDA Part A/B Standards of Care. No direct payments to clients are allowed.

Mental Health Services Service Standard

Texas Department of State Health Services, HIV Care Services Group—[HIV/STD Program | Texas DSHS]

Subcategories	Service Units
Group	Per visit
Individual	Per visit
Mental Health Services	Per visit
Psychiatric Evaluation	Per visit
Psychiatric Follow-Up	Per visit

Health Resources and Services Administration (HRSA) Description:

Mental Health (MH) 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 with the state to render such services. Such professionals typically include psychiatrists, advanced practice nurses, psychologists, licensed professional counselors, and licensed clinical social workers.

Limitations:

Agencies may only provide Mental Health Services for people living with HIV who are eligible for HRSA Ryan White HIV/AIDS Program (RWHAP) services.

Only mental health practitioners licensed to practice in the State of Texas may provide services.

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Services:

Allowable services include outpatient mental health therapy and counseling, and may consist of:

- Mental health assessment
- Treatment planning
- Treatment provision
- Individual psychotherapy
- Conjoint psychotherapy
- Group psychotherapy
- Psychiatric medication assessment, prescription, and monitoring
- Psychotropic medication management
- Drop-in psychotherapy groups
- Emergency and crisis intervention

Providers must use mental health interventions based on proven clinical methods and provided in accordance with legal, licensing, and ethical standards. Client confidentiality is of critical importance and agencies must maintain confidentiality unless otherwise indicated based on federal, state, and local laws and guidelines. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices and protected health information (PHI).

The State of Texas considers mental health services such as assessments or psychotherapy that providers deliver via electronic means to be telemedicine rather than telehealth. Agencies must provide these services in accordance with the State of Texas mental health provider practice requirements: Texas Occupations Code, Title 3 Health Professions, chapter 111.

When a provider delivers psychiatry via electronic means, the State of Texas considers this telemedicine and the provider must follow guidelines for telemedicine as noted in Texas Medical Board (TMB) guidelines for providing telemedicine: Texas Administrative Code, Texas Medical Board, Rules, Title 22, Part 9, Chapter 174.

Universal Standards:

Service providers for Mental Health Services must follow HRSA and DSHS Universal Standards 1-## and ##-##.

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Service Standards and Measures:

The following standards and measures are guides to improving health outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
Client Orientation: Agencies will provide orientation to all new clients to introduce them to program services, ensure their understanding of available treatment, and empower them in accessing services. Orientation includes written or verbal information provided to the client on the following: • Services available • Clinic hours and procedures for after-hours emergencies and non-life-threatening urgent situations • How to reach staff member(s) as appropriate • Scheduling appointments • Client responsibilities for receiving program services and the agency's responsibilities for delivering them • Client rights, including the grievance process	1. Percentage of new clients with documentation of client orientation. Orientation must include: 1a: Services available 1b: Clinic hours and procedures for after-hours emergencies and non-life-threatening urgent situations 1c: How to contact the agency or provider and schedule appointments 1d: Client rights and responsibilities

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Group Therapy: A licensed mental health provider must conduct or supervise all group therapy sessions provided under the Mental Health service category. Agencies may provide non-clinical HIV support groups under the Psychosocial Support Services category. The mental health provider must document a review of group rules with each client. Group rules may address the following: • Confidentiality • Privacy • Respectful communication • Attendance and participation • Contact between members outside of the group setting For each group therapy session, the provider must document the date of the session and the attendance and participation of each client.	2. Percentage of clients with documentation of attendance and participation in group therapy sessions. 3. Percentage of clients with documentation of group rules reviewed.

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Mental Health Assessment: A licensed mental health professional shall conduct a mental health assessment for all clients receiving individual counseling or psychiatric services. Staff must complete this assessment no later than the third counseling session and should ensure the assessment includes, as applicable:
• Presenting problems
• Mental status evaluation
• Cognitive assessment
• Current risk of danger to self and others
• Client strengths and challenges, coping mechanisms, and self-help strategies
• Medical history
• Current medications
• Substance use history
• Psychosocial history, which may include:
    ○ Living situation
    ○ Social support and family relationships
    ○ Education and employment history, including military service
    ○ Sexual and relationship history and status
    ○ Physical, emotional, or sexual abuse history
    ○ Domestic violence assessment
    ○ Trauma assessment
    ○ Legal history
    ○ Leisure and recreational activities
 	
Staff should assess clients for care coordination needs and make referrals to case management programs as indicated. If pressing mental health needs prevent the provider from finalizing the assessment by the third session, then the provider should document this in the client's primary record.
	4. Percentage of clients with documentation of a completed mental health assessment by their third appointment.

