

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 24-0042**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 19, 2024

Tyler Sadwith, State Medicaid Director  
Department of Health Care Services  
Attn: Director's Office  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 24-0042

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0042. This SPA expands the continuum of community-based services and evidence-based practices available through Medi-Cal specialty behavioral health delivery systems by adding coverage for assertive community treatment (ACT), clubhouse services, and coordinated specialty care for first episode psychosis (CSC) and making other clarifications under the rehabilitative mental health services benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act (the Act) and in implementing regulations at 42 Code of Federal Regulations (CFR) 440.130(d) and 42 CFR Part 447. This letter is to inform you that California Medicaid SPA 24-0042 was approved on December 19, 2024 with an effective date of January 1, 2025.

Enclosed are copies of CMS Form 179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,

**Ruth  
Hughes -S**

Digitally signed by  
Ruth Hughes -S  
Date: 2024.12.19  
21:44:33 -06'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc: Lindy Harrington, DHCS  
Rene Mollow, DHCS  
Paula Wilhelm, DHCS  
Ivan Bhadwhaj, DHCS  
Chuck Anders, DHCS  
Rafael Davtian, DHCS  
Aaron Goff, DHCS  
Saralyn Ang-Olson, DHCS  
Angeli Lee, DHCS  
Farrah Samimi, DHCS  
Shanna Haysbert, DHCS



**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 4 2

2. STATE

CA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130(d) and 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024-2025 \$ 0b. FFY 2025-2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 3.1-A page 15

Supplement 3 to Attachment 3.1-A pages 1, 1a, 2, 2a-2m, 3-6, 6a, 6a.1,

6b, 6c, 6f-6u 6v-6w\*

Supplement 2 to Attachment 3.1-B pages 1-15

Supplement 3 to Attachment 3.1-B pages 1, 2, 3, 4, 4a, 4a.1, 4b, 4c, 4f-4p,

4t-4w, 4q-4s\*, 4t-4x\*

Attachment 4.19-B pages 21-28, 39, 41b, 21-25.5 &amp; 39a\*

Note: Att. 4.19-B, pages 25.1-25.5 &amp; 39a are new pages\*

\*See Box 22

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Supplement 1 to Attachment 3.1-A page 15

Supplement 3 to Attachment 3.1-A pages 1, 1a, 2, ~~2a-2m~~, 3-6, 6a, 6a.1,

6b, 6c, 6f-6u and 2a-2k and 6v-6w\*

Supplement 2 to Attachment 3.1-B pages ~~4-15~~ 1-13\*

Supplement 3 to Attachment 3.1-B pages 1, 2, 3, 4, 4a, 4a.1, 4b, 4c,

4f-4p, 4t-4w &amp; 4q-4s\*

Attachment 4.19-B pages 21-25, 39, 41b

\*See Box 22

9. SUBJECT OF AMENDMENT

To expand the continuum of community-based services and evidence-based practices available through Medi-Cal specialty behavioral health delivery systems.

10. 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:

Please note: The Governor's Office does not wish to  
review the State Plan Amendment.

AGENCY OFFICIAL

12. TYPED NAME

Tyler Sadwith

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

October 2, 2024

15. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

**FOR CMS USE ONLY**

16. DATE RECEIVED

October 2, 2024

17. DATE APPROVED

December 19, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

Ruth Hughes -S

Digitally signed by Ruth Hughes -S  
Date: 2024.12.19 21:45:05 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Box 5: CMS pen and ink to add regulatory citation made via email to DHCS dated 12/12/24.

Box 7: CMS pen and ink updates: (1) Supp. 3 to Att. 3.1-B to add page 4x, a new page. The correct pages are: "...4t-4x" &amp; add pages "4q-4s" per emails with DHCS dated 11/25/24 &amp; 12/17/24. (2) Att. 4.19-B: Note that pages 25.1 - 25.5 and 39a are new pages and there are no pages 26-28 in CA 24-0042. Changes made per email with DHCS dated 11/25/24. CMS added Att. 4.19-B, page 39a, per email dated 12/16/24. (3) Supp. 3 to Att. 3.1-A added p. 6v-6w on 12/18/24 per email with DHCS.

Box 8: CMS pen and ink updates: (1) remove "Supp. 3 to Att. 3.1-A, pages 21-2m" and "Supp. 2 to Att. 3.1-B, pages 14-15," which are new pages. The correct pages are: "Supp. 3 to Att. 3.1-A, p. 1, 1a, 2, 2a-2k..." added on 11/25/24 &amp; 6v-6w added on 12/18/24. (2) "Supp. 2 to Att. 3.1-B, pages 1-13." Changes made per email with DHCS dated 11/25/24. (3) Added Supp. 3 to Att. 3.-B, "pages 4q-4s" per email with DHCS dated 12/17/24.

## (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 plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

## (16) Clinical Trainee

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Mental Health Professional, Pharmacist, or Physician Assistant; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or the applicable licensing board to participate in the practicum, clerkship or internship and provide Targeted Case Management, including, but not limited to, all coursework and supervised practice requirements.

## (17) Counselor

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

## 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

State: CaliforniaAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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LIMITATION ON SERVICES

## 13.d.4 Rehabilitative Mental Health Services

Rehabilitative Mental Health Services are provided through a specialty mental health delivery system available to Medicaid (Medi-Cal) beneficiaries who meet State criteria for access to the specialty mental health services delivery system. Rehabilitative Mental Health Services are provided in accordance with the 42 Code of Federal Regulations (CFR) Part 440.130(d). Rehabilitative Mental Health Services are recommended by a physician or other licensed mental health professional within the scope of their 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. Rehabilitative Mental Health Services may address co-occurring substance use disorders as clinically appropriate and within the treating practitioner's scope of practice for beneficiaries who access these services to address their mental health conditions.

TN No. 24-0042

Supersedes

TN No. 22-0023Approval Date: December 19, 2024Effective Date: January 1, 2025

## COVERED REHABILITATIVE MENTAL HEALTH TREATMENT SERVICES

“Member” and “Beneficiary” means a person who is eligible to receive Medi-Cal benefits.

"Assessment" is a service activity designed to collect information and evaluate the current status of a beneficiary's mental, emotional, or behavioral health to determine whether Rehabilitative Mental Health Services are medically necessary and to recommend or update a course of treatment for that beneficiary. Assessments shall be conducted and documented in accordance with applicable State and Federal statutes, regulations, and standards.

“Employment and Education Support Services” support recovery by assisting members in managing their mental health conditions in vocational or educational settings. Services support members to function in the community and help reduce the risk of psychiatric hospitalization and emergency room visits, residential treatment, involvement with the criminal justice system, substance use, and homelessness.

Employment and Education Support Services may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

Employment and Education Support Services include one or more of the following service components:

- Employment Support Services that support a member with managing their mental health condition and addressing challenges as they work to restore, maintain and/or sustain employment.
- Education Support Services that support a member with managing their mental health condition and addressing challenges that occur in educational settings.

Limitations: Employment and Education Support Services do not include vocational or educational placement or skills training that are not directly related to assisting the member with managing their mental health condition.

“Medication Support Services” include prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of behavioral health conditions. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication support services may include prescription, dispensing, monitoring, or administration of medication related to substance use disorder services for members with a co-occurring mental health condition and substance use disorder. Medication support services may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the member.

Medication support services may be provided face-to-face, by telephone or by telehealth and may be provided anywhere in the community. Medication support services may be delivered as a standalone service or as a component of crisis stabilization.

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

- Evaluation of the need for medication
- Evaluation of clinical effectiveness and side effects
- Medication education including instruction in the use, risks and benefits of and alternatives for medication
- Treatment Planning

Limitations: The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours. Members may receive additional services in other levels of care if additional medication management is needed.

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

“Peer Support Services” are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a



clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

Peer support services are based on an approved plan of care and may be delivered as a standalone service. Peer support services include one or more of the following service components:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

Limitations: Peer support services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

"Psychosocial Rehabilitation" is a recovery or resiliency focused service activity which addresses a mental health need. This service activity provides assistance in restoring, improving, and/or preserving a member'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 member . Psychosocial rehabilitation includes assisting members to develop coping skills by using a group process to provide peer interaction and feedback in developing problem-solving strategies. In addition, psychosocial rehabilitation includes therapeutic interventions that utilize self-expression such as art, recreation, dance or music as a modality to develop or enhance skills.

These therapeutic interventions assist the member in attaining or restoring

skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Psychosocial rehabilitation also includes support resources, and/or medication education and/or psychoeducation. Psychoeducation assists members to recognize the symptoms of their mental health condition to prevent, manage or reduce such symptoms. Psychosocial Rehabilitation, including psychoeducation, may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member. Psychosocial rehabilitation may be provided to a member or a group of members.

"Referral and Linkages" are services and supports to connect a beneficiary with primary care, specialty medical care, substance use disorder treatment providers, mental health providers, and community-based services and supports. This includes identifying appropriate resources, making appointments, and assisting a beneficiary with a warm handoff to obtain ongoing support.

"Therapy" is 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.

"Treatment Planning" is a service activity to develop or update a beneficiary's course of treatment, documentation of the recommended course of treatment, and monitoring a beneficiary's progress.

