DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

CENTERS FOR MEDICARE & MEDICAID SERVICES

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

DEC 1 8 2012

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 12-025. SPA 12-025 was submitted to my office on September 25, 2012 to add Licensed Professional Clinical Counselors as providers for Medi-Cal Rehabilitative Mental Health and Targeted Case Management services; revise the description for waivered/registered professionals; update departmental references; and make other technical edits to existing State Plan language.

The effective date of this SPA is July 1, 2012. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Supplement 1 to Attachment 3.1-A, pages 8-17
- Supplement 3 to Attachment 3.1-A, pages 1, 2, and 2a-2p
- Supplement 2 to Attachment 3.1-B, pages 1-17

If you have any questions, please contact Kristin Dillon by phone at (415) 744-3579 or by email at Kristin.Dillon@cms.hhs.gov.

Sincerely,

[redacted] for

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Kathyryn Waje, California Department of Health Care Services
Dina Kokkos-Gonzales, California Department of Health Care Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **12-025**

2. STATE: CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2012

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Social Security Act 1905 (a)(13) / 42 CFR 440.130
Social Security Act 1905 (a)(19) /42 CFR 440.169

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 $ 0
b. FFY 2013 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 2 to Attachment 3.1-B, Pages ~~1-18~~ 1-17
Supplement 3 to Attachment 3.1-A, Pages 1, 2, 2a-2p
Supplement 1 to Attachment 3.1-A, Pages 8-17

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supplement 2 to Attachment 3.1-B, Pages 1-16
Supplement 3 to Attachment 3.1-A, Pages 1, 2, 2a-2n
Supplement 1 to Attachment 3.1-A, Pages 8-16

10. SUBJECT OF AMENDMENT:

To include Licensed Professional Clinical Counselors as providers for Rehabilitative Mental Health Services and Targeted Case Management Services, revise the description for Waivered/Registered professionals, replace references to the Department of Mental Health with the Department of Health Care Services or the Department of Social Services and make other minor clean up changes.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME:
Toby Douglas

14. TITLE:
Director

15. DATE SUBMITTED: SEP 2 5 2012

16. RETURN TO:

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.3.26
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/25/12

18. DATE APPROVED: DEC 1 8 2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS:
Pen and ink changes confirmed via email on 12/11/12.

FORM HCFA-179 (07-92)

State Plan under Title XIX of the Social Security Act
State/Territory: CALIFORNIA

TARGETED CASE MANAGEMENT SERVICES

A. Target Group (42 Code of Federal Regulations (CFR) 441.18(a)(8)(i) and 441.18(a)(9))

Targeted case management services are provided as part of a comprehensive specialty mental health services program available to Medi-Cal beneficiaries that meet medical necessity criteria established by the State, based on the beneficiary's need for targeted case management established by an assessment and documented in the client plan.

1. For members of the target group who are transitioning to a community setting targeted case management services will be made available for up to 30 calendar days for a maximum of three non-consecutive periods of 30 calendar days or less per hospitalization or inpatient stay prior to the discharge of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions (State Medicaid Directors Letter (SMDL), July 25, 2000).

B. Areas of State in which services will be provided (Section 1915 (g)(1) of the Act)

X Entire State

_____ Only in the following geographic areas

C. Comparability of services (Sections 1902(a)(10)(B) and 1915(g)(1)

_____ Services are provided in accordance with Section 1902(a)(10)(B) of the Act

X Services are not comparable in amount duration and scope (Section 1915(g)(1))

D. Definition of Services (42 CFR 440.169)

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, alcohol and drug treatment, social, educational and other services.

Targeted case management may be provided face-to-face, by telephone, or by telemedicine with the beneficiary or significant support person and may be provided anywhere in the community. Targeted case management contacts with significant support persons may include helping the eligible beneficiary access services, identifying needs and supports to assist the eligible beneficiary in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible beneficiary's needs (42 CFR 440.169(e)).

Targeted case management means services that assist a beneficiary to access needed medical, alcohol and drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities include (dependent upon the practitioner's judgment regarding the activities needed to assess and/or treat the beneficiary): communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.

Targeted case management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for establishment or continuation of targeted case management services to access any medical, educational, social, or other services. These assessment activities include:
   a. Taking client history;
   b. Identifying the individual's needs and completing related documentation, reviewing all available medical, psychosocial, and other records, and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the individual; and
   c. Assessing support network availability, adequacy of living arrangements, financial status, employment status, and potential and training needs.

   Assessments are conducted on an annual basis or at a shorter interval as appropriate.

2. Development and Periodic Revision of a Client Plan that is:
   a. Based on the information collected through the assessment;
   b. Specifies the goals, treatment, service activities, and assistance to address the negotiated objectives of the plan and the medical, social, educational, and other services needed by the individual;

c. Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals;
d. Identifies a course of action to respond to the assessed needs of the eligible individual; and
e. Develops a transition plan when a beneficiary has achieved the goals of the Client Plan.

3. Referral and Related Activities:
   a. To help an eligible individual obtain needed services including activities that help link an individual with medical, alcohol and drug treatment, social, educational providers or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual;
   b. To intervene with the client/others at the onset of a crisis to provide assistance in problem resolution and to coordinate or arrange for the provision of other needed services;
   c. To identify, assess, and mobilize resources to meet the client's needs. Services would typically include consultation and intervention on behalf of the client with Social Security, schools, social services and health departments, and other community agencies, as appropriate; and
   d. Placement coordination services when necessary to address the identified mental health condition, including assessing the adequacy and appropriateness of the client's living arrangements when needed. Services would typically include locating and coordinating the resources necessary to facilitate a successful and appropriate placement in the least restrictive setting and consulting, as required, with the care provider.

4. Monitoring and Follow-Up Activities:
   a. Activities and contacts that are necessary to ensure the Client Plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
      - Services are being furnished in accordance with the individual's Client Plan;
      - Services in the Client Plan are adequate; and
      - There are changes in the needs or status of the individual, and if so, making necessary adjustments in the Client Plan and service arrangements with providers.

b. Activities to monitor, support, and assist the client on a regular basis in developing or maintaining the skills needed to implement and achieve the goals of the Client Plan. Services would typically include support in the use of psychiatric, medical, educational, socialization, rehabilitation, and other social services.

Monitoring and update of the Client Plan is conducted on an annual basis or at a shorter interval as appropriate.

E. Qualification of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b))

Targeted Case Management services are provided by certified mental health organizations or agencies and by mental health professionals who are credentialed according to state requirements or non-licensed providers who agree to abide by the definitions, rules, and requirements for Targeted Case Management services established by the Department of Health Care Services to the extent authorized under state law.

Targeted case management services may be provided by or under the direction (for those providers that may direct services) of the following Licensed Mental Health Professional providers or teams of providers determined to be qualified to provide the service, consistent with state law.

"Licensed Mental Health Professional" means licensed physicians, licensed psychologists, licensed clinical social workers, licensed professional clinical counselors, licensed marriage and family therapists, registered nurses (includes certified nurse specialists and nurse practitioners), licensed vocational nurses, and licensed psychiatric technicians.