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Treatment Plan and Services: All client files should contain a detailed treatment plan and documentation of services provided. The provider must complete a treatment plan within 30 days of the mental health assessment and develop the plan in conjunction with the client. The treatment plan should include:

- Diagnosed mental health issue(s)
- Goals and objectives of treatment
- Treatment type (individual, group)
- Start date for mental health services
- Recommended number of sessions
- Date for reassessment
- Projected treatment end date (estimated)
- Any recommendations for follow up

The mental health professional must sign the treatment plan; electronic signatures are acceptable. Staff should review and modify treatment plans midway through the number of determined sessions, or more frequently as clinically indicated.

The professional must provide services according to the individual's treatment plan and document services in the client's primary record. Staff should complete progress notes according to the agency's standardized format for each session and notes should include:

- Client name
- Session date
- Focus of the session
- Interventions
- Progress on treatment goals
- Newly identified issues or goals
- Counselor signature and authentication (credentials)

5. Percentage of clients with a treatment plan that includes:
   5a: Diagnosed mental health issue(s)
   5b: Goals and objectives of treatment
   5c: Treatment type (individual, group)
   5d: Start date for mental health services
   5e: Recommended number of sessions
   5f: Date for reassessment
   5g: Projected treatment end date (estimated)
   5h: Any recommendations for follow-up
   5i. Signature of professional rendering services
6. Percentage of clients with treatment plans reviewed or modified at least once, midway through the number of determined sessions.
7. Percentage of clients with documentation for each unit of service that includes the date and type of services provided.

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DSHS will not review progress notes for content to protect client privacy. However, agencies must maintain documentation of dates of service and types of service provided and must make these records available for subrecipient monitoring. Services provided should match the client's treatment plan. Treatment should include counseling regarding the following, as clinically appropriate: • Healthy behaviors and health promotion • Substance use disorder • Treatment adherence • Development of social support systems • Community resources • Maximizing social and adaptive functioning • The role of spirituality and religion in a client's life, health, and future goals In urgent, non-life-threatening circumstances, agencies should make an appointment for the client within one business day. If an agency cannot provide the needed services, the agency will offer to refer the client to another organization that can provide the services and must make this referral within one business day.	

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Psychotropic Medication Management: Agencies should ensure psychotropic medication management services are available for all clients either directly or through referral. A physician, midlevel provider, or Doctor of Pharmacy (PharmD) can provide psychotropic medication management services. Providers who prescribe psychotropic medication should discuss any concerns about prescribed medication with the client (side effects, dosage, interactions with HIV medications, etc.). Mental health providers with prescriptive authority will follow all regulations required for prescribing psychoactive medications, as outlined by the Texas Administrative Code, Title 25, Part1, Chapter 415, Subchapter A, Rule 415.10	8. Percentage of clients accessing medication management services with documentation of education regarding their medications.
Coordination of Care: Providers should coordinate care across the mental health team. Agencies should ensure the client is involved in all decision-making, including whether to initiate or defer treatments. The full care team should assist in educating the client, providing support, and monitoring mental health treatment adherence, when appropriate. Providers can use problem-solving strategies or referrals for clients facing adherence challenges (e.g., behavioral contracts). Providers should consult medical care providers, psychiatric care providers, and pharmacists as appropriate regarding medication management, interactions, and treatment adherence. Providers who prescribe psychotropic medication should also encourage the client to discuss concerns about medications with their HIV-prescribing clinician so that the provider can manage medications effectively. Prescribing providers or their staff should notify the client's HIV treatment provider of medication changes.	9. Percentage of clients with changes to psychotropic medications who have documentation that staff notified their HIV treatment providers of the change (as permitted by the client's signed consent to share information).