## REHABILITATIVE MENTAL HEALTH SERVICES

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 include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Mental health services may be provided face-to-face, by telephone or by telehealth and may be provided anywhere in the community.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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. Day Treatment Intensive is a structured, multi-disciplinary program which provides services to a distinct group of individuals. 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. Day treatment intensive is a program that lasts less than 24 hours each day. Day treatment intensive may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary. Day treatment intensive services must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone.

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

TN No. 24-0042

Supersedes

TN No. 22-0023

Approval Date: December 19, 2024 Effective Date: January 1, 2025

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

3. Day Rehabilitation is a structured program which provides services to a distinct group of individuals. 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. Day rehabilitation may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Day rehabilitation services must have a clearly established site for services although all services need not to be delivered at that site and some service components may be delivered through telehealth or telephone.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

4. 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 include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

TN No. 24-0042

Supersedes

TN No. 22-0023

Approval Date: December 19, 2024 Effective Date: January 1, 2025

Crisis intervention may be provided face-to-face, by telephone or by telehealth 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
- Therapy
- Referral and Linkages

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. Beneficiaries may receive additional services in other levels of care to address a crisis that cannot be resolved through crisis intervention services.

5. 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 and some service components may be delivered through telehealth or telephone. 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. Crisis stabilization may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

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
- Therapy
- Crisis Intervention
- Medication Support Services
- Referral and Linkages

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 23 hours. Beneficiaries may receive additional services in other levels of care to address a crisis that cannot be resolved by crisis stabilization.

6. 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 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 must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone.

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.

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

TN No. 24-0042

Supersedes

TN No. 22-0023

Approval Date: December 19, 2024

Effective Date: January 1, 2025

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

7. 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 is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

Crisis residential treatment services must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone. 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.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation
- Crisis Intervention

Limitations: Crisis residential treatment services are not reimbursable on days when the following services 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

TN No. 24-0042

Supersedes

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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.

8. Psychiatric Health Facility Services are therapeutic and/or rehabilitative provided in a psychiatric health facility licensed by the Department of Health Care Services. Psychiatric health facilities are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders. Psychiatric health facility services may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Services are provided in a psychiatric health facility under a multidisciplinary model and some service components may be delivered through telehealth or telephone. 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 the following service components:

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation
- Crisis Intervention

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.

Psychiatric health facility services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

9. Assertive Community Treatment (ACT) is a service for members with complex and significant mental health needs. ACT supports recovery through an assertive, person-centered approach that assists members to cope with the symptoms of their mental health condition and acquire the skills necessary to function and be integrated in the community.

ACT is a community-based, multidisciplinary team-based service. ACT

TN No. 24-0042

Supersedes

TN No. 23-0026

Approval Date: December 19, 2024

Effective Date: January 1, 2025

may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

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

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment Planning

10. Coordinated Specialty Care (CSC) is a service for members experiencing a first episode of psychosis. CSC addresses the symptoms of psychosis to reduce the risk of psychiatric hospitalization, emergency room visits, residential treatment, involvement with the criminal justice system, substance use, and homelessness. CSC is a person-centered service that helps members cope with the symptoms of their mental health condition and to function and remain integrated in the community.

CSC is a community-based, multidisciplinary team-based service. CSC may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

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

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment Planning

11. Clubhouse Services are an intentional, strengths-focused community-based service to support recovery from a mental health condition. Clubhouse Services use a social practice model, in which members

voluntarily participate in clubhouse activities and duties alongside providers trained in the model.

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

- Employment and Education Support Services
- Medication Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Treatment Planning



**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; and sign a provider agreement with a county mental health plan.

Rehabilitative Mental Health Treatment Services are provided by or under the direction of (for those providers that may direct services) the following mental health providers functioning within the scope of their professional license and applicable state law. "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. An individual directing a service is not required to be physically present at the service site to exercise direction (unless otherwise required by state law). 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 waived psychologist; a licensed, waived or registered social worker; a licensed, waived or registered marriage and family therapist; a licensed, waived or registered professional clinical counselor; a registered nurse (including a certified nurse specialist, or a nurse practitioner); or a licensed occupational therapist<sup>1</sup>. All providers of Rehabilitative Mental Health Services must act within the scope of their professional license and applicable state law.

**PRACTITIONER QUALIFICATIONS**

<b>Rehabilitative Mental Health Treatment Services</b>	<b>Provider Qualifications</b>
Assessment	C, L, M, PA, Ph, OP, MA, CT
Employment and Education Support Services	C, L, M, PA, Ph, OP, MA, CT
Medication Support Services	CT, L, MA, PA, Ph
Peer Support Services	P
Psychosocial Rehabilitation	C, L, M, PA, Ph, OP, MA, CT
Referral and Linkages	C, L, M, PA, Ph, OP, MA, CT
Therapy	L, CT
Treatment Planning	C, L, M, PA, Ph, OP, MA, CT

C = Counselor

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and

<sup>1</sup> Licensed occupational therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

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accredited with the National Commission for Certifying Agencies (NCCA).

**CT = Clinical Trainee**

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Mental Health Professional, Pharmacist, or Physician Assistant; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services, including, but not limited to, all coursework and supervised practice requirements.

**L = Licensed Mental Health Professional**

A Licensed Mental Health Professional includes any of the following providers who are licensed in accordance with applicable State of California licensure requirements: licensed physicians; licensed psychologists (includes waived psychologists); licensed clinical social workers (includes waived or registered clinical social workers); licensed professional clinical counselors (includes waived or registered professional clinical counselors); licensed marriage and family therapists (includes waived or registered marriage and family therapists); registered nurses (includes certified nurse specialists and nurse practitioners); licensed vocational nurses; licensed psychiatric technicians; and licensed occupational therapists.

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.

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, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by 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.

**M = Mental Health Rehabilitation Specialist**

A mental health rehabilitation specialist is 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

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years' experience in a mental health setting.

**MA = Medical Assistant**

A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements, and provides administrative, clerical, and technical supportive services, according to their scope of practice, and provides services under the supervision of a licensed physician and surgeon as established by the corresponding state authority, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

**P = Peer Support Specialist**

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional.

\*Peer Support Services will be implemented and have an effective date of July 1, 2022.

**PA = Physician Assistant**

A physician assistant must be licensed in accordance with applicable State of California licensure requirements.

**Ph = Pharmacist**

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

**OP = Other Qualified Provider**

An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

**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 42CFR 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).

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
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## LIMITATION ON SERVICES

## 13.d.5 Substance Use Disorder Treatment Services

Substance use disorder (SUD) treatment services are provided in accordance with the Code of Federal Regulations (CFR) 440.130(d) to restore the beneficiary to their best possible functional level. All SUD treatment services must be recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practice. SUD treatment services are based on medical necessity.

Services that involve the participation of a non-Medicaid eligible are for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service. These services are marked with an \*. SUD treatment services may address co-occurring mental health conditions as clinically appropriate and within the treating practitioner's scope of practice for beneficiaries who access these services to address their SUDs.

## COVERED SUD TREATMENT SERVICES

"Assessment" consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic, and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary. Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment

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services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the “Other laboratory and X-ray services” benefit of the California Medicaid State Plan).

- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary’s needs, planned interventions and to address and monitor a beneficiary’s progress and restoration of a beneficiary to their best possible functional level.

“Group Counseling” means a contact with multiple beneficiaries at the same time. Group counseling shall focus on the needs of the participants. Group counseling shall be provided to a group that includes at least 2 and no more than 12 participants.

“Individual Counseling” means a contact with a beneficiary. Individual counseling also includes a contact between a beneficiary, substance use disorder treatment professional, and one or more collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals. Individual counseling also includes preparing the beneficiary to live in the community, and providing linkages to treatment and services available in the community.

“Medical Psychotherapy” means a type of counseling service to treat SUDs other than Opioid Use Disorders (OUD) conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the beneficiary.

“Medication Services” means the prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services may include prescription or administration of medication related to mental health services for members with a co-occurring substance use disorder and mental health condition. Medication Services does not include MAT to treat Opioid Use Disorders as defined below.

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD)” includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section



1905(a)(29) and described in Supplement to Attachment 3.1-A. “Patient Education” is education for the beneficiary on addiction, treatment, recovery and associated health risks.

“\*Peer Support Services” are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals.

Peer support services are based on an approved plan of care and can be delivered as a standalone service. Peer support services include the following service components:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary’s treatment to attain and maintain recovery within their communities. These

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activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

*\*Peer Support Services will be implemented and have an effective date of July 1, 2022.*

“SUD Crisis Intervention Services” consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

## PROVIDER QUALIFICATIONS

### Provider Entities

SUD Treatment Services are provided by DMC certified providers. DMC certified providers providing SUD Treatment Services must: 1) be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county or the Department of Health Care Services.

SUD Treatment Services	Practitioner Qualifications
Assessment*	C, CT, L*, MA, OP
Counseling (Individual and Group)	C, CT, L
Medical Psychotherapy	M
Medication Services	CT, L, MA
Patient Education	C, CT, L, MA, OP
Peer Support Services	P
SUD Crisis Intervention	C, CT, L

### **C = Counselors**

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

### **CT = Clinical Trainee**

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed

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Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or the applicable licensing board to participate in the practicum, clerkship or internship and provide substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

**L = Licensed Practitioner of the Healing Arts**

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered\*\* CSW, Licensed Professional Clinical Counselor (LPCC), Registered\*\* PCC, Licensed Marriage and Family Therapist(LMFT), Registered\*\* MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT)\*\*\*, and Licensed Psychiatric Technician (LPT).