"Under the direction of" means that the individual directing service is either directly providing the service, or acting as a clinical team leader, providing direct or functional supervision of service delivery, or review, approval, and signing client plans. An individual directing a service is not required to be physically present at the service site to exercise direction. The licensed professional directing a service assumes ultimate responsibility for the targeted case management service provided. Services are provided under the direction of: a physician; a licensed or waivered psychologist; a licensed, waivered or registered social worker; a licensed, waivered or registered marriage and family therapist; a licensed, waivered or registered professional clinical counselor, or a registered nurse (including a certified nurse specialist, or a nurse practitioner).

"Waivered/Registered Professional" means:

(1) For a psychologist candidate, "waivered" means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.
(2) For a social worker candidate, a marriage and family therapist candidate, or a professional counselor candidate, "registered" means a candidate for licensure who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, and "waivered" means a candidate who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.

The following specific minimum provider qualifications apply for each individual delivering or directing services.

1) Physicians

Physicians must be licensed in accordance with applicable State of California licensure requirements. Physicians may direct services.

2) Psychologists

Psychologists must be licensed in accordance with applicable State of California licensure requirements. Psychologists may direct services.

A psychologist may also be a Waivered Professional who has a waiver of psychologist licensure to the extent authorized under State law. Waivered Psychologists may also direct services under the supervision of a Licensed Mental Health Professional in accordance with laws and regulations governing the waiver.

3) Licensed Clinical Social Workers (LCSW)

Licensed clinical social workers must be licensed in accordance with applicable State of California licensure requirements. Licensed clinical social workers may direct services.

A clinical social worker may also be a Waivered/Registered Professional who has (1) registered with the State licensing authority for clinical

social workers for the purpose of acquiring the experience required for clinical social work licensure in accordance with applicable statutes and regulations or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

4) Licensed Professional Clinical Counselors (LPCC)

Licensed professional clinical counselors must be licensed in accordance with applicable State of California licensure requirements. Licensed professional clinical counselors may direct services.

A professional clinical counselor may also be a Waivered/Registered Professional who has (1) registered with the State's licensing authority for professional clinical counselors for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

5) Marriage and Family Therapists (MFT)

Marriage and family therapists must be licensed in accordance with applicable State of California licensure requirements. Marriage and family therapists may direct services.

A marriage and family therapist may also be a Waivered/Registered Professional who has (1) registered with the State licensing authority for marriage and family therapists for the purpose of acquiring the experience required for marriage and family therapist licensure, in accordance with applicable statutes and regulations, or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

6) Registered Nurses (RN)

Registered nurses must be licensed in accordance with applicable State of California licensure requirements. Registered nurses may direct services.

7) Certified Nurse Specialists (CNS)

Certified nurse specialists must be licensed in accordance with applicable State of California license requirements. Certified nurse specialists may direct services.

8) Nurse Practitioners

Nurse practitioners may be licensed in accordance with applicable State of California licensure requirements. Nurse practitioners may direct services.

The following providers may provide services under the direction of those Licensed Mental Health Professionals (listed above) who may direct a service.

9) Licensed Vocational Nurses (LVN)

Licensed vocational nurses must be licensed in accordance with applicable State of California licensure requirements.

10) Psychiatric Technicians (PT)

Psychiatric technicians must be licensed in accordance with applicable State of California licensure requirements.

11) Mental Health Rehabilitation Specialists (MHRS)

A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

12) Physician Assistants (PA)

Physician assistants must be licensed in accordance with applicable State of California licensure requirements.

13) Pharmacists

Pharmacists must be licensed in accordance with applicable State of California licensure requirements.

14) Occupational Therapists (OT)

Occupational therapists must be licensed in accordance with applicable State of California licensure requirements.

15) Other Qualified Provider

An individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service by the county mental health department.

F. Freedom of Choice (42 CFR 441.18(A)(1))

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

G. Freedom of Choice Exception (Section 1915(g)(1) and 42 CFR 441.18(b))

__X__ Target group consists of eligible individuals who meet medical necessity criteria for specialty mental health services. Providers are limited to qualified Medicaid providers of case management services employed by or contracted with the county mental health department who are capable of ensuring that individuals receive needed services.

H. Access to Services (42 CFR 441.18(A)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)

The State assures the following:

- Targeted case management services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of targeted case management on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of targeted case management services; and

- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

I. Payment (42 CFR 441.18(a)(4))

Payment for targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

J. Case Records (42 CFR 441.18(a)(7)

Providers maintain case records that document for all individuals receiving targeted case management as follows:

1. The name of the individual
2. The dates of the targeted case management services
3. The name of the provider agency (if relevant) and the person providing the case management service
4. The nature, content, units of the targeted case management services received and whether goals specified in the client plan have been achieved
5. Whether the individual has declined services in the client plan
6. The need for, and occurrences of, coordination with other case managers
7. A timeline for obtaining needed services
8. A timeline for reevaluation of the client plan

K. Limitations

Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in 42 CFR section 440.169 when the targeted case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in 42 CFR section 440.169 when the targeted case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; and making placement arrangements. (42 CFR 441.18(c))

FFP only is available for targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Act. (Sections 1902(a)(25) and 1905(c))

Targeted Case Management Services are not reimbursable on days when Psychiatric Inpatient Hospital Services; Psychiatric Health Facility Services; or Psychiatric Nursing Facility Services are reimbursed, except for on the days of admission to and discharge from these services. TCM services provided to a beneficiary in a psychiatric inpatient hospital, a psychiatric health facility, or a psychiatric nursing facility solely for the purpose of transitioning a beneficiary into the community are reimbursable for a maximum of three non-consecutive periods of 30 calendar days or less per hospitalization or inpatient stay. Claims are not submitted for reimbursement until after the beneficiary has transitioned to the community. Reimbursement for TCM will be made only to providers in the community and not to institutions. TCM services are not reimbursable when provided to a beneficiary who is receiving services in an Institution for Mental Diseases except for beneficiaries aged 21 and younger receiving services as described in 42 CFR 440.160 and beneficiaries aged 65 and older receiving services described in 42 CFR 440.140.

State: California

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

LIMITATION ON SERVICES

13. d. 4 Rehabilitative Mental Health Services

Rehabilitative Mental Health Services are provided as part of a comprehensive specialty mental health services program available to Medicaid (Medi-Cal) beneficiaries that meet medical necessity criteria established by the State, based on the beneficiary's need for Rehabilitative Mental Health Services established by an assessment and documented in the client plan.

DEFINITIONS

"Adjunctive Therapies" means therapies in which both staff and beneficiaries participate, such therapies may utilize self-expression, such as art, recreation, dance, or music, as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able to utilize the modality to develop or enhance skills directed toward achieving client plan goals. Adjunctive therapies assist the beneficiary in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Adjunctive therapies provided as a component of Day Rehabilitation or Day Treatment Intensive are used in conjunction with other mental health services in order to improve the outcome of those services consistent with the beneficiary's needs identified in the client plan.

"Assessment" means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes one or more of the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis, and the use of testing procedures.