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Referrals: As needed, mental health providers should refer clients to a full range of medical and mental health services, including: • Pharmacist for psychotropic medication management • Neuropsychological testing • Day treatment programs • In-patient hospitalization • Family or couples therapy Counseling providers should evaluate clients to determine if there is a need for psychiatric intervention and should refer clients to psychiatric services as needed. Psychiatric providers should evaluate clients to determine if there is a need for counseling services and should refer clients to counseling as needed.	10. Percentage of clients with documentation of referrals, as applicable, for other medical or mental health services.
Discharge Planning: Providers should conduct discharge planning with each client when the client has met treatment goals. When an agency discharges client after meeting treatment goals, discharge documentation must include: • Summary of needs at admission • Summary of services provided • Goals and objectives completed during treatment • Signature of provider Providers may initiate case closure for client non-attendance or if a client elects to discontinue services, in accordance with the agency discharge policy. Case closure documentation must include: • Circumstances of discharge • Summary of needs at admission • Summary of services provided • Goals and objectives completed during treatment • Signature of provider	11. Percentage of clients with documentation of discharge or case closure, as applicable.

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References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients.* Health Resources and Services Administration, June 2023.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients*. Health Resources and Services Administration, June 2023.

Forstein, Marshall, et al. *Guideline Watch for the Practice Guideline for the Treatment of Patients with HIV/AIDS*. American Psychiatric Association, 2006.

Mcdaniel, J. Stephen, et al. *Practice Guideline for the Treatment of Patients with HIV/AIDS*. American Psychiatric Association, Nov. 2000.

New York State Department of Health. "Delivery of Care." *Mental Health Standards of Care*, New York State Department of Health AIDS Institute, June 2013, www.health.ny.gov/diseases/aids/providers/standards/mental_health/delivery_of_care.htm. Accessed 10 Jan. 2023.

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Location of Change	Prior Version	New Version	Notes
Client Orientation	Agencies provide orientation to all new clients to introduce them to program services, ensure their understanding of available treatment, and empower them in accessing services. Orientation includes written or verbal information provided to the client on the following: • Services available • Clinic hours and procedures for after-hours emergencies and non-life-threatening urgent situations • How to reach staff member(s) as appropriate • Scheduling appointments • Client responsibilities for receiving program services and the agency's responsibilities for delivering them • Client rights, including the grievance process • Behavior that is considered unacceptable and the agency's progressive action for suspension of services; see DSHS Policies 530.003 and 530.002 Measure: 1. Percentage of new clients with documentation of client orientation. Orientation must consist of: 1a: Services available 1b: Clinic hours and procedures for after-hours emergencies and non-life-threatening urgent situations 1c: How to reach staff member(s) as appropriate 1d: Scheduling appointments 1e: Client responsibilities for receiving program services and the agency's responsibilities for delivering them 1f: Client rights, including the grievance process 1g: Behavior that is considered unacceptable and the agency's progressive action for suspension of services.	Agencies will provide orientation to all new clients to introduce them to program services, ensure their understanding of available treatment, and empower them in accessing services. Orientation includes written or verbal information provided to the client on the following: •Services available •Clinic hours and procedures for after-hours emergencies and non-life-threatening urgent situations •How to reach staff member(s) as appropriate •Scheduling appointments •Client responsibilities for receiving program services and the agency's responsibilities for delivering them •Client rights, including the grievance process Measure 1. Percentage of new clients with documentation of client orientation. Orientation must include: 1a: Services available 1b: Clinic hours and procedures for after-hours emergencies and non-life-threatening urgent situations 1c: How to contact the agency or provider and schedule appointments 1d: Client rights and responsibilities	Removed language in standard/measure 1 regarding unacceptable behavior to avoid the risk of reinforcing stigmas about mental health and disruptive or dangerous behavior. In addition, policy requirements exist in Universal Standards for providers of MH services.