**M = Medical Director of a Narcotic Treatment Program**

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

**MA = Medical Assistant**

A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician and surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner, or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

**OP = Other Qualified Provider**

An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

**P = Peer Support Specialist**

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional.

**Notes**

\* The physical examination shall be conducted by an LPHA in accordance with their scope of practice and licensure. An SUD diagnosis may only be made by an LPHA.

\*\* For a social worker candidate, a marriage and family therapist candidate, or a

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professional clinical counselor candidate, “registered” means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

\*\*\* Licensed occupational therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

## SUBSTANCE USE DISORDER TREATMENT LEVELS OF CARE

1. Intensive Outpatient Treatment Services are provided to beneficiaries when medically necessary in a structured programming environment.

Intensive Outpatient Treatment includes the following service components:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- SUD Crisis Intervention Services (as defined above)

2. Narcotic Treatment Program is an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications including methadone, buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each beneficiary as clinically necessary.

The components of the Narcotic Treatment Program are:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medical Psychotherapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- SUD Crisis Intervention Services (as defined above)

3. Outpatient Treatment Services (also known as Outpatient Drug Free or ODF) are provided to beneficiaries as medically necessary.

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Outpatient Services include the following components:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- SUD Crisis Intervention Services (as defined above)

4. Perinatal Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to pregnant and postpartum women with a substance use disorder diagnosis. Each beneficiary shall live on the premises and shall be supported in their efforts to restore and apply interpersonal and independent living skills and access community support systems. Perinatal Residential Substance Use Disorder Treatment programs shall provide a range of activities and services for pregnant and postpartum beneficiaries. Supervision shall be available day and night, seven days a week. Medically necessary rehabilitative services are provided in accordance with individualized beneficiary needs. The cost of room and board is not reimbursable under the Medi-Cal program. Facilities shall store and safeguard all residents' medications, and facility staff members may assist with resident's self-administration of medication.

The components of Perinatal Residential Substance Use Disorder Treatment are:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- Patient Education (as defined above)
- SUD Crisis Intervention Services (as defined above)

#### Assurances

The State assures that all medically necessary services coverable under 1905(a) of the Social Security Act are provided to Medicaid eligible individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, described in Social Security Act sections 1902(a)(43), 1905(a)(4)(B) and 1905(r). The State assures that substance use disorder treatment services shall be available to children and youth, as necessary to correct or ameliorate a substance use disorder or condition, as required under the provisions of Social Security Act section 1905(r)(5), regardless of their county of residence.

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

The State assures that all Medicaid program requirements regarding free choice of providers as defined in 42 CFR 431.51 shall be adhered to.

The State assures that Perinatal Residential Substance Use Disorder Services are not provided in facilities that are Institutions for Mental Diseases.

The State assures that all services involving family members or other collateral contacts are for the direct benefit of the beneficiary.



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## LIMITATION ON SERVICES

## 13.d.6 Expanded Substance Use Disorder Treatment Services

Expanded Substance Use Disorder (SUD) treatment services are provided in accordance with the Code of Federal Regulations (CFR) 440.130(d) to restore the beneficiary to their best possible functional level. All expanded SUD treatment services must be recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practice. Expanded SUD treatment services are provided by Drug Medi-Cal (DMC) certified providers and are based on medical necessity. Expanded SUD treatment services may address co-occurring mental health conditions as clinically appropriate and within the treating practitioner's scope of practice for beneficiaries who access these services to address their SUDs.

## COVERED EXPANDED SUD TREATMENT SERVICES

"Assessment" consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic, and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary. Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the "Other laboratory and X-ray services" benefit of the California Medicaid State Plan).
- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best

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possible functional level.

“Care Coordination” consists of activities to provide coordination of SUD care, mental health care, and primary care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Care Coordination can be provided in clinical or non-clinical settings and includes one or more of the following components:

- Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
- Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports.

“Family Therapy” is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the beneficiary’s recovery as well as the holistic recovery of the family system. Family members can provide social support to the beneficiary and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.

“Group Counseling” consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants.

“Individual Counseling” consists of contacts with a beneficiary. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals.

“Medical Psychotherapy” is a counseling service to treat SUDs other than OUD conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the beneficiary.

“Medication Services” includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services may include prescription or administration of medication related to mental health services for members with a co-occurring substance use disorder and mental health condition. Medication Services does not include MAT

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for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders as defined below.

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD)” includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29) and described in Supplement 7 to Attachment 3.1-A.

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders” includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs. MAT for AUD and non-opioid SUDs may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care listed below in the “Levels of Care” section. This service includes:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group counseling as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- Patient Education (as defined below)
- Recovery Services (as defined below)
- SUD Crisis Intervention Services (as defined below)
- Withdrawal Management Services (as defined below)
- Prescribing and monitoring of MAT for AUD and Other Non-Opioid Substance Use Disorders, which consists of prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT services for AUD and Other Non-Opioid Substance Use Disorders

“Patient Education” is education for the beneficiary on addiction, treatment, recovery and associated health risks.

“Peer Support Services” are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the

process of recovery. Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

Peer support services are based on an approved plan of care and can be delivered as a standalone service. Peer support services include the following service components:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

*\*Peer Support Services will be implemented and have an effective date of July 1, 2022.*

"Recovery Services" are designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level. Recovery Services emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries. Beneficiaries may receive Recovery Services based on self-assessment or provider assessment of relapse risk. Beneficiaries do not need to be diagnosed as being in remission to access Recovery Services.

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Beneficiaries may receive Recovery Services while receiving MAT services, including NTP services. Beneficiaries may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD. Recovery Services can be delivered as a standalone service, or as a service delivered as part of the levels of care listed below. Recovery Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group counseling as defined above)
- Family Therapy (as defined above)
- Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the beneficiary's SUD.
- Relapse Prevention, which includes interventions designed to teach beneficiaries with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the beneficiary's SUD.

"SUD Crisis Intervention Services" consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

"Withdrawal Management Services" are provided to beneficiaries when medically necessary for maximum reduction of the SUD symptoms and restoration of the beneficiary to their best possible functional level. Withdrawal Management Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined above)
- MAT for AUD and non-opioid SUDs (as defined above)
- Peer Support Services (as defined above)
- Observation, which is the process of monitoring the beneficiary's course of withdrawal. Observation is conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the beneficiary's health status.

## PROVIDER QUALIFICATIONS

### Provider Entities

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Expanded SUD Treatment Services are provided by DMC certified providers. DMC certified providers providing Expanded SUD Treatment Services must: 1) be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county.

### PRACTITIONER QUALIFICATIONS

<b>Expanded SUD Treatment Services</b>	<b>Practitioner Qualifications</b>
Assessment*	C, CT, L*, MA, OP
Care Coordination**	C, CT, L, MA, OP
Crisis Intervention	C, CT, L
Family Therapy	CT, L
Counseling (Individual and Group)	C, CT, L
Medical Psychotherapy	M
Medication Services	CT, L, MA
Patient Education	C, CT, L, MA, OP
Peer Support Services	P
Observation	C, CT, L, MA, OP
Recovery Services	C, CT, L, MA, OP
Prescribing and Monitoring of MAT for AUD and Other Non-Opioid Substance Use Disorders	CT, L***, MA

#### **C = Counselors**

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

#### **CT = Clinical Trainee**

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship, or internship and provide substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

#### **L = Licensed Practitioner of the Healing Arts**

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered\*\*\*\* CSW, Licensed Professional Clinical Counselor (LPCC), Registered\*\*\*\* LPCC, Licensed Marriage and Family Therapist (LMFT),

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Registered\*\*\*\* MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT)\*\*\*\*\*, and Licensed Psychiatric Technician (LPT).

**M = Medical director of a Narcotic Treatment Program**

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

**MA = Medical Assistant**

A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician and surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner, or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

**OP = Other Qualified Provider**

An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

**P = Peer Support Specialist**

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional.

**Notes**

\*The physical examination shall be conducted by an LPHA in accordance within their scope of practice and licensure. An SUD diagnosis may only be made by an LPHA.

\*\* Registered or certified counselors and other qualified providers may assist with some aspects of this service, however, a licensed provider is responsible for supervising this service component.

All personnel performing observations must complete training in withdrawal management.

\*\*\*May be provided by an LPHA within their scope of practice.

\*\*\*\* 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, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for p licensure, in accordance with applicable statutes and regulations.

\*\*\*\*\*Licensed occupational therapists meet the requirements of paragraph (2) of

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subdivision (b) of 42 CFR 440.110.

## EXPANDED SUD TREATMENT LEVELS OF CARE

1. Outpatient Treatment Services (also known as Outpatient Drug Free or ODF services) (ASAM Level 1) are provided to beneficiaries when medically necessary.

Outpatient Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid SUDs (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

2. Intensive Outpatient Treatment Services (ASAM Level 2.1) are provided to beneficiaries when medically necessary in a structured programming environment.

Intensive Outpatient Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid substance use disorders (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

3. Partial Hospitalization Services (ASAM Level 2.5) are delivered to beneficiaries when medically necessary in a clinically intensive programming environment.