"Client Plan" means a documented plan for the provision of services to a beneficiary who meets medical necessity criteria; it contains specific observable and/or quantifiable goals and treatment objectives, proposed type(s) of intervention, and the proposed duration of the intervention(s). A client plan is consistent with the beneficiary's diagnosis or diagnoses. A client plan is signed by the person providing the service(s), or a person representing a team or program providing services, and must include documentation of the beneficiary's participation in, and agreement with, the client plan.

"Collateral" means a service activity to a significant support person or persons in a beneficiary's life for the purpose of providing support to the beneficiary in achieving client plan goals. Collateral includes one or more of the following: consultation and/or training of the significant support person(s) that would assist the beneficiary in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the beneficiary; and family counseling with the significant support person(s) to improve the functioning of the beneficiary. The beneficiary may or may not be present for this service activity.

"Community Meetings" means meetings that occur at a minimum once a day, but may occur more frequently as necessary, to address issues pertinent to the continuity and effectiveness of the therapeutic milieu. Community meetings actively involve staff and beneficiaries. For Day Treatment Intensive, meetings include a staff person whose scope of practice includes psychotherapy. For Day Rehabilitation, meetings include a staff person who is a physician; a licensed/waivered/registered: psychologist, clinical social worker, professional clinical counselor, or a marriage and family therapist; a registered nurse, a psychiatric technician, a licensed vocational nurse, or a mental health rehabilitation specialist. Meetings address relevant items including the schedule for the day, current events, individual issues beneficiaries or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, follow-up business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up. Community meetings in the context of the therapeutic milieu are intended to assist the beneficiary towards restoration of their greatest possible level of functioning consistent with the beneficiary's needs identified in the client plan by providing a structured and safe environment in which to practice strategies and skills which enhance the beneficiary's community functioning, including but not limited to, isolation reducing strategies, communication skills particularly in terms of expressing the beneficiary's needs and opinions, problem solving skills, and conflict resolution skills.

"Licensed Mental Health Professional" means licensed physicians, licensed psychologists, licensed clinical social workers, licensed professional clinical counselors, licensed marriage and family therapists, registered nurses (includes certified nurse specialists and nurse practitioners), licensed vocational nurses, and licensed psychiatric technicians.

"Plan Development" means a service activity that consists of one or more of the following: development of client plans, approval of client plans and/or monitoring of a beneficiary's progress.

"Process Groups" means groups facilitated by staff to help beneficiaries develop skills necessary to deal with their individual problems and issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies

and to assist one another in resolving behavioral and emotional problems.

"Referral" means linkage to other needed services and supports.

"Rehabilitation" means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

"Significant Support Person" means persons, in the opinion of the beneficiary or the person providing services, who have or could have a significant role in the successful outcome of treatment, including but not limited to a parent, legal guardian, other family member, or other unrelated individual of a beneficiary who is a minor, the legal representative of a beneficiary who is not a minor, a person living in the same household as the beneficiary, the beneficiary's spouse, and relatives of the beneficiary.

"Telemedicine" means providing a service via the use of information exchanged from one site to another via electronic communications to improve a beneficiary's mental health condition. Electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the beneficiary, and the service provider at the distant site.

"Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.

"Therapeutic Milieu" means a therapeutic program structured by process groups and skill building groups that has activities performed by identified staff; takes place for the continuous scheduled hours of program operation; includes staff and activities that teach, model and reinforce constructive interactions;

and includes peer and staff feedback to clients on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress.

It includes behavior management interventions that focus on teaching self-management skills that children, youth, adults, and older adults may use to control their own lives, deal effectively with present and future problems, and function well with minimal or no additional therapeutic intervention.

"Under the direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery, or review, approval and signing client plans. An individual directing a service is not required to be physically present at the service site to exercise direction. The licensed professional directing a service assumes ultimate responsibility for the Rehabilitative Mental Health Service provided. Services are provided under the direction of: a physician; a licensed or waivered psychologist; a licensed, waivered or registered social worker; a licensed, waivered or registered marriage and family therapist; a licensed, waivered or registered professional clinical counselor, or a registered nurse (including a certified nurse specialist, or a nurse practitioner).

"Waivered/Registered Professional" means:

1) For a psychologist candidate, "waivered" means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.
2) For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, "registered" means a candidate for licensure who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, and "waivered" means a candidate who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.

REHABILITATIVE MENTAL HEALTH SERVICES

Rehabilitative Mental Health Services are services recommended by a physician or other licensed mental health professional within the scope of his or her practice under State law, for the maximum reduction of mental or emotional disability, and restoration, improvement, and/or preservation of a beneficiary's functional level.

Rehabilitative Mental Health Services allow beneficiaries to sustain their current level of functioning, remain in the community, prevent deterioration in an important area of life functioning, and prevent the need for institutionalization or a higher level of medical care intervention. Rehabilitative Mental Health Services include services to enable a child to achieve age-appropriate growth and development. It is not necessary that a child actually achieved the developmental level in the past. Rehabilitative Mental Health Services are provided in the least restrictive setting, consistent with the goals of recovery and resiliency, the requirements for learning and development, and/or independent living and enhanced self-sufficiency.

Services are provided based on medical necessity criteria, in accordance with an individualized Client Plan, and approved and authorized according to State of California requirements. Services include:

1. Mental Health Services are individual, group or family-based interventions that are designed to provide reduction of the beneficiary's mental or emotional disability, restoration, improvement and/or preservation of individual and community functioning, and continued ability to remain in the community consistent with the goals of recovery, resiliency, learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive.

   Mental health services may be provided face-to-face, by telephone or by telemedicine with the beneficiary or significant support person(s) and may be provided anywhere in the community.

   This service includes one or more of the following service components:

   - Assessment
   - Plan development
   - Therapy
   - Rehabilitation
   - Collateral

   Providers: Mental health services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Mental health services are not reimbursable when provided by day treatment intensive or day rehabilitation staff during the same time period that day treatment intensive or day rehabilitation services are being provided. Authorization is required for mental health services if these services are provided on the same day that day treatment intensive or day rehabilitation services are provided.

2. Medication Support Services include one or more of the following: prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of mental illness. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication Support Services are individually tailored to address the beneficiary's need and are provided by a consistent provider who has an established relationship with the beneficiary.

   Services may include: providing detailed information about how medications work; different types of medications available and why they are used; anticipated outcomes of taking a medication; the importance of continuing to take a medication even if the symptoms improve or disappear (as determined clinically appropriate); how the use of the medication may improve the effectiveness of other services a beneficiary is receiving (e.g., group or individual therapy); possible side effects of medications and how to manage them; information about medication interactions or possible complications related to using medications with alcohol or other medications or substances; and the impact of choosing to not take medications. Medication Support Services supports beneficiaries in taking an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.

   Medication support services may be provided face-to-face, by telephone or by telemedicine with the beneficiary or significant support person(s) and may be provided anywhere in the community.

   This service includes one or more of the following service components:

   - Evaluation of the need for medication
   - Evaluation of clinical effectiveness and side effects
   - The obtaining of informed consent
   - Medication education including instruction in the use, risks and benefits of and alternatives for medication
   - Collateral
   - Plan Development

   Providers: Medication support services may be provided within their scope of practice by a Physician, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Physician Assistant, a Nurse Practitioner, and a Pharmacist.