Location of Change	Prior Version	New Version	Notes
Group Therapy	N/A	A licensed mental health provider must conduct or supervise all group therapy sessions provided under the Mental Health service category. Agencies may provide non-clinical HIV support groups under the Psychosocial Support Services category. The mental health provider must document a review of group rules with each client. Group rules may address the following: •Confidentiality •Privacy •Respectful communication •Attendance and participation •Contact between members outside of the group setting For each group therapy session, the provider must document the date of the session and the attendance and participation of each client. New Measure: Percentage of clients with documentation of attendance and participation in group therapy sessions. New Measure: Percentage of clients with documentation of group rules reviewed.	New standard/measures added for group therapy to align with MH guidelines. Measure regarding review of group rules pertains to group member agreements to ground rules around confidentiality, communication between members outside of group, etc.
Treatment Plan and Services	N/A	New Measure 7. Percentage of clients with documentation for each unit of service that includes the date and type of services provided.	Added measure to align with NMS B.10.iii: "Documentation of services provided, dates, and consistency with RWHAP requirements and with individual client treatment plans."

Location of Change	Prior Version	New Version	Notes
Psychiatric Referral	Providers should evaluate clients to determine if there is a need for psychiatric intervention. Providers should refer clients with a need for psychiatric intervention to psychiatric services. Measure: 6. Percentage of clients with a documented need for psychiatric intervention who were referred to services.	Removed.	Standard and measure 6 were removed as a separate section and added to the Referrals section, with specific reference to psychiatric referrals.
Psychotropic Medication Management	Measure 8. Percentage of clients with changes to psychotropic or psychoactive medications who have documented evidence that thischange was shared with the HIV treatment provider (as permitted by the client's signed consent to share information).	Removed.	Measure 8 was removed and added to the Coordination of Care section.
Discharge Planning	Providers should conduct discharge planning with each client when treatment goals are met or when the client has discontinued therapy, either by initiating closure or as evidenced by non-attendance of scheduled appointments. Documentation for discharge planning will include, as applicable: • Circumstances of discharge • Summary of needs at admission • Summary of services provided • Goals and objectives completed during counseling • Discharge plan • Counselor authentication, in accordance with current licensure requirements	Providers should conduct discharge planning with each client when the client has met treatment goals. When an agency discharges client after meeting treatment goals, discharge documentation must include: •Summary of needs at admission •Summary of services provided •Goals and objectives completed during treatment •Signature of provider Providers may initiate case closure for client non-attendance or if a client elects to discontinue services, in accordance with the agency discharge policy. Case closure documentation must include: •Circumstances of discharge •Summary of needs at admission •Summary of services provided •Goals and objectives completed during treatment •Signature of provider	Edited list to provide better guidance about requirements of discharge documentation (discharge plan for planned discharge, case closure note for non-attendance or voluntary client discontinuation).

TEXAS
Health and Human Services

Oral Health Care Service Standard

Texas Department of State Health Services, HIV Care Services Group — HIV/STD Program | Texas DSHS

Subcategories	Service Units
Dental History	Per visit
Oral Health Care	Per visit
Periodontal Screening	Per visit
Prophylaxis	Per visit
Routine Treatment	Per visit
Specialty	Per visit
X-rays	Per payment

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Health Resources & Services Administration (HRSA) Description:

Oral Health Care (OH) activities include outpatient diagnostics, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Limitations:

HRSA prohibits cosmetic dentistry for cosmetic purposes only.

Services:

Services include routine dental examinations, prophylaxes, radiographs, restorative therapies, periodontal therapies, basic oral surgery (e.g., extractions and biopsy), endodontics, and prosthodontics. Agencies will complete referrals for specialized care if clinically indicated.

Providers will provide emergency procedures on a walk-in basis as availability and funding allow. Funded OH providers may provide necessary emergency care regardless of a client's annual benefit balance.

Oral health services are an allowable core service with an expenditure cap of $3,000 per client per calendar year. Local service regions may set additional limitations on the type or number of procedures covered or may set a lower expenditure cap, so long as they apply such criteria equitably across the region and limitations do not restrict eligible individuals from receiving needed oral health services outlined in their individualized dental treatment plan.

In cases of emergency need or where a client needs extensive care, the maximum amount may exceed the cap. Dental providers must document the reason for exceeding the yearly maximum amount and must have documented approval from the local Administrative Agency (AA) for purposes of funds only, but not the appropriateness of the clinical procedure.

Universal Standards:

Service providers for Oral Health Services must follow HRSA and DSHS Universal Standards 1-## and ##-##.

