
MENTAL HEALTH COUNSELING

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I. Statement of Philosophy and Purpose

Older adults who experience mental or emotional problems may experience a diminished quality of life and ability to effectively function on a daily basis. The purpose of Mental Health Counseling is to provide services which will enhance the ability of persons who may be experiencing mental health problems, including dementia, to meet their mental health treatment needs.

II. Legal Base

Older Americans Act of 1965 as Amended. 42 U.S.C. 3001, {Public Law 100-175, Section 321 (a)(1)}

http://www.aoa.gov/aoaroot/aoa_programs/oa/oa_full.asp

North Carolina G.S. 143B-181.1(c)

<http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=143B-181.1>

North Carolina G.S. 143B-181.1(a)(11)

<http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=143B-181.1>

III. Definition of Service

Mental Health Counseling is a service which incorporates case consultation, evaluation, and outpatient treatment to older adults who are experiencing mental health problems.

IV. Eligibility for Service

A. Target Population

The target population for Mental Health Counseling is persons 60 years of age and older who are experiencing mental health problems. In those special instances where a family caregiver is caring for an eligible older person, the family caregiver is also eligible to receive Mental Health Counseling services.

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B. Service Priority

Priority shall be given to serving:

1. Individuals who have been abused, neglected, and/or exploited as substantiated by the county department of social services and for whom the service is needed as part of the adult protective service plan;
2. Individuals who are at risk of abuse, neglect, or exploitation; and
3. Individuals who do not have a caregiver or another responsible party available to assist with care.

V. **Service Provision**

Allowable service tasks are as follows:

A. Case Consultation

Consultation to a health care practitioner or local service provider regarding an eligible adult. This may include an assessment, evaluation, or consultation regarding the eligible person who is receiving services from the health care practitioner or provider.

B. Evaluation

An appraisal to determine the nature of an individual's mental health problem and his or her need for service. This may include an assessment of the nature and extent of the person's problem through a systematic appraisal of the mental, psychological, physical, behavioral, functional, social, economic, and/or, intellectual resources of the individual for the purposes of diagnosis and determination of the most appropriate plan, if any, for services.

C. Outpatient Treatment

Outpatient mental health treatment is designed to meet the treatment needs of an eligible adult. Treatment modalities may include counseling (individual or group), psychotherapy, medication therapy, and collateral work with family members. Partial hospitalization and/or day hospitalization are not allowable services under this standard.

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Development of a written treatment plan is required within 30 days of accepting an eligible older adult for treatment. Plans should be updated every six months or sooner if clinically indicated.

VI. Confidentiality

Agencies which provide Mental Health counseling services shall ensure that all information collected is maintained in accordance with the Division of Aging and Adult Services Confidentiality Policies and Procedures as outlined in the Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers and as specified in North Carolina G.S. 122C-52 through 122C-56 which specifies confidentiality provisions relative to the delivery of mental health services.

<http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=122C>

VII. Staffing Requirements

Mental Health Counseling services shall be provided by a “qualified professional” as defined in N.C. Administrative Code 10A NCAC 27G.0104
<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health,%20community%20facilities%20and%20services/subchapter%20g/10a%20ncac%2027g%20.0104.html>

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“Qualified professional” is defined as meaning any one of the following:

- (a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in MH/DD/SA with the population served; or
- (b) a graduate of a college or university with a Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or
- (c) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or
- (d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

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VIII. Documentation

Agencies providing Mental Health Counseling will maintain, at a minimum, a log of case consultation and evaluation services provided. This log shall include at a minimum, the following information:

- Client's name,
- Client's date of birth,
- Identify how client meets eligibility as listed in IV. A. section of this document
- Type of Service client received (CC= Case Consultation, E= Evaluation)
- Date(s) of service
- Indication that date(s) of service on invoice match date(s) of service on log

A client record will be maintained on all persons receiving outpatient treatment services.

VIII. Consumer Contributions

In accordance with the requirements of the Older Americans Act, agencies must provide individuals receiving services the opportunity to contribute to the cost of service. Eligible persons receiving outpatient treatment services are subject to this requirement. Agencies must establish written policies and procedures governing the collection of consumer contributions. See Consumer Contributions Policy for specific information.

<http://www.ncdhhs.gov/aging/manual/consumercontributions.pdf>

X. Reporting and Reimbursement

A. Reporting

All providers shall complete an Aging Resources Management System (ARMS) Client Registration Form (DAAS-101) for persons receiving any of the allowable service tasks (case consultation, evaluation and outpatient treatment services) under Mental Health Counseling services.

If a local department of social services is administering the program, clients receiving any of the allowable service tasks (case consultation, evaluation and outpatient treatment services) under Mental Health

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Counseling services shall be registered via the DSS-5027 Form and the information entered into the Services Information System (SIS).

****NOTE**** For those clients receiving the allowable service task of Evaluation under Mental Health Counseling services as part of an Adult Protective Services evaluation, a DAAS-101 shall be completed, but does not need to be signed by the client.

In order to maintain accurate client data, agencies must conduct an update of client registration information for those persons receiving outpatient treatment services every twelve (12) months.

Updated information must be documented in each client's record.

B. Reimbursement

Mental Health Counseling services will be reimbursed based upon line item expenditures. However, invoices from the provider must be broken down by client name, date of service and type of service received.

Specific procedures for reporting client data and service reimbursement information are outlined in the Division of Aging and Adult Services' Home and Community Care Block Grant Procedures Manual for Community Service Providers. <http://www.ncdhhs.gov/aging/manual/hccbg/bgmanual.htm>