Limitations: The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours.

This service is not duplicative of the drug counseling requirements described in 42 CFR 456.705.

3. Day Treatment Intensive is a structured, multi-disciplinary program including community meetings, a therapeutic milieu, therapy, skill building groups, and adjunctive therapies, which provides services to a distinct group of individuals. It may also include rehabilitation, process groups and other interventions. Day treatment intensive is intended to provide an alternative to hospitalization, avoid placement in a more restrictive setting, or assist the beneficiary in living within a community setting. Services are available for at least three hours each day. The Day Treatment Intensive program is a program that lasts less than 24 hours each day.

   Day treatment intensive services must have a clearly established site for services although all services need not be delivered at that site.

   This service may include the following service components:

   - Assessment
   - Plan development
   - Therapy
   - Rehabilitation
   - Collateral

   Providers: Day treatment intensive services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

   Limitations: Day treatment intensive services are not reimbursable when crisis residential treatment services, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except for the day of admission to those services.

4. Day Rehabilitation is a structured program including rehabilitation, skill building groups, process groups, and adjunctive therapies which provides services to a distinct group of individuals. It may also include therapy, and other interventions. Day rehabilitation is intended to improve or restore personal independence and

functioning necessary to live in the community or prevent deterioration of personal independence consistent with the principles of learning and development. Services are available for at least three hours each day. Day Rehabilitation is a program that lasts less than 24 hours each day.

This service includes the following service components:

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

Providers: Day rehabilitation services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Day rehabilitation services are not reimbursable when crisis residential treatment services, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except for the day of admission to those services.

5. Crisis Intervention is an unplanned, expedited service, to or on behalf of a beneficiary to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting.

   Crisis intervention may be provided face-to-face, by telephone or by telemedicine with the beneficiary and/or significant support persons and may be provided in a clinic setting or anywhere in the community.

   This service includes one or more of the following service components:

   - Assessment
   - Collateral
   - Therapy
   - Referral

Providers: Crisis intervention services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Crisis intervention is not reimbursable on days when crisis residential treatment services, psychiatric health facility services, or psychiatric inpatient hospital services are reimbursed, except for the day of admission to those services. The maximum amount claimable for crisis intervention in a 24 hour period is 8 hours.

6. Crisis Stabilization is an unplanned, expedited service lasting less than 24 hours, to or on behalf of a beneficiary to address an urgent condition requiring immediate attention that cannot be adequately or safely addressed in a community setting. The goal of crisis stabilization is to avoid the need for inpatient services which, if the condition and symptoms are not treated, present an imminent threat to the beneficiary or others, or substantially increase the risk of the beneficiary becoming gravely disabled.

   Crisis stabilization must be provided on site at a licensed 24-hour health care facility, at a hospital based outpatient program (services in a hospital based outpatient program are provided in accordance with 42 CFR 440.20), or at a provider site certified by the Department of Health Care Services to perform crisis stabilization. Crisis stabilization is an all inclusive program and no other Rehabilitative Mental Health Services are reimbursable during the same time period this service is reimbursed.

   Medical backup services must be available either on site or by written contract or agreement with a general acute care hospital. Medical backup means immediate access within reasonable proximity to health care for medical emergencies. Medications must be available on an as needed basis and the staffing pattern must reflect this availability.

   All beneficiaries receiving crisis stabilization must receive an assessment of their physical and mental health. This may be accomplished using protocols approved by a physician. If outside services are needed, a referral that corresponds with the beneficiary's needs will be made, to the extent resources are available.

   This service includes one or more of the following service components:

   - Assessment

- Collateral
- Therapy
- Crisis Intervention
- Medication Support Services
- Referral

Providers: Crisis stabilization services have the following staffing requirements: a physician must be on call at all times for the provision of crisis stabilization services that must be provided by a physician, there shall be a minimum of one registered nurse, psychiatric technician, or licensed vocational nurse on site at all times beneficiaries are present, at a minimum there shall be a ratio of at least one licensed mental health or waivered/registered professional on site for each four beneficiaries or other clients receiving crisis stabilization services at the same time. If a beneficiary is evaluated as needing service activities that may only be provided by a specific type of licensed professional, such a person must be available. Other persons may be utilized by the program according to need.

Limitations: Crisis stabilization is not reimbursable on days when psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except on the day of admission to those services. No other Rehabilitative Mental Health Services are reimbursable during the same time period that crisis stabilization is reimbursed. The maximum number of hours claimable for crisis stabilization in a 24-hour period is 20 hours.

7. Adult Residential Treatment Services are recovery focused rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program.

   The service includes a range of activities and services that support beneficiaries in their efforts to restore, improve, and/or preserve interpersonal and independent living skills and to access community support systems that support recovery and enhance resiliency. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

   Adult residential treatment services assist the beneficiary in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability of independent living upon discharge from the program. The program will also provide a therapeutic environment in which beneficiaries are supported in their efforts to acquire and apply interpersonal and independent living skills.

   Adult residential treatment services must have a clearly established site for services although all services need not be delivered at that site.

Services will not be claimable unless the beneficiary has been admitted to the program and there is face-to-face contact between the beneficiary and a treatment staff person of the facility on the day of service.

In an adult residential treatment facility, structured day and evening services are available seven days a week. Services include:

A. Individual and group counseling;
B. Crisis intervention such as counseling focusing on immediate problem solving in response to a critical emotional incident to augment the beneficiary's usual coping mechanisms;
C. Family counseling with significant support persons, when indicated in the client's treatment/rehabilitation plan;
D. The development of community support systems for beneficiaries to maximize their utilization of non-mental health community resources;
E. Counseling focused on reducing mental health symptoms and functional impairments to assist beneficiaries to maximize their ability to obtain and retain pre-vocational or vocational employment;
F. Assisting beneficiaries to develop self-advocacy skills through observation, coaching, and modeling;
G. An activity program that encourages socialization within the program and general community, and which links the beneficiary to resources which are available after leaving the program; and,
H. Use of the residential environment to assist beneficiaries in the acquisition, testing, and/or refinement of community living and interpersonal skills.

This service includes one or more of the following service components:

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

Providers: Adult residential treatment services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Adult residential treatment services are not reimbursable on days when crisis residential treatment services, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except on the day of admission.

Adult residential treatment services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

8. Crisis Residential Treatment Services are therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program (short term--3 months or less) as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, improve, and/or preserve interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days. The timing, frequency, and duration of the various types of services provided to each beneficiary receiving Crisis Residential Treatment services will depend on the acuity and individual needs of each beneficiary. For example, a beneficiary newly admitted to a crisis residential treatment program would be more likely to receive crisis intervention or psychotherapy than the development of community support systems, which would be more appropriate as the beneficiary prepares for discharge from the program.

   Crisis residential treatment services must have a clearly established site for services although all services need not be delivered at that site. Services will not be claimable unless the beneficiary has been admitted to the program and there is face-to-face contact between the beneficiary and a treatment staff person of the facility on the day of service.