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Service Standards and Measures:

The following standards and measures are guides to improving health outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
Dental and Medical History: To develop an appropriate treatment plan, the oral health care provider will obtain information about the client's health and medication status. At a minimum, the provider will obtain and review medical history and conduct a limited physical evaluation at the initial appointment and update annually. This information may include the following: • Chief complaint • HIV-related history, including information on the client's HIV-treating provider • Pregnancy and breastfeeding status • Current medications, including medications affecting coagulation and osteoporotic medications • Allergies and drug sensitivities • Alcohol and other drug use • Tobacco use • Physical and mental health diagnoses, including chronic conditions • Usual oral hygiene • Date of last dental examination	1. Percentage of clients who had a dental and medical health history (initial or updated) at least once in the measurement year.

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Limited Physical Examination: The oral health provider is responsible for completing an initial limited physical examination in accordance with the Texas Board of Dental Examiners, which will include, at a minimum: • Blood pressure • Heart rate Dental practitioners will also record blood pressure and pulse heart rate prior to invasive procedures involving local anesthetics, sedation and/or anesthesia. If the dental practitioner cannot obtain a client's vital signs, they will document in the client's chart the reason the attempt was unsuccessful.	2. Percentage of clients who had a limited physical examination, consisting of blood pressure and heart rate check at a minimum, performed at least once in the measurement year.
Oral Examination: Providers will conduct an initial comprehensive oral exam, a periodic recall oral evaluation, or a problem-focused oral exam once per year. This will consist of one of the following: • Problem-focused oral evaluation for clients with an acute concern • Comprehensive oral evaluation, to include x-rays (full mouth and panoramic), new client • Periodic oral evaluation to include bitewing x-rays, established client If x-rays are not indicated for a given client, providers should document the reason (e.g., recent x-rays were available from a previous dental provider). Oral examinations should include the following, as indicated: • Evaluation and recording of dental caries • Evaluation and recording of missing, misaligned, or unerupted teeth	3. Percentage of clients who had a documented oral examination completed within the measurement year.

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• Evaluation and recording of restorations • Evaluation and recording of occlusal relationships • Evaluation and recording of dysplastic oral cancerous lesions	
Periodontal Screening or Examination: Providers will conduct a periodontal screen or exam at least annually for clients. This may consist of either a comprehensive initial screen or an annual re-evaluation. Exclusions include: • Clients who had only an evaluation or treatment for a dental emergency in the measurement year • Edentulous clients (complete) • Clients who were <13 years of age during the measurement year The initial periodontal screen will include the assessment of medical and dental histories, the quantity and quality of attached gingiva, bleeding, tooth mobility, and a radiological review of the status of the periodontium and dental implants. Annual re-evaluation will include follow-up on previously identified issues and evaluation for any new or emerging periodontal concerns. Some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Clients with HIV may have especially severe forms of periodontal disease, and the incidence of necrotizing periodontal diseases may increase with clients with AIDS.	4. Percentage of clients who had a periodontal screen or examination at least once in the measurement year, unless exclusions apply.

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Dental Treatment Plan: The provider will develop a dental treatment plan that includes preventive care, maintenance, and elimination of oral pathology and will discuss this plan with the client. Oral health providers will select treatment options in collaboration with the client. Treatment plans will be appropriate for the client's health status, financial status, and individual preference, and must include, as clinically indicated: • Provision for the relief of pain • Elimination of infection • Preventive care • Periodontal treatment • Elimination of caries • Replacement or maintenance of tooth space or function • Consultation or referral for conditions where treatment is beyond the scope of services offered • Determination of adequate recall interval • Invasive procedure risk assessment (prior to oral surgery, extraction, or other invasive procedure) The oral health care professional providing the services must sign the dental treatment plan (electronic signatures are acceptable).	5. Percentage of clients who had a dental treatment plan developed or updated at least once in the measurement year.