Partial Hospitalization Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)

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- Counseling (individual and group as defined above)
  - Family Therapy (as defined above)
  - Medication Services (as defined above)
  - MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
  - MAT for AUD and other non-opioid SUDs (as defined above)
  - Patient Education (as defined above)
  - Recovery Services (as defined above)
  - SUD Crisis Intervention Services (as defined above)
4. Residential Treatment Services are delivered to beneficiaries when medically necessary in a, short-term treatment program corresponding to at least one of the following levels:
- Level 3.1 - Clinically Managed Low-Intensity residential Services
  - Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services
  - Level 3.5 - Clinically Managed High Intensity Residential Services
  - Level 3.7 - Medically Monitored Intensive Inpatient Services
  - Level 4.0 - Medically Managed Intensive Inpatient Services

Residential Treatment Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid SUDs (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

5. Narcotic Treatment Program is an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications to patients covered under the DMC-ODS formulary including methadone, buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each beneficiary as clinically necessary.

Narcotic Treatment Program Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medical Psychotherapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)

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- MAT for AUD and other non-opioid substance use disorders (as defined above)
  - Patient Education (as defined above)
  - Recovery Services (as defined above)
  - SUD Crisis Intervention Services (as defined above)
6. Withdrawal Management Services are provided to beneficiaries experiencing withdrawal in the following outpatient and residential settings:
- Level 1-WM: Ambulatory withdrawal management without extended on-site monitoring (Mild withdrawal with daily or less than daily outpatient supervision)
  - Level 2-WM: Ambulatory withdrawal management with extended on-site monitoring (Moderate withdrawal with daytime withdrawal management and support and supervision in a non-residential setting)
  - Level 3.2-WM: Clinically managed residential withdrawal management (24-hour support for moderate withdrawal symptoms that are not manageable in outpatient setting)
  - Level 3.7-WM: Medically Managed Inpatient Withdrawal Management (24-hour care for severe withdrawal symptoms requiring 24-hour nursing care and physician visits)
  - Level 4-WM: Medically managed intensive inpatient withdrawal management (Severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability)

Withdrawal Management Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid SUDs (as defined above)
- Observation (as defined above)
- Recovery Services (as defined above)

### Assurances

The State assures that all medically necessary services coverable under 1905(a) of the Social Security Act are provided to Medicaid eligible individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, described in Social Security Act sections 1902(a)(43), 1905(a)(4)(B) and 1905(r). The State assures that substance use disorder treatment services shall be available to children and youth, as necessary to correct or ameliorate a substance use disorder or condition, as required under the provisions of

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Social Security Act section 1905(r)(5), regardless of their county of residence.

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

Expanded SUD treatment services are provided subject to the terms of the State's approved Section 1915(b) Waiver Proposal for California Advancing and Innovating Medi-Cal (CalAIM) or subsequent waiver program, including any approved waiver of statewideness, comparability and/or freedom-of-choice that enables the State to limit Expanded SUD treatment services to the Drug Medi-Cal Organized Delivery System to counties that contract with the State to provide expanded SUD treatment services, except in the case of individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and the requirements of the provisions of Social Security Act sections cited above, including 1905(r)(5).

The State assures that all Medicaid program requirements that have not been waived in the Section 1915(b) Waiver Proposal for CalAIM or subsequent waiver program shall be adhered to, including all EPSDT Medicaid requirements.

The state assures that Residential Treatment Services are not covered when provided in facilities that are Institutions for Mental Diseases unless expressly authorized under the State's approved Section 1115 Demonstration Waiver or as otherwise consistent with federal law.

The state assures that all services involving family members or other collateral contacts are for the direct benefit of the beneficiary.

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## LIMITATION ON SERVICES

## 13.d.7 Community-Based Mobile Crisis Intervention Services

Community-based mobile crisis intervention services are covered as a Rehabilitative Mental Health Service, Substance Use Disorder (SUD) Treatment Service, and Expanded SUD Treatment Service.

Community-based mobile crisis intervention services (“mobile crisis services”) provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a mental health and/or SUD (“behavioral health”) crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. Mobile crisis services include warm handoffs to appropriate settings and providers when the beneficiary requires additional stabilization and/or treatment services; coordination with and referrals to appropriate health, social and other services and supports, as needed, and short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care. Mobile crisis services are directed toward the beneficiary in crisis, but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral’s participation is to assist the beneficiary in addressing their behavioral health crisis and restoring the beneficiary to the highest possible functional level.

Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the individual is experiencing the behavioral health crisis. Locations may include, but are not limited to, the individual’s home, school or workplace, on the street, or where an individual socializes. Mobile crisis services cannot be provided in hospitals or other facility settings. Mobile crisis services must be available to beneficiaries experiencing behavioral health crises 24 hours a day, 7 days a week, and 365 days a year.

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**Service Components**

Mobile crisis teams must be able to perform all mobile crisis service components. Service components include:

- **Crisis assessment** to evaluate the current status and environment of the beneficiary experiencing the behavioral health crisis with the goal of mitigating any immediate risk of danger, determining a short-term strategy for restoring stability, and identifying appropriate follow-up care.
- **Mobile crisis response** consisting of an expedited on-site intervention with a beneficiary experiencing a behavioral health crisis with the goal of stabilizing the individual within a community setting and de-escalating the crisis.
- **Crisis planning** to develop a plan to avert future crises, including identifying conditions and factors that contribute to a crisis, reviewing alternative ways of responding to such conditions and factors, and identifying steps that the beneficiary can take to avert or address a crisis.
- **Facilitation of a warm handoff** if the beneficiary requires urgent treatment in an alternative setting. The mobile crisis team must identify an appropriate facility or provider, and provide or arrange for transportation, as needed.
- **Referrals to ongoing supports** by identifying and connecting a beneficiary to ongoing behavioral health treatment, community-based supports, social services, and/or other supports that could mitigate the risk of future crises. This may include identifying appropriate services, making referrals or appointments, and otherwise assisting a beneficiary to secure ongoing support.
- **Follow up check-ins** to continue resolution of the crisis, provide further crisis planning, check on the status of referrals, and provide further referrals to ongoing supports.

**Mobile Crisis Team Requirements and Provider Qualifications**

Mobile crisis services are provided by a multidisciplinary Mobile Crisis Team. All members of the Mobile Crisis Team must meet the State's training requirements. Mobile crisis teams must include at least two behavioral health professionals as listed in Table 1 below, including at least one provider who is qualified to provide a crisis assessment, in accordance with their permitted scope of practice under California law. Any team member included in Table 1 below that has been trained to conduct a crisis assessment in accordance with the Department of Health Care Services' training requirements may provide the crisis assessment.

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**Table 1. Qualified Mobile Crisis Team Members by Delivery System**

<b>Rehabilitative Mental Health Treatment Providers*</b>	<b>SUD Treatment Providers**</b>	<b>Expanded SUD Treatment Providers**</b>	<b>Other Provider Types***</b>
<ul style="list-style-type: none"> <li>• Physician</li> <li>• Psychologist</li> <li>• Waivered Psychologist</li> <li>• Licensed Clinical Social Worker</li> <li>• Waivered/Registered Clinical Social Worker</li> <li>• Licensed Professional Clinical Counselor</li> <li>• Waivered/Registered Professional Clinical Counselor</li> <li>• Marriage and Family Therapist</li> <li>• Waivered/Registered Marriage and Family Therapist</li> <li>• Registered Nurse</li> <li>• Certified Nurse Specialist</li> <li>• Licensed Vocational Nurse</li> <li>• Psychiatric Technician</li> <li>• Mental Health Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed Practitioner of the Healing Arts (LPHA)</li> <li>• AOD Counselor</li> <li>• Peer Support Specialist</li> <li>• Clinical Trainee</li> <li>• Medical Assistant</li> <li>• Other Qualified Provider</li> </ul>	<ul style="list-style-type: none"> <li>• LPHA</li> <li>• AOD Counselor</li> <li>• Peer Support Specialist</li> <li>• Clinical Trainee</li> <li>• Medical Assistant</li> <li>• Other Qualified Provider</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health Workers as defined in the Community Health Worker Services preventive services benefit.</li> <li>• Emergency Medical Technicians. Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements.</li> <li>• Advanced Emergency Medical Technicians. Advanced Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements. Paramedics.</li> </ul>

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<ul style="list-style-type: none"> <li>Specialist</li> <li>Physician Assistant</li> <li>Nurse Practitioner</li> <li>Pharmacist</li> <li>Occupational Therapist</li> <li>Other Qualified Provider</li> <li>Peer Support Specialist</li> <li>Clinical Trainee</li> <li>Medical Assistant</li> <li>AOD Counselor</li> </ul>			Paramedics must be licensed in accordance with applicable State of California licensure requirements. <ul style="list-style-type: none"> <li>Community Paramedics. Community paramedics must be licensed, certified, and accredited in accordance with applicable State of California licensure requirements.</li> </ul>
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\*Defined in the “Provider Qualifications” subsection of the “Rehabilitative Mental Health Services” section of this supplement. Rehabilitative Mental Health Treatment 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.

\*\*Defined in the “Provider Qualifications” subsection of the “SUD Treatment” and “Expanded SUD Treatment” sections of this supplement. SUD and Expanded SUD Treatment services are provided by DMC certified providers that: 1) are licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county or the Department of Health Care Services.