   In a crisis residential treatment facility, structured day and evening services are available seven days a week. Services include:

   A. Individual and group counseling;
   B. Crisis intervention such as counseling focusing on immediate problem solving in response to a critical emotional incident to augment the individual's usual coping mechanisms;
   C. Planned activities that develop and enhance skills directed towards achieving client plan goals;
   D. Family counseling with significant support persons directed at improving the beneficiary's functioning, when indicated in the client's treatment/rehabilitation plan;
   E. The development of community support systems for beneficiaries to maximize their utilization of non-mental health community resources;

F. Counseling focused on reducing mental health symptoms and functional impairments to assist beneficiaries to maximize their ability to obtain and retain pre-vocational or vocational employment;
G. Assisting beneficiaries to develop self-advocacy skills through observation, coaching, and modeling;
H. An activity program that encourages socialization within the program and general community, and which links the beneficiary to resources which are available after leaving the program; and,
I. Use of the residential environment to assist beneficiaries in the acquisition, testing, and/or refinement of community living and interpersonal skills.

This service includes one or more of the following service components:

- Assessment
- Plan Development
- Therapy
- Rehabilitation
- Collateral
- Crisis Intervention

Providers: Crisis residential treatment services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Crisis residential treatment services are not reimbursable on days when the following services are reimbursed, except for day of admission to crisis residential treatment services: mental health services, day treatment intensive, day rehabilitation, adult residential treatment services, crisis intervention, crisis stabilization, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services.

Crisis residential treatment services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

9. Psychiatric Health Facility Services are therapeutic and/or rehabilitative services including one or more of the following: psychiatric, psychosocial, and counseling services, psychiatric nursing services, social services, and rehabilitation services provided in a psychiatric health facility licensed by the Department of Social Services. Psychiatric health facilities are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders.

Services are provided in a psychiatric health facility under a multidisciplinary model. Psychiatric health facilities may only admit and treat patients who have no physical illness or injury that would require treatment beyond what ordinarily could be treated on an outpatient basis.

This service includes one or more of the following service components:

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral
- Crisis intervention

Providers: Psychiatric health facility services may be provided by a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Psychiatric Technician, a Registered Nurse, a Licensed Vocational Nurse, a Psychiatrist, a Physician with training and/or experience in psychiatry, a Pharmacist or Other Qualified Provider.

Limitations:
Psychiatric health facility services are not reimbursable on days when any of the following services are reimbursed, except for the day of admission to psychiatric health facility services: adult residential treatment services, crisis residential treatment services, crisis intervention, day treatment intensive, day rehabilitation, psychiatric inpatient hospital services, medication support services, mental health services, crisis stabilization, or psychiatric nursing facility services.

No Federal Financial Participation is available for psychiatric health facility services furnished in facilities with more than 16 beds for services provided to beneficiaries who are 21 years of age and older and under 65 years of age.

PROVIDER QUALIFICATIONS

Rehabilitative Mental Health Services are provided by certified mental health organizations or agencies and by mental health professionals who are credentialed according to state requirements or non-licensed providers who agree to abide by the definitions, rules, and requirements for Rehabilitative Mental Health Services established by the Department of Health Care Services, to the extent authorized under state law.

Services are provided by or under the direction (for those providers that may direct services) of the following Mental Health Professionals functioning within the scope of his or her professional license and applicable state law.

The following specific minimum provider qualifications apply for each individual delivering or directing services.

1) Physicians

Physicians must be licensed in accordance with applicable State of California licensure requirements. Physicians may direct services.

2) Psychologists

Psychologists must be licensed in accordance with applicable State of California licensure requirements. Psychologists may direct services.

A psychologist may also be a Waivered Professional who has a waiver of psychologist licensure to the extent authorized under State law. Waivered Psychologists may also direct services under the supervision of a Licensed Mental Health Professional in accordance with laws and regulations governing the waiver.

3) Licensed Clinical Social Workers (LCSW)

Licensed clinical social workers must be licensed in accordance with applicable State of California licensure requirements. Licensed clinical social workers may direct services.

A clinical social worker may also be a Waivered/Registered Professional who has (1) registered with the State licensing authority for clinical social workers for the purpose of acquiring the experience required for clinical social work licensure in accordance with applicable statutes and regulations or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

4) Licensed Professional Clinical Counselors (LPCC)

Licensed professional clinical counselors must be licensed in accordance with applicable State of California licensure requirements. Licensed professional clinical counselors may direct services.

A professional clinical counselor may also be a Waivered/Registered Professional who has (1) registered with the State's licensing authority for professional clinical counselors for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

5) Marriage and Family Therapists (MFT)

Marriage and family therapists must be licensed in accordance with applicable State of California licensure requirements. Marriage and family therapists may direct services.

A marriage and family therapist may also be a Waivered/Registered Professional who has (1) registered with the State licensing authority for marriage and family therapists for the purpose of acquiring the experience required for marriage and family therapist licensure, in accordance with applicable statutes and regulations, or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

6) Registered Nurses (RN)

Registered nurses must be licensed in accordance with applicable State of California licensure requirements. Registered nurses may direct services.

7) Certified Nurse Specialists (CNS)

Certified nurse specialists must be licensed in accordance with applicable State of California licensure requirements. Certified nurse specialists may direct services.

8) Nurse Practitioners (NP)

Nurse practitioners must be licensed in accordance with applicable State of California licensure requirements. Nurse practitioners may direct services.

The following providers may provide services under the direction of those Licensed Mental Health Professionals (listed above) who may direct services.

9) Licensed Vocational Nurses (LVN)

Licensed vocations nurses must be licensed in accordance with applicable State of California licensure requirements.

10) Psychiatric Technicians (PT)

Psychiatric technicians must be licensed in accordance with applicable State of California licensure requirements.

11) Mental Health Rehabilitation Specialists (MHRS)

A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of

graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

12) Physician Assistants (PA)

Physician assistants must be licensed in accordance with applicable State of California licensure requirements.

13) Pharmacists

Pharmacists must be licensed in accordance with applicable State of California licensure requirements.

14) Occupational Therapists (OT)

Occupational therapists must be licensed in accordance with applicable State of California licensure requirements.

15) Other Qualified Provider

An individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service.

Assurances:

The state assures that Rehabilitative Mental Health Services shall be available to all children found to be eligible under the provisions of Social Security Act (SSA) Sec. 1905(r)(5).

The state assures that services will not be available to residents of an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

The state assures that the Single State Agency shall not delegate to any other state agency the authority and responsibilities described in 42 CFR 431.10(e).

State: California

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATION ON SERVICES

13. d. 4 Rehabilitative Mental Health Services

Rehabilitative Mental Health Services are provided as part of a comprehensive specialty mental health services program available to Medicaid (Medi-Cal) beneficiaries that meet medical necessity criteria established by the State, based on the beneficiary's need for Rehabilitative Mental Health Services established by an assessment and documented in the client plan.

DEFINITIONS

"Adjunctive Therapies" means therapies in which both staff and beneficiaries participate, such therapies may utilize self-expression, such as art, recreation, dance, or music, as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able to utilize the modality to develop or enhance skills directed toward achieving client plan goals. Adjunctive therapies assist the beneficiary in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Adjunctive therapies provided as a component of Day Rehabilitation or Day Treatment Intensive are used in conjunction with other mental health services in order to improve the outcome of those services consistent with the beneficiary's needs identified in the client plan.

