

**Health Planning Council of Southwest Florida, Ryan White Title II
Mental Health Policy**

Effective: 4/1/2006

The Ryan White CARE Act defines the Mental Health budget line items as follows:

Mental Health Services: Psychological and psychiatric treatment and counseling services to an individual with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such service. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

- ◆ May include support groups and counseling services for individuals who are not infected with HIV when the primary purpose for the service is enabling the non-infected individual to participate in the care of someone with HIV disease or AIDS. Or to help infected family members to manage the stress and loss associated with HIV. (96-01 or 97-01).

The Southwest Florida Regional HIV/AIDS Council (RHAC) policy is that eligible clients may access up to four (4) visits per year for medication checks and up to eight (8) visits for mental health therapy. A fee schedule does apply. All visits must have an authorization prior to being paid. Approval for authorization is contingent on the appropriate documentation and available funding.

Documentation: To obtain an authorization for payment for a mental health service, a completed authorization request must be submitted to HPC along with a statement (for example an email, letter, or script) from the primary care provider verifying the mental health service is necessary and directly related to client's adherence and HIV treatment.

I, (print client name) _____, have read and understand the above policy. I understand my responsibilities to seek other sources of reimbursement or coverage, and seek reimbursement back to the RWII program where applicable. I understand I must be compliant with the requirements for assistance outlined above or I risk being ineligible for further assistance.

Client Signature: _____

Date: _____

Case Manager: _____

Date: _____