\*\*\*Other Provider Types are eligible to participate on mobile crisis teams delivering Rehabilitative Mental Health Treatment, SUD Treatment, or Expanded SUD Treatment services as defined above.

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**Limitations**

In accordance with Section 1947(b)(1)(A) of the Social Security Act (Title 42 of the United States Code section 1396w- 6(b)(1)(A)), added by Section 9813 of the American Rescue Plan Act, and applicable CMS guidance, mobile crisis services cannot be provided to beneficiaries in a hospital or other facility setting.

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LIMITATION ON SERVICES

## 13.d.4.Rehabilitative Mental Health Services

Rehabilitative Mental Health Services are provided through a specialty mental health delivery system available to Medicaid (Medi-Cal) beneficiaries who meet State criteria for access to the specialty mental health services delivery system. Rehabilitative Mental Health Services are provided in accordance with the 42 Code of Federal Regulation (CFR) Part 440.130(d). Rehabilitative Mental Health Services are recommended by a physician and other licensed mental health professional within the scope of their 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, and 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. Rehabilitative Mental Health Services may address co-occurring substance use disorders as clinically appropriate and within the treating practitioner's scope of practice for beneficiaries who access these services to address their mental health conditions.

## COVERED REHABILITATIVE MENTAL HEALTH TREATMENT SERVICES

"Member" and "Beneficiary" means the person who is eligible to receive Medi-Cal benefits.

"Assessment" is a service activity designed to collect information and evaluate the current status of a beneficiary's mental, emotional, or behavioral health to determine whether Rehabilitative Mental Health Services are medically necessary and to recommend or update a course of treatment for that beneficiary. Assessments shall be conducted and documented in accordance with applicable State and Federal statutes, regulations, and standards.

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“Employment and Education Support Services” support recovery by assisting members in managing their mental health conditions in vocational or educational settings. Services support members to function in the community and help reduce the risk of psychiatric hospitalization and emergency room visits, residential treatment, involvement with the criminal justice system, substance use, and homelessness.

Employment and Education Support Services may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

Employment and Education Support Services include one or more of the following service components:

- Employment Support Services that support a member with managing their mental health condition and addressing challenges as they work to restore, maintain and/or sustain employment.
- Education Support Services that support a member with managing their mental health condition and addressing challenges that occur in educational settings.

Limitations: Employment and Education Support Services do not include vocational or educational placement or skills training that are not directly related to assisting the member with managing their mental health condition.

“Medication Support Services” include prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of behavioral health conditions. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication support services may include prescription, dispensing, monitoring, or administration of medication related to substance use disorder services for members with a co-occurring mental health condition and substance use disorder. Medication support services may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the member.

Medication support services may be provided face-to-face, by telephone or by telehealth and may be provided anywhere in the community. Medication support services may be delivered as a standalone service or as a component of crisis stabilization.

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

- Evaluation of the need for medication
- Evaluation of clinical effectiveness and side effects
- Medication education including instruction in the use, risks and benefits of and alternatives for medication
- Treatment Planning

Limitations: The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours. -Members may receive additional services in other levels of care if additional medication management is needed.

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

“Peer Support Services” are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

Peer support services are based on an approved plan of care and may be delivered as a standalone service. Peer support services include one or more of the following service components:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions and supporting beneficiaries in developing their own recovery

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- goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

Limitations: Peer support services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

"Psychosocial Rehabilitation" is a recovery or resiliency focused service activity which addresses a mental health need. This service activity provides assistance in restoring, improving, and/or preserving a member'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 member. Psychosocial rehabilitation includes assisting members to develop coping skills by using a group process to provide peer interaction and feedback in developing problem-solving strategies. In addition, psychosocial rehabilitation includes therapeutic interventions that utilize self-expression such as art, recreation, dance or music as a modality to develop or enhance skills. These therapeutic interventions assist the member in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Psychosocial rehabilitation also includes support resources, and/or medication education, and/or psychoeducation. Psychoeducation assists members to recognize the symptoms of their mental health condition to prevent, manage or reduce such symptoms. Psychosocial Rehabilitation, including psychoeducation, may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member. Psychosocial rehabilitation may be provided to a member or a group of members.

"Referral and Linkages" are services and supports to connect a beneficiary with primary care, specialty medical care, substance use disorder treatment providers, mental health providers, and community-based services and supports. This includes identifying appropriate resources, making appointments, and assisting a beneficiary with a warm handoff to obtain ongoing support.

"Therapy" is 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,

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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.

“Treatment Planning” is a service activity to develop or update a beneficiary’s course of treatment, documentation of the recommended course of treatment, and monitoring a beneficiary’s progress.

## REHABILITATIVE MENTAL HEALTH SERVICES

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 include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Mental health services may be provided face-to-face, by telephone or by telehealth and may be provided anywhere in the community.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

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2. Day Treatment Intensive is a structured, multi-disciplinary program which provides services to a distinct group of individuals. 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. Day treatment intensive is a program that lasts less than 24 hours each day. Day treatment intensive may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary. Day treatment intensive services must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

3. Day Rehabilitation is a structured program which provides services to a distinct group of individuals. 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. Day rehabilitation may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Day rehabilitation services must have a clearly established site for services although all services need not to be delivered at that site and some service components may be delivered through telehealth or telephone.

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

- Assessment
- Treatment Planning
- Therapy

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- Psychosocial Rehabilitation

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.

4. 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 include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Crisis intervention may be provided face-to-face, by telephone or by telehealth 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
- Therapy
- Referral and Linkages

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. Beneficiaries may receive additional services in other levels of care to address a crisis that cannot be resolved through crisis intervention services.

5. 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.

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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 and some service components may be delivered through telehealth or telephone. 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. Crisis stabilization may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

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
- Therapy
- Crisis Intervention
- Medication Support Services
- Referral and Linkages

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 23 hours. Beneficiaries may receive additional services in other levels of care to address a crisis that cannot be resolved by crisis stabilization.

6. Adult Residential Treatment Services are recovery focused rehabilitative services, provided in a non-institutional, residential setting, for

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beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program.

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 must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone.

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.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

7. 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 is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

Crisis residential treatment services must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or

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telephone. 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.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation
- Crisis Intervention

Limitations: Crisis residential treatment services are not reimbursable on days when the following services 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.

8. Psychiatric Health Facility Services are therapeutic and/or rehabilitative provided in a psychiatric health facility licensed by the Department of Health Care Services. Psychiatric health facilities are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders. Psychiatric health facility services may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Services are provided in a psychiatric health facility under a multidisciplinary model and some service components may be delivered through telehealth or telephone. 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 the following service components:

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- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation
- Crisis Intervention

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.

Psychiatric health facility services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

9. Assertive Community Treatment (ACT) is a service for members with complex and significant mental health needs. ACT supports recovery through an assertive, person-centered approach that assists members to cope with the symptoms of their mental health condition and acquire the skills necessary to function and be integrated in the community.

ACT is a community-based, multidisciplinary team-based service. ACT may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

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

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment Planning

10. Coordinated Specialty Care (CSC) is a service for members experiencing a first episode of psychosis. CSC addresses the symptoms of psychosis to reduce the risk of psychiatric hospitalization, emergency room visits,

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residential treatment, involvement with the criminal justice system, substance use, and homelessness. CSC is a person-centered service that helps members cope with the symptoms of their mental health condition and to function and remain integrated in the community.

CSC is a community-based, multidisciplinary team-based service. CSC may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

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

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment Planning

11. Clubhouse Services are an intentional, strengths-focused community-based service to support recovery from a mental health condition. Clubhouse Services use a social practice model, in which members voluntarily participate in clubhouse activities and duties alongside providers trained in the model.

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

- Employment and Education Support Services
- Medication Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Treatment Planning

## 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; and sign a provider agreement

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with a county mental health plan.

Rehabilitative Mental Health Treatment Services are provided by or under the direction of (for those providers that may direct services) the following mental health providers functioning within the scope of their professional license and applicable state law. “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. An individual directing a service is not required to be physically present at the service site to exercise direction (unless otherwise required by state law). 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 waived psychologist; a licensed, waived or registered social worker; a licensed, waived or registered marriage and family therapist; a licensed, waived or registered professional clinical counselor; a registered nurse (including a certified nurse specialist, or a nurse practitioner); or a licensed occupational therapist<sup>1</sup>. All providers of Rehabilitative Mental Health Services must act within the scope of their professional license and applicable state law.

#### PRACTITIONER QUALIFICATIONS

<b>Rehabilitative Mental Health Treatment Services</b>	<b>Provider Qualifications</b>
Assessment	C, L, M, PA, Ph, OP, MA, CT
Employment and Education Support Services	C, L, M, PA, Ph, OP, MA, CT
Medication Support Services	CT, L, MA, PA, Ph
Peer Support Services	P
Psychosocial Rehabilitation	C, L, M, PA, Ph, OP, MA, CT
Referral and Linkages	C, L, M, PA, Ph, OP, MA, CT
Therapy	L, CT
Treatment Planning	C, L, M, PA, Ph, OP, MA, CT

C = Counselor

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

CT = Clinical Trainee

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Mental Health Professional, Pharmacist, or Physician Assistant; is participating in a

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<sup>1</sup> Licensed occupational therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

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practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services, including, but not limited to, all coursework and supervised practice requirements.