"Assessment" means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes one or more of the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis, and the use of testing procedures.

"Client Plan" means a documented plan for the provision of services to a beneficiary who meets medical necessity criteria; it contains specific observable and/or quantifiable goals and treatment objectives, proposed type(s) of intervention, and the proposed duration of the intervention(s). A client plan is consistent with the beneficiary's diagnosis or diagnoses. A client plan is signed by the person providing the service(s), or a person representing a team or program providing services, and must include documentation of the beneficiary's participation in, and agreement with, the client plan.

"Collateral" means a service activity to a significant support person or persons in a beneficiary's life for the purpose of providing support to the beneficiary in achieving client plan goals. Collateral includes one or more of the following: consultation and/or training of the significant support person(s) that would assist the beneficiary in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the beneficiary; and family counseling with the significant support person(s) to improve the functioning of the beneficiary. The beneficiary may or may not be present for this service activity.

"Community Meetings" means meetings that occur at a minimum once a day, but may occur more frequently as necessary, to address issues pertinent to the continuity and effectiveness of the therapeutic milieu. Community meetings actively involve staff and beneficiaries. For Day Treatment Intensive, meetings include a staff person whose scope of practice includes psychotherapy. For Day Rehabilitation, meetings include a staff person who is a physician; a licensed/waivered/registered: psychologist, clinical social worker, professional clinical counselor, or a marriage and family therapist; a registered nurse, a psychiatric technician, a licensed vocational nurse, or a mental health rehabilitation specialist. Meetings address relevant items including the schedule for the day, current events, individual issues beneficiaries or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, follow-up business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up. Community meetings in the context of the therapeutic milieu are intended to assist the beneficiary towards restoration of their greatest possible level of functioning consistent with the beneficiary's needs identified in the client plan by providing a structured and safe environment in which to practice strategies and skills which enhance the beneficiary's community functioning, including but not limited to, isolation reducing strategies, communication skills particularly in terms of expressing the beneficiary's needs and opinions, problem solving skills, and conflict resolution skills.

"Licensed Mental Health Professional" means licensed physicians, licensed psychologists, licensed clinical social workers, licensed professional clinical counselors, licensed marriage and family therapists, registered nurses (includes certified nurse specialists and nurse practitioners), licensed vocational nurses, and licensed psychiatric technicians.

"Plan Development" means a service activity that consists of one or more of the following: development of client plans, approval of client plans and/or monitoring of a beneficiary's progress.

"Process Groups" means groups facilitated by staff to help beneficiaries develop skills necessary to deal with their individual problems and issues by using the group process to provide

peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems.

"Referral" means linkage to other needed services and supports.

"Rehabilitation" means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

"Significant Support Person" means persons, in the opinion of the beneficiary or the person providing services, who have or could have a significant role in the successful outcome of treatment, including but not limited to a parent, legal guardian, other family member, or other unrelated individual of a beneficiary who is a minor, the legal representative of a beneficiary who is not a minor, a person living in the same household as the beneficiary, the beneficiary's spouse, and relatives of the beneficiary.

"Telemedicine" means providing a service via the use of information exchanged from one site to another via electronic communications to improve a beneficiary's mental health condition. Electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the beneficiary, and the service provider at the distant site.

"Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.

"Therapeutic Milieu" means a therapeutic program structured by process groups and skill building groups that has activities performed by identified staff; takes place for the continuous

scheduled hours of program operation; includes staff and activities that teach, model and reinforce constructive interactions; and includes peer and staff feedback to clients on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress.

It includes behavior management interventions that focus on teaching self-management skills that children, youth, adults, and older adults may use to control their own lives, deal effectively with present and future problems, and function well with minimal or no additional therapeutic intervention.

"Under the direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery, or review, approval and signing client plans. An individual directing a service is not required to be physically present at the service site to exercise direction. The licensed professional directing a service assumes ultimate responsibility for the Rehabilitative Mental Health Service provided. Services are provided under the direction of: a physician; a licensed or waivered psychologist; a licensed, waivered or registered social worker; a licensed, waivered or registered marriage and family therapist; a licensed, waivered or registered professional clinical counselor, or a registered nurse (including a certified nurse specialist, or a nurse practitioner).

"Waivered/Registered Professional" means:

1) For a psychologist candidate, "waivered" means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.
2) For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, "registered" means a candidate for licensure who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, and "waivered" means a candidate who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.

REHABILITATIVE MENTAL HEALTH SERVICES

Rehabilitative Mental Health Services are services recommended by a physician or other licensed mental health professional within the scope of his or her practice under State law, for the maximum reduction of mental or emotional disability, and restoration, improvement, and/or preservation of a beneficiary's functional level. Rehabilitative Mental Health Services allow beneficiaries to sustain their current level of functioning, remain in the community, prevent deterioration in an important area of life functioning, and prevent the need for institutionalization or a higher level of medical care intervention. Rehabilitative Mental Health Services include services to enable a child to achieve age-appropriate growth and development. It is not necessary that a child actually achieved the developmental level in the past. Rehabilitative Mental Health Services are provided in the least restrictive setting, consistent with the goals of recovery and resiliency, the requirements for learning and development, and/or independent living and enhanced self-sufficiency.

Services are provided based on medical necessity criteria, in accordance with an individualized Client Plan, and approved and authorized according to State of California requirements. Services include:

1. Mental Health Services are individual, group or family-based interventions that are designed to provide reduction of the beneficiary's mental or emotional disability, restoration, improvement and/or preservation of individual and community functioning, and continued ability to remain in the community consistent with the goals of recovery, resiliency, learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive.

   Mental health services may be provided face-to-face, by telephone or by telemedicine with the beneficiary or significant support person(s) and may be provided anywhere in the community.

   This service includes one or more of the following service components:

   - Assessment
   - Plan development
   - Therapy
   - Rehabilitation
   - Collateral

Providers: Mental health services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Mental health services are not reimbursable when provided by day treatment intensive or day rehabilitation staff during the same time period that day treatment intensive or day rehabilitation services are being provided. Authorization is required for mental health services if these services are provided on the same day that day treatment intensive or day rehabilitation services are provided.

2. Medication Support Services include one or more of the following: prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of mental illness. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication Support Services are individually tailored to address the beneficiary's need and are provided by a consistent provider who has an established relationship with the beneficiary.

   Services may include: providing detailed information about how medications work; different types of medications available and why they are used; anticipated outcomes of taking a medication; the importance of continuing to take a medication even if the symptoms improve or disappear (as determined clinically appropriate); how the use of the medication may improve the effectiveness of other services a beneficiary is receiving (e.g., group or individual therapy); possible side effects of medications and how to manage them; information about medication interactions or possible complications related to using medications with alcohol or other medications or substances; and the impact of choosing to not take medications. Medication Support Services supports beneficiaries in taking an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.

Medication support services may be provided face-to-face, by telephone or by telemedicine with the beneficiary or significant support person(s) and may be provided anywhere in the community.

