



## Mental Health Services for Youth Living with HIV Under the Ryan White CARE Act

### AUTHORS

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### Summary

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is an act of the United States Congress that was enacted on August 18, 1990. This act is the largest federally-funded program focusing on HIV/AIDS care and treatment. The act is named after Ryan White, a young man who was diagnosed with HIV at the age of 13 in 1985 after a blood transfusion, and faced stigma and discrimination as he tried to return to school and live like any other teenager. Ryan White died in 1990 of HIV-related complications, but is memorialized in this congressional act due to his perseverance in demanding protections for people living with HIV/AIDS.

### WHAT DOES IT DO?<sup>1</sup>

This program provides funding for cities, counties, states, and local community-based organizations to provide comprehensive medical care for people living with HIV, including providing medications, primary care, and various other support services. Ultimately, the goal of the act is to ensure a high quality of health care for all people living with HIV, with a focus on those who are uninsured, underinsured, or otherwise disenfranchised.

### WHAT TYPES OF BEHAVIORAL HEALTH ISSUES ARE COVERED?<sup>2</sup>

It is estimated that half of people living with both HIV and depression have been undiagnosed and untreated for depression. Behavioral health provisions in the Ryan White CARE Act facilitate the delivery of much-needed services to people living with HIV. The behavioral health issues that are covered include DSM-5 diagnoses under the following categories: depressive disorders, bipolar and related disorders, anxiety disorders, trauma- and stressor-related disorders, neurocognitive disorder due to HIV infection, sleep-wake disorders, and substance-related and addictive disorders.



### WHAT TYPES OF BEHAVIORAL HEALTH SERVICES ARE COVERED?<sup>3</sup>

- **Diagnostic Assessment:** analysis of the client's history and current mental, emotional, or behavioral disorder(s), as well as diagnosis.
- **Neuropsychological Assessment:** testing and evaluation of a client's cognitive abilities conducted by a qualified neuropsychologist.
- **Neuropsychological Testing:** use of tests or measures to evaluate a client's cognitive abilities, administered by a qualified neuropsychologist.
- **Medication Management:** a broad category including prescribing, administering, dispensing, and monitoring drug usage for the treatment of symptoms of mental illness.
- **Individual Psychotherapy:** short-term behavior change and supportive interventions provided to one client, for a maximum of 36 sessions per year.
- **Psychotherapy for Crisis:** intervention lasting less than three weeks, provided to stabilize the client's mental



health in the case of a sudden, potentially traumatizing crisis.

- **Crisis Intervention:** emergency mental health service response to help the client cope with an immediate crisis, provided for less than 24 hours.
- **Group Psychotherapy:** psychotherapy intervention in which no more than 12 clients are treated in a group setting by one or more mental health professionals.
- **Family Psychotherapy:** psychotherapy conducted with both the client and at least one family member, with the goal of carrying out the client's treatment plan.
- **Multi-family Psychotherapy:** similar in purpose to family psychotherapy, this mode of group psychotherapy involves 2-5 families.
- **Plan Development:** development of a treatment plan for addressing the client's mental health needs, as well as monitoring the progress of the client.
- **Targeted Case Management Services:** provision of services needed to access HIV related programs and other social services by mental health professionals with significant clinical social work experience.
- **Community Outreach Services:** mental health services reaching out to the entire community, including mental health promotion and community client services.



## WHAT ARE THE LIMITATIONS OF COVERAGE?



The Ryan White CARE Act is federal legislation, and there are slight variations in coverage from state to state. Any of the services delineated by the Ryan White CARE Act can be covered in every state; however, not every state receives substantial funding through the Ryan White CARE Act. Thus, not all services may be available to those who need them. The Ryan White CARE Act has five parts (A through F), and coverage of services depends on which part of the act through which the funding is granted. States that do not receive funding through each part of the act will not have comprehensive coverage available for Ryan White CARE Act patients<sup>4</sup>. Providers will need to determine exactly what part of the act their funding covers before providing behavioral health services. For more information on the funding recipients in each state, [visit this site](#)<sup>5</sup>.

## HOW DO WE GET THESE SERVICES REIMBURSED?



There are a variety of billing codes that can be used when providing mental health services to youth living with HIV under the Ryan White CARE Act. Further information on these billing codes and how to use them can be found at this [site](#)<sup>6</sup>.

## REFERENCES

- 1: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program>
- 2: <https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/mentalhealth.pdf>
- 3: [https://hab.hrsa.gov/sites/default/files/hab/Global/service\\_category\\_pcn\\_16-02\\_final.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf)
- 4: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>
- 5: <https://hab.hrsa.gov/stateprofiles2018/#/profile>
- 6: <https://targethiv.org/library/topics/billing-reimbursement>

## INFO

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