**L = Licensed Mental Health Professional**

A Licensed Mental Health Professional includes any of the following providers who are licensed in accordance with applicable State of California licensure requirements: licensed physicians; licensed psychologists (includes waived psychologists); licensed clinical social workers (includes waived or registered clinical social workers); licensed professional clinical counselors (includes waived or registered professional clinical counselors); licensed marriage and family therapists (includes waived or registered marriage and family therapists); registered nurses (includes certified nurse specialists and nurse practitioners); licensed vocational nurses; licensed psychiatric technicians; and licensed

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.

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, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by 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.

**M = Mental Health Rehabilitation Specialist**

A mental health rehabilitation specialist is 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.

**MA = Medical Assistant**

A medical assistant is an individual who is at least 18 years of age, meets all applicable

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education, training and/or certification requirements, and provides administrative, clerical, and technical supportive services, according to their scope of practice, and provides services under the supervision of a licensed physician and surgeon as established by the corresponding state authority, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

P = Peer Support Specialist

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional.

\*Peer Support Services will be implemented and have an effective date of July 1, 2022.

PA = Physician Assistant

A physician assistant must be licensed in accordance with applicable State of California licensure requirements.

Ph = Pharmacist

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

OP = Other Qualified Provider

An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

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)

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State/Territory: California

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

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## LIMITATION ON SERVICES

## 13.d.5 Substance Use Disorder Treatment Services

Substance use disorder (SUD) treatment services are provided in accordance with the Code of Federal Regulations (CFR) 440.130(d) to restore the beneficiary to their best possible functional level. All SUD treatment services must be recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practice. SUD treatment services are based on medical necessity.

Services that involve the participation of a non-Medicaid eligible are for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service. These services are marked with an \*. SUD treatment services may address co-occurring mental health conditions as clinically appropriate and within the treating practitioner's scope of practice for beneficiaries who access these services to address their SUDs.

## COVERED SUD TREATMENT SERVICES

"Assessment" consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary. Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory

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testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the “Other laboratory and X-ray services” benefit of the California Medicaid State Plan).

- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary’s needs, planned interventions and to address and monitor a beneficiary’s progress and restoration of a beneficiary to their best possible functional level.

“Group Counseling” means a contact with multiple beneficiaries at the same time. Group counseling shall focus on the needs of the participants. Group counseling shall be provided to a group that includes at least 2 and no more than 12 participants.

“Individual Counseling” means a contact with a beneficiary. Individual counseling also includes a contact between a beneficiary, substance use disorder treatment professional, and one or more collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals. Individual counseling also includes preparing the beneficiary to live in the community and providing linkages to treatment and services available in the community.

“Medical Psychotherapy” means a type of counseling service to treat SUDs other than Opioid Use Disorders (OUD) conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the beneficiary.

“Medication Services” means the prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services may include prescription or administration of medication related to mental health services for members with a co-occurring substance use disorder and mental health condition. Medication Services does not include MAT to treat Opioid Use Disorders as defined below.

“Medications for Addiction Treatment ( also known as medication assisted treatment ( MAT)) for Opioid Use Disorders (OUD)” includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section

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1905(a)(29) and described in Supplement to Attachment 3.1-A. "Patient Education" is education for the beneficiary on addiction, treatment, recovery and associated health risks.

"\*Peer Support Services" are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

Peer support services are based on an approved plan of care and can be delivered as a standalone service. Peer support services include the following service components:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary,

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family members, or significant support persons.

*\*Peer Support Services will be implemented and have an effective date of July 1, 2022.*

“SUD Crisis Intervention Services” consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

## PROVIDER QUALIFICATIONS

### Provider Entities

SUD Treatment Services are provided by DMC certified providers. DMC certified providers providing SUD Treatment Services must: 1) be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county or the Department of Health Care Services.

SUD Treatment Services	Practitioner Qualifications
Assessment*	C, CT, L*, MA, OP
Counseling (Individual and Group)	C, CT, L
Medical Psychotherapy	M
Medication Services	CT, L, MA
Patient Education	C, CT, L, MA, OP
Peer Support Services	P
SUD Crisis Intervention	C, CT, L

### **C = Counselors**

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

### **CT = Clinical Trainee**

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Practitioner of the Healing Arts; is participating in

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a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or the applicable licensing board to participate in the practicum, clerkship or internship and provide substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

**L = Licensed Practitioner of the Healing Arts**

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered\*\* CSW, Licensed Professional Clinical Counselor (LPCC), Registered\*\* PCC, Licensed Marriage and Family Therapist(LMFT), Registered\*\* MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT)\*\*\*, and Licensed Psychiatric Technician (LPT).

**M = Medical Director of a Narcotic Treatment Program**

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

**MA = Medical Assistant**

A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician and surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner, or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

**OP = Other Qualified Provider**

An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

**P = Peer Support Specialist**

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional.

**Notes**

\* The physical examination shall be conducted by an LPHA in accordance with their scope of practice and licensure. An SUD diagnosis may only be

made by an LPHA.

\*\* 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, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

\*\*\* Licensed occupational therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

## SUBSTANCE USE DISORDER TREATMENT LEVELS OF CARE

1. Intensive Outpatient Treatment Services are provided to beneficiaries when medically necessary in a structured programming environment.

Intensive Outpatient Treatment includes the following service components:

- Assessment (as defined above)
  - Individual Counseling (as defined above)
  - Group Counseling (as defined above)
  - Patient Education (as defined above)
  - Medication Services (as defined above)
  - MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
  - SUD Crisis Intervention Services (as defined above)
2. Narcotic Treatment Program is an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications including methadone, buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each beneficiary as clinically necessary.

The components of the Narcotic Treatment Program are:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medical Psychotherapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
- SUD Crisis Intervention Services (as defined above)

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3. Outpatient Treatment Services (also known as Outpatient Drug Free or ODF) are provided to beneficiaries as medically necessary.

Outpatient Services include the following components:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
- SUD Crisis Intervention Services (as defined above)

4. Perinatal Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to pregnant and postpartum women with a substance use disorder diagnosis. Each beneficiary shall live on the premises and shall be supported in their efforts to restore and apply interpersonal and independent living skills and access community support systems. Perinatal Residential Substance Use Disorder Treatment programs shall provide a range of activities and services for pregnant and postpartum beneficiaries. Supervision shall be available day and night, seven days a week. Medically necessary rehabilitative services are provided in accordance with individualized beneficiary needs. The cost of room and board is not reimbursable under the Medi-Cal program. Facilities shall store and safeguard all residents' medications, and facility staff members may assist with resident's self-administration of medication.

The components of Perinatal Residential Substance Use Disorder Treatment are:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
- Patient Education (as defined above)
- SUD Crisis Intervention Services (as defined above)

#### Assurances

The State assures that all medically necessary services coverable under 1905(a) of the Social Security Act are provided to Medicaid eligible individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, described in Social Security Act sections 1902(a)(43), 1905(a)(4)(B) and 1905(r). The State assures that substance use disorder treatment services shall be

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available to children and youth, as necessary to correct or ameliorate a substance use disorder or condition, as required under the provisions of Social Security Act section 1905(r)(5), regardless of their county of residence.

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

The State assures that all Medicaid program requirements regarding free choice of providers as defined in 42 CFR 431.51 shall be adhered to.

The State assures that Perinatal Residential Substance Use Disorder Services are not provided in facilities that are Institutions for Mental Diseases.

The State assures that all services involving family members or other collateral contacts are for the direct benefit of the beneficiary.

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## LIMITATION ON SERVICES

## 13.d.6 Expanded Substance Use Disorder Treatment Services

Expanded Substance Use Disorder (SUD) treatment services are provided in accordance with the Code of Federal Regulations (CFR) 440.130(d) to restore the beneficiary to their best possible functional level. All expanded SUD treatment services must be recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practice. Expanded SUD treatment services are provided by Drug Medi-Cal (DMC) certified providers and are based on medical necessity. Expanded SUD treatment services may address co-occurring mental health conditions as clinically appropriate and within the treating practitioner's scope of practice for beneficiaries who access these services to address their SUDs.

## COVERED EXPANDED SUD TREATMENT SERVICES

"Assessment" consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic, and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary. Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the "Other laboratory and X-ray services" benefit of the California Medicaid State Plan).
- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best

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possible functional level.

“Care Coordination” consists of activities to provide coordination of SUD care, mental health care, and primary care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Care Coordination can be provided in clinical or non-clinical settings and includes one or more of the following components:

- Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
- Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports.

“Family Therapy” is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the beneficiary’s recovery as well as the holistic recovery of the family system. Family members can provide social support to the beneficiary and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.

“Group Counseling” consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants.

“Individual Counseling” consists of contacts with a beneficiary. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

“Medical Psychotherapy” is a counseling service to treat SUDs other than OUD conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the beneficiary.

“Medication Services” includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services may include prescription or administration of medication related to mental health services for members with a co-occurring substance use disorder and mental health condition. Medication Services does not include MAT

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for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders as defined below.

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD)” includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29) and described in Supplement 7 to Attachment 3.1-B.

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders” includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs. MAT for AUD and non-opioid SUDs may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care listed below in the “Levels of Care” section. This service includes:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group counseling as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- Patient Education (as defined below)
- Recovery Services (as defined below)
- SUD Crisis Intervention Services (as defined below)
- Withdrawal Management Services (as defined below)
- Prescribing and monitoring of MAT for AUD and Other Non-Opioid Substance Use Disorders, which consists of prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT services for AUD and Other Non-Opioid Substance Use Disorders

“Patient Education” is education for the beneficiary on addiction, treatment, recovery and associated health risks.

