

**County of Los Angeles Department of Public Health  
Division of HIV and STD Programs (DHSP)**

**Ryan White Program - Mental Health Services  
Frequently Asked Questions (FAQs) – Issue Number 1**

**April 8, 2013**

These Frequently Asked Questions (FAQs) are intended to answer common questions and address concerns related to the provision of mental health services to individuals living with HIV/AIDS under DHSP-funded contractual agreements. DHSP-contracted services are funded under Health Resources and Services Administration's (HRSA's) Ryan White program (RWP), and contractors must adhere to rules and regulations indicated by program guidelines, including those related to the 'payer of last resort' provision of the program.

Prior to service provision, all clients shall be screened to determine whether they have mental health coverage under a health insurance plan. Health insurance plans include, but are not limited to, the following: Medi-Cal, Medicare, Kaiser, Anthem/Blue Cross, Healthy Way Los Angeles (HWLA), Cigna, Aetna, Blue Shield, among others. For purposes of the RWP and this FAQ, an "insured" client is one that has a health insurance plan that covers mental health services.

**Question 1:** Can insured (i.e. HWLA, Medi-Cal, Medicare, Kaiser, private, etc.) clients access mental health services covered under the Ryan White Programs (RWPs)?

**Answer:** No. Insured clients should be accessing mental health services under their specific health insurance plan. DHSP-funded providers shall not bill (or report) those clients under the Ryan White Program. The Ryan White Program is for UNINSURED clients living with HIV/AIDS.

If a DHSP provider does not currently accept that client's insurance, agency can either:

- a)** Become a provider under the client's insurance plan; or
- b)** Provide services using non-RWP funds; or
- c)** Work on a transition plan and link the client to a provider within his/her health insurance network.

**Question 2:** Can DHSP contractors provide mental health services to clients with *NO* mental health insurance coverage?

**Answer:** Yes, as long as the client meets the eligibility criteria for services under the Ryan White Program guidelines.

**Question 3:** Can insured clients continue receiving RWP-funded services until they access mental health services under their specific insurance plan?

**Answer:** No. Mental health services provided to an insured client should be billed to his/her health insurance plan. Insured clients should NOT be billed or reported to DHSP-funded contracts.

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**Question 4:** Can insured clients access RWP-funded services after they've reached their maximum cap of mental health treatment sessions under their insurance plan?

**Answer** It depends. Providers should advocate for additional services through the client's insurance plan if the contractor believes there is a clinical need for additional mental health services. If the plan declines coverage for additional services, then services can be delivered under the RWP. Proof of denial of additional coverage by the client's health plan should be included in the client's chart (e.g., denial letter).

**Question 5:** Can insured clients who cannot pay their share of cost (SOC) under their Medi-Cal insurance access mental health services under Ryan White Programs?

**Answer** Yes, clients with a Medi-Cal share of cost (SOC) who cannot pay the share of cost should be considered uninsured until the share of cost is met. Providers should link the client with a Benefits Specialist to assist the client in identifying other mechanisms (programs or benefits) that would help them pay, reduce or eliminate SOC. Example: 250% Working Disabled Program.

**Question 6:** Can insured clients whose mental health coverage does not cover group psychotherapy access group services under the RWP?

**Answer** Clients with insurance covering group psychotherapy should access services under their insurance plan. Those clients whose insurance plans do not cover group psychotherapy can access these services under the RWP. Note: The client's chart must contain verified documentation from the client's insurance carrier that indicating that group psychotherapy services are not covered.

**Question 7:** How should DHSP providers handle a client experiencing a mental health crisis?

**Answer** Provider should serve clients who are experiencing a mental health crisis by assessing their level of functioning, de-escalating the crisis, triaging, and linking them to adequate mental health services.

**Note:** A mental health crisis is defined as a situation when the acuity of a client's psychological, emotional and/or behavioral state jeopardizes the client's ability to maintain community functioning and a clinical assessment of risk factors, such as (a) risk of suicide or self-harm, (b) risk of violence/danger to others, and (c) ability to care for self, is warranted. A crisis condition requires a more timely response than a regularly scheduled visit, in order to perform and document an emergency assessment to ascertain the presence of significant risk of danger to self or others and need for emergency management.

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Question 8: Who should providers bill for the services provided to clients experiencing a mental health crisis?

Answer Providers should bill a client's health insurance for the crisis intervention services provided. Providers should not bill DHSP for clients whose plans cover mental health services. (See responses to question 1 for further information.)

Additional questions may be directed to a contractor's DHSP Program Manager or to Renee Bracy, Mental Health Unit Supervisor, at 213-351-1170 or [rbracy@ph.lacounty.gov](mailto:rbracy@ph.lacounty.gov).