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Initial Treatment Plan: New clients will receive a treatment plan that includes prevention, maintenance, and elimination of oral pathology resulting from dental caries or periodontal disease. The dental provider will complete this plan within the first year of services. The plan should include, as appropriate: • Restorative treatment • Basic periodontal therapy (nonsurgical) • Basic oral surgery that includes extractions and biopsy • Non-surgical endodontic therapy if the tooth is restorable • Space maintenance and tooth eruption guidance for transitional dentition. If providers complete care on schedule, they will complete the initial treatment within 12 months of initiating treatment. If the provider is unable to complete the initial treatment plan within 12 months, they should document the reasons in the client record.	6. Percentage of clients with an initial treatment plan completed within 12 months.
Oral Health Education: A licensed dentist, dental hygienist, dental assistant, or dental case manager will provide and document oral health education. Education will address the following topics: • Oral hygiene instruction • Daily brushing and flossing (or other interproximal cleaning) or prosthetic care to remove plaque • Daily use of over-the-counter fluorides to prevent or reduce cavities when appropriate and applicable to the client • Smoking or tobacco cessation counseling as indicated • The impact of poor oral hygiene and periodontal disease on overall health (oral-systemic health)	7. Percentage of clients who received oral health education at least once in the measurement year. This includes all of the following: 7a: Daily brushing and flossing (or other interproximal cleaning) or prosthetic care to remove plaque. 7b: Daily use of over-the-counter fluorides to prevent or reduce cavities when appropriate and applicable to the client. 7c: Smoking or tobacco cessation counseling as indicated.

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Additional areas for instruction may include nutrition. For pediatric clients, staff will provide oral health education to parents and caregivers and will ensure information is age appropriate.	
Referrals: Providers will place referrals for other services when specialized oral health care is indicated or when staff identify other medical issues during dental care. Staff will document the referral and follow-up in the client's chart, including the outcomes of the referral.	8. Percentage of clients who received referrals with documentation of the outcomes of the referral in the oral health care record.
Expenditure Documentation: In the cases of emergency need or where a client needs extensive care, the maximum cost may exceed the $3000 per client per calendar year expenditure cap. Dental providers must document the reason for exceeding the yearly maximum amount and must have documented approval from the local AA for the purposes of funds only, but not the appropriateness of the clinical procedure.	9. If the cost of dental care exceeded the annual maximum amount for Ryan White and State Services funding, the provider documented the reason in the client's oral health care record and the AA approved a waiver.

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Location of Change	Prior Version	New Version	Notes
Oral Examination	Clients must have an initial comprehensive oral exam, a periodic recall oral evaluation, or a problem-focused oral exam once per year. This should consist of one of the following: • Comprehensive oral evaluation, to include x-rays (full mouth and panoramic), new client • Periodic oral evaluation to include bitewing x-rays, established client • Problem-focused oral evaluation for clients with an acute concern	Providers will conduct an initial comprehensive oral exam, a periodic recall oral evaluation, or a problem-focused oral exam once per year. This will consist of one of the following: • Problem-focused oral evaluation for clients with an acute concern • Comprehensive oral evaluation, to include x-rays (full mouth and panoramic), new client • Periodic oral evaluation to include bitewing x-rays, established client If x-rays are not indicated for a given client, providers should document the reason (e.g., recent x-rays were available from a previous dental provider). Oral examinations should include the following, as indicated: • Evaluation and recording of dental caries • Evaluation and recording of missing, misaligned, or unerupted teeth • Evaluation and recording of restorations • Evaluation and recording of occlusal relationships • Evaluation and recording of dysplastic oral cancerous lesions	Language was added to this standard regarding documentation of the reason that x-rays are not indicated. Reason: It may not always be necessary to take a full set of x-rays AND a panoramic on new patients. (Maybe they brought recent x-rays with them from their previous dentist, etc.). Language listing the elements of the oral examination was moved to this standard from the "Periodontal Screening or Examination" standard below, as these elements are more appropriate for an oral examination.
Periodontal Screening or Examination	All clients should receive a periodontal screen or exam at least annually unless the client was only seen for evaluation or treatment of a dental emergency. This may consist of either a comprehensive initial screen or an annual re-evaluation. The initial periodontal screen should include the assessment of medical and dental histories, the quantity and quality of attached gingiva, bleeding, tooth mobility, and a radiological review of the status of the periodontium and dental implants. The comprehensive periodontal examination should include: • Evaluation and recording of periodontal conditions • Evaluation and recording of dental caries • Evaluation and recording of missing, misaligned or unerupted teeth • Evaluation and recording of restorations • Evaluation and recording of occlusal relationships • Evaluation and recording of dysplastic oral cancerous lesions Annual re-evaluation should include follow-up on previously identified issues and evaluation for any new or emerging periodontal concerns. Some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Patients with HIV may have especially severe forms of periodontal disease, and the incidence of necrotizing periodontal diseases may increase with clients with AIDS.	Providers will conduct a periodontal screen or exam at least annually for clients. This may consist of either a comprehensive initial screen or an annual re-evaluation. Exclusions include: • Clients who had only an evaluation or treatment for a dental emergency in the measurement year • Edentulous clients (complete) • Clients who were <13 years of age during the measurement year The initial periodontal screen will include the assessment of medical and dental histories, the quantity and quality of attached gingiva, bleeding, tooth mobility, and a radiological review of the status of the periodontium and dental implants. Annual re-evaluation will include follow-up on previously identified issues and evaluation for any new or emerging periodontal concerns. Some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Clients with HIV may have especially severe forms of periodontal disease, and the incidence of necrotizing periodontal diseases may increase with clients with AIDS.	Changed standard/measure to provide guidance regarding exclusions and align with language of HRSA/HAB Performance Measure for Periodontal Screening or Examination at https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio/oral-health-measures/periodontal-screening-or-examination Language listing the elements of the periodontal examination was moved from this standard to the "Oral Examination" standard above, as these elements are more appropriate for an oral examination.