This service includes one or more of the following service components:

- Evaluation of the need for medication
- Evaluation of clinical effectiveness and side effects
- The obtaining of informed consent
- Medication education including instruction in the use, risks and benefits of and alternatives for medication
- Collateral
- Plan Development

Providers: Medication support services may be provided within their scope of practice by a Physician, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Physician Assistant, a Nurse Practitioner, and a Pharmacist.

Limitations: The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours.

This service is not duplicative of the drug counseling requirements described in 42 CFR 456.705.

3. Day Treatment Intensive is a structured, multi-disciplinary program including community meetings, a therapeutic milieu, therapy, skill building groups, and adjunctive therapies, which provides services to a distinct group of individuals. It may also include rehabilitation, process groups and other interventions. Day treatment intensive is intended to provide an alternative to hospitalization, avoid placement in a more restrictive setting, or assist the beneficiary in living within a community setting. Services are available for at least three hours each day. The Day Treatment Intensive program is a program that lasts less than 24 hours each day.

   Day treatment intensive services must have a clearly established site for services although all services need not be delivered at that site.

   This service may include the following service components:

   - Assessment
   - Plan development
   - Therapy
   - Rehabilitation
   - Collateral

Providers: Day treatment intensive services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Day treatment intensive services are not reimbursable when crisis residential treatment services, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except for the day of admission to those services.

4. Day Rehabilitation is a structured program including rehabilitation, skill building groups, process groups, and adjunctive therapies which provides services to a distinct group of individuals. It may also include therapy, and other interventions. Day rehabilitation is intended to improve or restore personal independence and functioning necessary to live in the community or prevent deterioration of personal independence consistent with the principles of learning and development. Services are available for at least three hours each day. Day Rehabilitation is a program that lasts less than 24 hours each day.

   This service includes the following service components:

   - Assessment
   - Plan development
   - Therapy
   - Rehabilitation
   - Collateral

   Providers: Day rehabilitation services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

   Limitations: Day rehabilitation services are not reimbursable when crisis residential treatment services, psychiatric inpatient hospital services, psychiatric health facility services, or

psychiatric nursing facility services are reimbursed, except for the day of admission to those services.

5. Crisis Intervention is an unplanned, expedited service, to or on behalf of a beneficiary to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting.

   Crisis intervention may be provided face-to-face, by telephone or by telemedicine with the beneficiary and/or significant support persons and may be provided in a clinic setting or anywhere in the community.

   This service includes one or more of the following service components:

   - Assessment
   - Collateral
   - Therapy
   - Referral

   Providers: Crisis intervention services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

   Limitations: Crisis intervention is not reimbursable on days when crisis residential treatment services, psychiatric health facility services, or psychiatric inpatient hospital services are reimbursed, except for the day of admission to those services. The maximum amount claimable for crisis intervention in a 24 hour period is 8 hours.

6. Crisis Stabilization is an unplanned, expedited service lasting less than 24 hours, to or on behalf of a beneficiary to address an urgent condition requiring immediate attention that cannot be adequately or safely addressed in a community setting. The goal of crisis stabilization is to avoid the need for inpatient services which, if the condition and symptoms are not treated, present an imminent threat to the beneficiary or others, or substantially increase the risk of the beneficiary becoming gravely disabled.

Crisis stabilization must be provided on site at a licensed 24-hour health care facility, at a hospital based outpatient program (services in a hospital based outpatient program are provided in accordance with 42 CFR 440.20), or at a provider site certified by the Department of Health Care Services to perform crisis stabilization. Crisis stabilization is an all inclusive program and no other Rehabilitative Mental Health Services are reimbursable during the same time period this service is reimbursed.

Medical backup services must be available either on site or by written contract or agreement with a general acute care hospital. Medical backup means immediate access within reasonable proximity to health care for medical emergencies. Medications must be available on an as needed basis and the staffing pattern must reflect this availability.

All beneficiaries receiving crisis stabilization must receive an assessment of their physical and mental health. This may be accomplished using protocols approved by a physician. If outside services are needed, a referral that corresponds with the beneficiary's needs will be made, to the extent resources are available.

This service includes one or more of the following service components:

- Assessment
- Collateral
- Therapy
- Crisis Intervention
- Medication Support Services
- Referral

Providers: Crisis stabilization services have the following staffing requirements: a physician must be on call at all times for the provision of crisis stabilization services that must be provided by a physician, there shall be a minimum of one registered nurse, psychiatric technician, or licensed vocational nurse on site at all times beneficiaries are present, at a minimum there shall be a ratio of at least one licensed mental health or waivered/registered professional on site for each four beneficiaries or other clients receiving crisis stabilization services at the same time. If a beneficiary is evaluated as needing service activities that may only be provided by a specific type of licensed professional, such a person must be available. Other persons may be utilized by the program according to need.

Limitations: Crisis stabilization is not reimbursable on days when psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except on the day of admission to those services. No other

Rehabilitative Mental Health Services are reimbursable during the same time period that crisis stabilization is reimbursed. The maximum number of hours claimable for crisis stabilization in a 24-hour period is 20 hours.

7. Adult Residential Treatment Services are recovery focused rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program.

   The service includes a range of activities and services that support beneficiaries in their efforts to restore, improve, and/or preserve interpersonal and independent living skills and to access community support systems that support recovery and enhance resiliency. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

   Adult residential treatment services assist the beneficiary in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability of independent living upon discharge from the program. The program will also provide a therapeutic environment in which beneficiaries are supported in their efforts to acquire and apply interpersonal and independent living skills.

   Adult residential treatment services must have a clearly established site for services although all services need not be delivered at that site.

   Services will not be claimable unless the beneficiary has been admitted to the program and there is face-to-face contact between the beneficiary and a treatment staff person of the facility on the day of service.

   In an adult residential treatment facility, structured day and evening services are available seven days a week. Services include:

   A. Individual and group counseling;
   B. Crisis intervention such as counseling focusing on immediate problem solving in response to a critical emotional incident to augment the beneficiary's usual coping mechanisms;
   C. Family counseling with significant support persons, when indicated in the client's treatment/rehabilitation plan;
   D. The development of community support systems for beneficiaries to maximize their utilization of non-mental health community resources;
   E. Counseling focused on reducing mental health symptoms and functional impairments to assist beneficiaries to maximize their ability to obtain and retain pre-vocational or vocational employment;
   F. Assisting beneficiaries to develop self-advocacy skills through observation, coaching, and modeling;

G. An activity program that encourages socialization within the program and general community, and which links the beneficiary to resources which are available after leaving the program; and,
H. Use of the residential environment to assist beneficiaries in the acquisition, testing, and/or refinement of community living and interpersonal skills.

This service includes one or more of the following service components:

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

Providers: Adult residential treatment services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Adult residential treatment services are not reimbursable on days when crisis residential treatment services, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except on the day of admission.

