

Psychosocial Support Services Service Standard

Texas Department of State Health Services, HIV Care Services Group — [HIV/STD Program](#)

Subcategories	Service Units
Other Counseling—Individual	Per 15 minutes
Other Counseling—Nutritional	Per 15 minutes
Other Counseling—Support Group	Per 15 minutes
Psychosocial Support Services	Per 15 minutes

Health Resources and Services Administration (HRSA)

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA Ryan White HIV/AIDS Program (RWHAP)-eligible people living with HIV (PLWH) to address behavioral and physical health concerns.

Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-licensed dietitian (see [Medical Nutritional Therapy](#) for services provided by a licensed dietitian)
- Pastoral care and counseling services

Limitations:

Recipients may not use Psychosocial Support Services to provide nutritional supplements. Agencies may provide nutritional supplements under the [Food Bank/Home-Delivered Meals](#) or [Medical Nutritional Therapy](#) service categories.

A Texas licensed dietitian (LD) may not provide nutritional counseling, assessment, or care planning under this service category. Agencies may fund services provided by an LD under [Medical Nutritional Therapy](#). Staff providing nutritional counseling may hold non-licensure certification in nutrition. All staff providing nutritional counseling must have documentation of training in nutritional assessment.

Agencies providing HRSA RWHAP-funded pastoral counseling must make this service available to all eligible clients regardless of their religious denominational affiliation.

Agencies may not use HRSA RWHAP funds for social or recreational activities or to pay for a client's gym membership.

Services:

Pastoral care and counseling services providers must:

- Provide services through an institutional pastoral care program (e.g., AIDS interfaith networks, separately incorporated pastoral care and counseling centers, or Texas-licensed providers such as home care or hospice providers).
- Hold licensure or accreditation wherever the State of Texas requires or makes such licensure or accreditation available.
- Make services available to all individuals eligible for Ryan White services, regardless of their religious denominational affiliation.

Nutrition counseling provides nutritional education, assessment, and counseling by a nutritionist to persons living with HIV to assist clients in one or more of the following:

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

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

Counseling and support group providers must provide services through group or individual sessions to improve quality of life. Support groups cannot be social or recreational in purpose. Support groups must focus on improving health and

behavior. Group topics may include any subjects related to HIV, mental health, or physical health.

A licensed or accredited provider must provide counseling services. Allowable licensure includes, but is not limited to, licensed professional counselors (LPC), licensed master social worker (LMSW), licensed psychologist, or licensed physician.

Universal Standards:

Service providers for Psychosocial Support Services must follow [HRSA and DSHS Universal Standards](#) 1-63 and 191-194.

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
Assessment and Plan of Care for Counseling Services: Staff should assess clients within 30 business days of the initial session for the following: • Support system • Psychosocial support needs • History of accessing primary care and other services • Barriers to access, noting psychosocial support barriers in particular Staff should offer available services to the client based on the needs identified during this initial assessment. Staff must develop a service plan with the client's agreement within 30 business days of the assessment, outlining service goals, objectives, and interventions. This plan should include client-identified needs and plans for continuity of primary medical care and support services. Agencies should review and revise client needs and service plans with the client's agreement at least every six months.	1. Percentage of clients with a completed assessment within 30 business days of the initial session. 2. Percentage of clients with a service plan within 30 business days of the completed assessment. 3. Percentage of clients with service plans reviewed or revised every six months, at a minimum.

Provision of Services for Counseling: Non-professional staff may provide counseling related to: • Child abuse and neglect • Bereavement Regardless of the type of counseling provided, counseling staff should include non-clinical, supportive discussion of the importance of engagement in HIV care, including treatment adherence. Psychosocial services are limited in scope and not intended to address complex mental health or case management needs. Support staff should make appropriate referrals to other core and support services.	4. Percentage of clients receiving child abuse or neglect counseling with documentation of counseling sessions. 5. Percentage of clients receiving bereavement counseling with documentation of counseling sessions. 6. Percentage of clients receiving any counseling services with documentation of discussion on the importance of retention in care.
Provision of Services for Support Groups: HIV support groups address the needs of PLWH through group discussion and peer support. Staff or volunteers facilitating support groups should include non-clinical, supportive discussions of: • Treatment adherence • Access to and engagement in primary care • Access to and engagement in case management, if appropriate Within 30 business days of the first attendance, the agency should establish a client record for all clients attending support groups, with the goals for the client outlined. The agency should document progress toward meeting these goals, including attendance records and topics discussed.	7. Percentage of clients receiving support group services with a client record that includes goals for the client. 8. Percentage of clients receiving support group services with documentation of group attendance and topics discussed.

Provision of Services for Pastoral Counseling and Care: Pastoral counseling and care staff must provide progress notes for all sessions. If the agency refers the client to another agency for pastoral counseling and care, staff should document the referral in the client's record. Staff should follow up regarding the outcome of the referral and document this in the client record.	9. Percentage of clients with documentation of pastoral care provided through progress notes. 10. Percentage of clients with documented referral to an eligible pastoral care program, as applicable. 11. Percentage of clients accessing pastoral care or counseling through referral with documentation of follow-up and outcomes.
Provision of Services for Nutrition Counseling: Staff providing nutritional counseling should develop a care plan at the time of intake that includes the goals of nutritional counseling. Staff should complete progress notes for each session that include a brief description of discussion topics and progress toward meeting the objectives outlined in the care plan.	12. Percentage of clients receiving nutrition counseling with a care plan to include client goals. 13. Percentage of clients receiving nutrition counseling with progress notes present for each session attended.
Closure: Agencies may determine an individual no longer needs psychosocial support services if the client meets one or more of these criteria: • The client no longer needs counseling or group services • The client elects to discontinue participation • The client demonstrates non-attendance, as defined by agency policy and procedure • The client is deceased Staff should document the case closure in the client record, including the reason for the case closure.	14. Percentage of closed cases with documentation in the client record of case closure, including the reason for the closure.

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.

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources & Services Administration, October 22, 2018.