Initial Treatment Plan	New clients should receive a treatment plan that includes prevention, maintenance, and elimination of oral pathology that results from dental caries or periodontal disease. This plan should be completed within the first year of services and should include: • Restorative treatment • Basic periodontal therapy (nonsurgical) • Basic oral surgery that includes extractions and biopsy • Non-surgical endodontic therapy if the tooth is restorable • Space maintenance and tooth eruption guidance for transitional dentition. The initial treatment plan, if the care was completed on schedule, should be completed within 12 months of initiating treatment.	New clients will receive a treatment plan that includes prevention, maintenance, and elimination of oral pathology resulting from dental caries or periodontal disease. The dental provider will complete this plan within the first year of services. The plan should include, as appropriate: • Restorative treatment • Basic periodontal therapy (nonsurgical) • Basic oral surgery that includes extractions and biopsy • Non-surgical endodontic therapy if the tooth is restorable • Space maintenance and tooth eruption guidance for transitional dentition. If providers complete care on schedule, they will complete the initial treatment within 12 months of initiating treatment. If the provider is unable to complete the initial treatment plan within 12 months, they should document the reasons in the client record.	Language was added to this standard to clarify that providers may document why the treatment plan was not able to be completed within the first year. ("If the provider is unable to complete the initial treatment plan within 12 months, they should document the reasons in the client record.")
Oral Health Education	A licensed dentist, dental hygienist, dental assistant, or dental case manager must provide and document oral health education. Education should address the following topics: • Oral hygiene instruction • Daily brushing and flossing (or other interproximal cleaning) or prosthetic care to remove plaque • Daily use of over-the-counter fluorides to prevent or reduce cavities when appropriate and applicable to the client. • Smoking or tobacco cessation counseling as indicated Additional areas for instruction may include nutrition. For pediatric clients, oral health education should be provided to parents and caregivers and must be age appropriate.	A licensed dentist, dental hygienist, dental assistant, or dental case manager will provide and document oral health education. Education will address the following topics: • Oral hygiene instruction • Daily brushing and flossing (or other interproximal cleaning) or prosthetic care to remove plaque • Daily use of over-the-counter fluorides to prevent or reduce cavities when appropriate and applicable to the client • Smoking or tobacco cessation counseling as indicated • The impact of poor oral hygiene and periodontal disease on overall health (oral-systemic health) Additional areas for instruction may include nutrition. For pediatric clients, staff will provide oral health education to parents and caregivers and will ensure information is age appropriate.	A bullet was added to this standard to include oral-systemic health as part of oral health education. (Education about how inflammation in the mouth caused by poor oral hygiene and/or periodontal disease travels through the bloodstream and impacts overall health.)
Expenditure Documentation	Measure 9. If the cost of dental care exceeded the annual maximum amount for Ryan White and State Services funding, the reason is documented in the client's oral health care record.	Measure 9. If the cost of dental care exceeded the annual maximum amount for Ryan White and State Services funding, the provider documented the reason in the client's oral health care record and the Administrative Agency approved a waiver.	Added language to this measure to address waiver approval.