Adult residential treatment services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

8. Crisis Residential Treatment Services are therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program (short term--3 months or less) as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, improve, and/or preserve interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days. The timing, frequency, and duration of the various types of services provided to each beneficiary receiving Crisis Residential Treatment

services will depend on the acuity and individual needs of each beneficiary. For example, a beneficiary newly admitted to a crisis residential treatment program would be more likely to receive crisis intervention or psychotherapy than the development of community support systems, which would be more appropriate as the beneficiary prepares for discharge from the program.

Crisis residential treatment services must have a clearly established site for services although all services need not be delivered at that site. Services will not be claimable unless the beneficiary has been admitted to the program and there is face-to-face contact between the beneficiary and a treatment staff person of the facility on the day of service.

In a crisis residential treatment facility, structured day and evening services are available seven days a week. Services include:

A. Individual and group counseling;
B. Crisis intervention such as counseling focusing on immediate problem solving in response to a critical emotional incident to augment the individual's usual coping mechanisms;
C. Planned activities that develop and enhance skills directed towards achieving client plan goals;
D. Family counseling with significant support persons directed at improving the beneficiary's functioning, when indicated in the client's treatment/rehabilitation plan;
E. The development of community support systems for beneficiaries to maximize their utilization of non-mental health community resources;
F. Counseling focused on reducing mental health symptoms and functional impairments to assist beneficiaries to maximize their ability to obtain and retain pre-vocational or vocational employment;
G. Assisting beneficiaries to develop self-advocacy skills through observation, coaching, and modeling;
H. An activity program that encourages socialization within the program and general community, and which links the beneficiary to resources which are available after leaving the program; and,
I. Use of the residential environment to assist beneficiaries in the acquisition, testing, and/or refinement of community living and interpersonal skills.

This service includes one or more of the following service components:

- Assessment
- Plan Development
- Therapy
- Rehabilitation
- Collateral
- Crisis Intervention

Providers: Crisis residential treatment services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Crisis residential treatment services are not reimbursable on days when the following services are reimbursed, except for day of admission to crisis residential treatment services: mental health services, day treatment intensive, day rehabilitation, adult residential treatment services, crisis intervention, crisis stabilization, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services.

Crisis residential treatment services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

9. Psychiatric Health Facility Services are therapeutic and/or rehabilitative services including one or more of the following: psychiatric, psychosocial, and counseling services, psychiatric nursing services, social services, and rehabilitation services provided in a psychiatric health facility licensed by the Department of Social Services. Psychiatric health facilities are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders.

   Services are provided in a psychiatric health facility under a multidisciplinary model. Psychiatric health facilities may only admit and treat patients who have no physical illness or injury that would require treatment beyond what ordinarily could be treated on an outpatient basis.

   This service includes one or more of the following service components:

   - Assessment
   - Plan development
   - Therapy
   - Rehabilitation
   - Collateral
   - Crisis intervention

Providers: Psychiatric health facility services may be provided by a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Psychiatric Technician, a Registered Nurse, a Licensed Vocational Nurse, a Psychiatrist, a Physician with training and/or experience in psychiatry, a Pharmacist or Other Qualified Provider.

Limitations:
Psychiatric health facility services are not reimbursable on days when any of the following services are reimbursed, except for the day of admission to psychiatric health facility services: adult residential treatment services, crisis residential treatment services, crisis intervention, day treatment intensive, day rehabilitation, psychiatric inpatient hospital services, medication support services, mental health services, crisis stabilization, or psychiatric nursing facility services.

No Federal Financial Participation is available for psychiatric health facility services furnished in facilities with more than 16 beds for services provided to beneficiaries who are 21 years of age and older and under 65 years of age.

PROVIDER QUALIFICATIONS

Rehabilitative Mental Health Services are provided by certified mental health organizations or agencies and by mental health professionals who are credentialed according to state requirements or non-licensed providers who agree to abide by the definitions, rules, and requirements for Rehabilitative Mental Health Services established by the Department of Health Care Services, to the extent authorized under state law.

Services are provided by or under the direction (for those providers that may direct services) of the following Mental Health Professionals functioning within the scope of his or her professional license and applicable state law.

The following specific minimum provider qualifications apply for each individual delivering or directing services.

1) Physicians

Physicians must be licensed in accordance with applicable State of California licensure requirements. Physicians may direct services.

2) Psychologists

Psychologists must be licensed in accordance with applicable State of California licensure requirements. Psychologists may direct services.

A psychologist may also be a Waivered Professional who has a waiver of psychologist licensure to the extent authorized under State law. Waivered Psychologists may also direct services under the supervision of a Licensed Mental Health Professional in accordance with laws and regulations governing the waiver.

3) Licensed Clinical Social Workers (LCSW)

Licensed clinical social workers must be licensed in accordance with applicable State of California licensure requirements. Licensed clinical social workers may direct services.

A clinical social worker may also be a Waivered/Registered Professional who has (1) registered with the State licensing authority for clinical social workers for the purpose of acquiring the experience required for clinical social work licensure in accordance with applicable statutes and regulations or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

4) Licensed Professional Clinical Counselors (LPCC)

Licensed professional clinical counselors must be licensed in accordance with applicable State of California licensure requirements. Licensed professional clinical counselors may direct services.

A professional clinical counselor may also be a Waivered/Registered Professional who has (1) registered with the State's licensing authority for professional clinical counselors for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

5) Marriage and Family Therapists (MFT)

Marriage and family therapists must be licensed in accordance with applicable State of California licensure requirements. Marriage and family therapists may direct services.

A marriage and family therapist may also be a Waivered/Registered Professional who has (1) registered with the State licensing authority for marriage and family therapists for the purpose of acquiring the experience required for marriage and family therapist licensure, in accordance with applicable statutes and regulations, or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

6) Registered Nurses (RN)

Registered nurses must be licensed in accordance with applicable State of California licensure requirements. Registered nurses may direct services.

7) Certified Nurse Specialists (CNS)

Certified nurse specialists must be licensed in accordance with applicable State of California licensure requirements. Certified nurse specialists may direct services.

8) Nurse Practitioners (NP)

Nurse practitioners must be licensed in accordance with applicable State of California licensure requirements. Nurse practitioners may direct services.

The following providers may provide services under the direction of those Licensed Mental Health Professionals (listed above) who may direct services.

9) Licensed Vocational Nurses (LVN)

Licensed vocations nurses must be licensed in accordance with applicable State of California licensure requirements.

10) Psychiatric Technicians (PT)

Psychiatric technicians must be licensed in accordance with applicable State of California licensure requirements.

11) Mental Health Rehabilitation Specialists (MHRS)

A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

12) Physician Assistants (PA)

Physician assistants must be licensed in accordance with applicable State of California licensure requirements.

13) Pharmacists

Pharmacists must be licensed in accordance with applicable State of California licensure requirements.

14) Occupational Therapists (OT)

Occupational therapists must be licensed in accordance with applicable State of California licensure requirements.

15) Other Qualified Provider

An individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service.

Assurances:

The state assures that Rehabilitative Mental Health Services shall be available to all children found to be eligible under the provisions of Social Security Act (SSA) Sec. 1905(r)(5).

The state assures that services will not be available to residents of an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

The state assures that the Single State Agency shall not delegate to any other state agency the authority and responsibilities described in 42 CFR 431.10(e).