“Peer Support Services” are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided with the

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beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

Peer support services are based on an approved plan of care and can be delivered as a standalone service. Peer support services include the following service components:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

*\*Peer Support Services will be implemented and have an effective date of July 1, 2022.*

"Recovery Services" are designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level. Recovery Services emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries. Beneficiaries may receive Recovery Services based on self-assessment or provider assessment of relapse risk. Beneficiaries do not need to be diagnosed as being in remission to access Recovery Services.

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Beneficiaries may receive Recovery Services while receiving MAT services, including NTP services. Beneficiaries may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD. Recovery Services can be delivered as a standalone service, or as a service delivered as part of the levels of care listed below. Recovery Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group counseling as defined above)
- Family Therapy (as defined above)
- Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the beneficiary's SUD.
- Relapse Prevention, which includes interventions designed to teach beneficiaries with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the beneficiary's SUD.

"SUD Crisis Intervention Services" consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

"Withdrawal Management Services" are provided to beneficiaries when medically necessary for maximum reduction of the SUD symptoms and restoration of the beneficiary to their best possible functional level. Withdrawal Management Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined above)
- MAT for AUD and non-opioid SUDs (as defined above)
- Peer Support Services (as defined above)
- Observation, which is the process of monitoring the beneficiary's course of withdrawal. Observation is conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the beneficiary's health status.

## PROVIDER QUALIFICATIONS

## Provider Entities

Expanded SUD Treatment Services are provided by DMC certified providers. DMC certified providers providing Expanded SUD Treatment Services must: 1) be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county.

Practitioner Qualifications

<b>Expanded SUD Treatment Services</b>	<b>Practitioner Qualifications</b>
Assessment*	C, CT, L*, MA, OP
Care Coordination**	C, CT, L, MA, OP
Crisis Intervention	C, CT, L
Family Therapy	CT, L
Counseling (Individual and Group)	C, CT, L
Medical Psychotherapy	M
Medication Services	CT, L, MA
Patient Education	C, CT, L, MA, OP
Peer Support Services	P
Observation	C, CT, L, MA, OP
Recovery Services	C, CT, L, MA, OP
Prescribing and Monitoring of MAT for AUD and Other Non-Opioid Substance Use Disorders	CT, L***, MA

**C = Counselors**

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

**CT = Clinical Trainee**

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship, or internship and

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provide substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

**L = Licensed Practitioner of the Healing Arts**

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered\*\*\*\* CSW, Licensed Professional Clinical Counselor (LPCC), Registered\*\*\*\* LPCC, Licensed Marriage and Family Therapist (LMFT), Registered\*\*\*\* MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT)\*\*\*\*\*, and Licensed Psychiatric Technician (LPT).

**M = Medical director of a Narcotic Treatment Program**

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

**MA = Medical Assistant**

A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician and surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner, or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

**OP = Other Qualified Provider**

An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

**P = Peer Support Specialist**

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional.

**Notes**

\*The physical examination shall be conducted by an LPHA in accordance within their scope of practice and licensure. An SUD diagnosis may only be made by an LPHA.

\*\* Registered or certified counselors and other qualified providers may

assist with some aspects of this service, however, a licensed provider is responsible for supervising this service component.

All personnel performing observations must complete training in withdrawal management.

\*\*\*May be provided by an LPHA within their scope of practice.

\*\*\*\* 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, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

\*\*\*\*\*Licensed occupational therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

## EXPANDED SUD TREATMENT LEVELS OF CARE

1. Outpatient Treatment Services (also known as Outpatient Drug Free or ODF services) (ASAM Level 1) are provided to beneficiaries when medically necessary.

Outpatient Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
- MAT for AUD and other non-opioid SUDs (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

2. Intensive Outpatient Treatment Services (ASAM Level 2.1) are provided to beneficiaries when medically necessary in a structured programming environment.

Intensive Outpatient Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
- MAT for AUD and other non-opioid substance use disorders (as

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- defined above)
  - Patient Education (as defined above)
  - Recovery Services (as defined above)
  - SUD Crisis Intervention Services (as defined above)
3. Partial Hospitalization Services (ASAM Level 2.5) are delivered to beneficiaries when medically necessary in a clinically intensive programming environment.  
Partial Hospitalization Services include the following services:
- Assessment (as defined above)
  - Care Coordination (as defined above)
  - Counseling (individual and group as defined above)
  - Family Therapy (as defined above)
  - Medication Services (as defined above)
  - MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
  - MAT for AUD and other non-opioid SUDs (as defined above)
  - Patient Education (as defined above)
  - Recovery Services (as defined above)
  - SUD Crisis Intervention Services (as defined above)
4. Residential Treatment Services are delivered to beneficiaries when medically necessary in a, short-term treatment program corresponding to at least one of the following levels:
- Level 3.1 - Clinically Managed Low-Intensity residential Services
  - Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services
  - Level 3.5 - Clinically Managed High Intensity Residential Services
  - Level 3.7 - Medically Monitored Intensive Inpatient Services
  - Level 4.0 - Medically Managed Intensive Inpatient Services
- Residential Treatment Services include the following services:
- Assessment (as defined above)
  - Care Coordination (as defined above)
  - Counseling (individual and group as defined above)
  - Family Therapy (as defined above)
  - Medication Services (as defined above)
  - MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
  - MAT for AUD and other non-opioid SUDs (as defined above)
  - Patient Education (as defined above)
  - Recovery Services (as defined above)
  - SUD Crisis Intervention Services (as defined above)
5. Narcotic Treatment Program is an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications to patients covered under the DMC-ODS formulary including methadone,

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buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each beneficiary as clinically necessary.

Narcotic Treatment Program Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medical Psychotherapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
- MAT for AUD and other non-opioid substance use disorders (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

6. Withdrawal Management Services are provided to beneficiaries experiencing withdrawal in the following outpatient and residential settings:

- Level 1-WM: Ambulatory withdrawal management without extended on-site monitoring (Mild withdrawal with daily or less than daily outpatient supervision)
- Level 2-WM: Ambulatory withdrawal management with extended on-site monitoring (Moderate withdrawal with daytime withdrawal management and support and supervision in a non-residential setting)
- Level 3.2-WM: Clinically managed residential withdrawal management (24-hour support for moderate withdrawal symptoms that are not manageable in outpatient setting)
- Level 3.7-WM: Medically Managed Inpatient Withdrawal Management (24-hour care for severe withdrawal symptoms requiring 24-hour nursing care and physician visits)
- Level 4-WM: Medically managed intensive inpatient withdrawal management (Severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability)

Withdrawal Management Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-B)
- MAT for AUD and other non-opioid SUDs (as defined above)
- Observation (as defined above)
- Recovery Services (as defined above)

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Assurances

The State assures that all medically necessary services coverable under 1905(a) of the Social Security Act are provided to Medicaid eligible individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, described in Social Security Act sections 1902(a)(43), 1905(a)(4)(B) and 1905(r). The State assures that substance use disorder treatment services shall be available to children and youth, as necessary to correct or ameliorate a substance use disorder or condition, as required under the provisions of Social Security Act section 1905(r)(5), regardless of their county of residence.

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

Expanded SUD treatment services are provided subject to the terms of the State's approved Section 1915(b) Waiver Proposal for California Advancing and Innovating Medi-Cal (CalAIM) or subsequent waiver program, including any approved waiver of statewideness, comparability and/or freedom-of-choice that enables the State to limit Expanded SUD treatment services to the Drug Medi-Cal Organized Delivery System to counties that contract with the State to provide expanded SUD treatment services, except in the case of individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and the requirements of the provisions of Social Security Act sections cited above, including 1905(r)(5).

The State assures that all Medicaid program requirements that have not been waived in the Section 1915(b) Waiver Proposal for CalAIM or subsequent waiver program shall be adhered to, including all EPSDT Medicaid requirements.

The state assures that Residential Treatment Services are not covered when provided in facilities that are Institutions for Mental Diseases unless expressly authorized under the State's approved Section 1115 Demonstration Waiver or as otherwise consistent with federal law.

The state assures that all services involving family members or other collateral contacts are for the direct benefit of the beneficiary.

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LIMITATION ON SERVICES

13.d.7 Community-Based Mobile Crisis Intervention Services

Community-based mobile crisis intervention services are covered as a Rehabilitative Mental Health Service, Substance Use Disorder (SUD) Treatment Service, and Expanded SUD Treatment Service.

Community-based mobile crisis intervention services (“mobile crisis services”) provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a mental health and/or SUD (“behavioral health”) crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. Mobile crisis services include warm handoffs to appropriate settings and providers when the beneficiary requires additional stabilization and/or treatment services; coordination with and referrals to appropriate health, social and other services and supports, as needed, and short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care. Mobile crisis services are directed toward the beneficiary in crisis, but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral’s participation is to assist the beneficiary in addressing their behavioral health crisis and restoring the beneficiary to the highest possible functional level.

Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the individual is experiencing the behavioral health crisis. Locations may include, but are not limited to, the individual’s home, school or workplace, on the street, or where an individual socializes. Mobile crisis services cannot be provided in hospitals or other facility settings. Mobile crisis services must be available to beneficiaries experiencing behavioral health crises 24 hours a day, 7 days a week, and 365 days a year.



**Service Components**

Mobile crisis teams must be able to perform all mobile crisis service components. Service components include:

- **Crisis assessment** to evaluate the current status and environment of the beneficiary experiencing the behavioral health crisis with the goal of mitigating any immediate risk of danger, determining a short-term strategy for restoring stability, and identifying appropriate follow-up care.
- **Mobile crisis response** consisting of an expedited on-site intervention with a beneficiary experiencing a behavioral health crisis with the goal of stabilizing the individual within a community setting and de-escalating the crisis.
- **Crisis planning** to develop a plan to avert future crises, including identifying conditions and factors that contribute to a crisis, reviewing alternative ways of responding to such conditions and factors, and identifying steps that the beneficiary can take to avert or address a crisis.
- **Facilitation of a warm handoff** if the beneficiary requires urgent treatment in an alternative setting. The mobile crisis team must identify an appropriate facility or provider, and provide or arrange for transportation, as needed.
- **Referrals to ongoing supports** by identifying and connecting a beneficiary to ongoing behavioral health treatment, community-based supports, social services, and/or other supports that could mitigate the risk of future crises. This may include identifying appropriate services, making referrals or appointments, and otherwise assisting a beneficiary to secure ongoing support.
- **Follow up check-ins** to continue resolution of the crisis, provide further crisis planning, check on the status of referrals, and provide further referrals to ongoing supports.

**Mobile Crisis Team Requirements and Provider Qualifications**

Mobile crisis services are provided by a multidisciplinary Mobile Crisis Team. All members of the Mobile Crisis Team must meet the State's training requirements. Mobile crisis teams must include at least two behavioral health professionals as listed in Table 1 below, including at least one provider who is qualified to provide a crisis assessment, in accordance with their permitted scope of practice under California law. Any team member included in Table 1 below that has been trained to conduct a crisis assessment in accordance with the Department of Health Care Services' training requirements may provide the crisis assessment.

**Table 1. Qualified Mobile Crisis Team Members by Delivery System**

<b>Rehabilitative Mental Health Treatment Providers*</b>	<b>SUD Treatment Providers**</b>	<b>Expanded SUD Treatment Providers**</b>	<b>Other Provider Types***</b>
<ul style="list-style-type: none"> <li>• Physician</li> <li>• Psychologist</li> <li>• Waivered Psychologist</li> <li>• Licensed Clinical Social Worker</li> <li>• Waivered/Registered Clinical Social Worker</li> <li>• Licensed Professional Clinical Counselor</li> <li>• Waivered/Registered Professional Clinical Counselor</li> <li>• Marriage and Family Therapist</li> <li>• Waivered/Registered Marriage and Family Therapist</li> <li>• Registered Nurse</li> <li>• Certified Nurse Specialist</li> <li>• Licensed Vocational Nurse</li> <li>• Psychiatric Technician</li> <li>• Mental Health Rehabilitation Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed Practitioner of the Healing Arts (LPHA)</li> <li>• AOD Counselor</li> <li>• Peer Support Specialist</li> <li>• Clinical Trainee</li> <li>• Medical Assistant</li> <li>• Other Qualified Provider</li> </ul>	<ul style="list-style-type: none"> <li>• LPHA</li> <li>• AOD Counselor</li> <li>• Peer Support Specialist</li> <li>• Clinical Trainee</li> <li>• Medical Assistant</li> <li>• Other Qualified Provider</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health Workers as defined in the Community Health Worker Services preventive services benefit.</li> <li>• Emergency Medical Technicians. Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements.</li> <li>• Advanced Emergency Medical Technicians. Advanced Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements. Paramedics. Paramedics</li> </ul>

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<b>Rehabilitative Mental Health Treatment Providers*</b>	<b>SUD Treatment Providers**</b>	<b>Expanded SUD Treatment Providers**</b>	<b>Other Provider Types***</b>
<ul style="list-style-type: none"> <li>• Physician Assistant</li> <li>• Nurse Practitioner</li> <li>• Pharmacist</li> <li>• Occupational Therapist</li> <li>• Other Qualified Provider</li> <li>• Peer Support Specialist</li> <li>• Clinical Trainee</li> <li>• Medical Assistant</li> <li>• AOD Counselor</li> </ul>			<p>must be licensed in accordance with applicable State of California licensure requirements.</p> <ul style="list-style-type: none"> <li>• Community Paramedics. Community paramedics must be licensed, certified, and accredited in accordance with applicable State of California licensure requirements.</li> </ul>

\*Defined in the “Provider Qualifications” subsection of the “Rehabilitative Mental Health Services” section of this supplement. Rehabilitative Mental Health Treatment 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.

\*\*Defined in the “Provider Qualifications” subsection of the “SUD Treatment” and “Expanded SUD Treatment” sections of this supplement. SUD and Expanded SUD Treatment services are provided by DMC certified providers that: 1) are licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county or the Department of Health Care Services.

\*\*\*Other Provider Types are eligible to participate on mobile crisis teams delivering Rehabilitative Mental Health Treatment, SUD Treatment, or Expanded SUD Treatment

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services as defined above.

**Limitations**

In accordance with Section 1947(b)(1)(A) of the Social Security Act (Title 42 of the United States Code section 1396w- 6(b)(1)(A)), added by Section 9813 of the American Rescue Plan Act, and applicable CMS guidance, mobile crisis services cannot be provided to beneficiaries in a hospital or other facility setting.

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PAYMENT FOR REHABILITATIVE MENTAL HEALTH AND TARGETED CASE  
MANAGEMENT SERVICES

A. GENERAL APPLICABILITY

Payment for rehabilitative mental health and targeted case management services provided by Eligible Providers will be limited to the fee schedule developed by the State.

B. Definitions

"Day Services" means Day Treatment Intensive, Day Rehabilitation, Crisis Stabilization, and Clubhouse Services as those services are defined in Supplement 3 to Attachment 3.1-A.

"Eligible Provider" means a public or private provider enrolled in the Medi-Cal program and certified to provide one or more Rehabilitative Mental Health or Targeted Case Management service as those services are defined in Supplement 1 and Supplement 3 to Attachment 3.1-A of this State Plan.

"Full-Day" means a beneficiary received a face-to-face service in a Day Treatment Intensive or Day Rehabilitation program with services available for more than four hours, or received face-to-face Clubhouse Services for at least three hours in a day.

"Full Month of Service" means an Eligible Provider delivered a service in an Assertive Community Treatment (ACT) or Multisystemic Therapy (MST) program to the same beneficiary on at least six separate days in a month or delivered a service in a Coordinated Specialty Care (CSC) program to the same beneficiary on at least four separate days in a month. At least four of the services delivered in an ACT or MST program must have been face-to-face with the beneficiary, and at least three of the services delivered in a CSC program must have been face-to-face with the beneficiary. Other services may be collateral contacts. If an Eligible Provider delivered a face-to-face service and a collateral contact on the same day, it is counted as two separate days.

"Half-Day" means a beneficiary received face-to-face service in a Day Treatment Intensive or Day Rehabilitation program with services available from three to four

hours.

"Home Health Agency Market Basket Index" means the IHS Global Inc. CMS Market Basket Index Levels for Home Health Agencies.

"Licensed Mental Health Professional (LMHP)" means Licensed Physicians, Licensed Psychologists (includes waived psychologists); Licensed Clinical Social Worker (LCSW) (includes Waivered/Registered clinical social workers), Licensed Professional Clinical Counselor (LPCC) (includes Waivered/Registered professional clinical counselors), Licensed Marriage and Family Therapist (LMFT) (includes Waivered/Registered marriage and family therapists); Registered Nurses (includes certified nurse specialists and nurse practitioners); Licensed Vocational Nurses; Licensed Psychiatric Technicians; and Licensed Occupational Therapists as those terms are defined in Supplement 3 to Attachment 3.1-A.

"Monthly Service" means Assertive Community Treatment (ACT) and Coordinated Specialty Care (CSC), as those services are defined in Supplement 3 to Attachment 3.1-A of this State Plan; and Multisystemic Therapy (MST).

"Multisystemic Therapy" (MST) means a bundle of rehabilitative mental health services provided to youth beneficiaries and their families. The bundle of rehabilitative mental health services includes Assessment, Treatment Planning, Therapy, Crisis Intervention, and Referral and Linkages, as defined in Supplement 3 to Attachment 3.1-A of this State Plan.

"Outpatient Services" means Mental Health Services, Medication Support Services, Crisis Intervention Services, and Targeted Case Management Services as those services are defined in Supplement 3 and Supplement 1 to Attachment 3.1-A.

"Partial Month of Service" means an Eligible Provider delivered a service in an ACT or MST program to the same beneficiary on four or five separate days in a month or delivered a service in a CSC program to the same beneficiary on two or three separate days in a month. At least three of the services delivered in an ACT or MST program must have been face-to-face with the beneficiary, and at least one of the services delivered in a CSC program must have been face-to-face with the beneficiary. Other services may be collateral contacts. If an eligible provider delivered

a face-to-face service and a collateral contact on the same day, it is counted as two separate days.

“Provider Type” means Clinical Trainee, Licensed Mental Health Professional, Mental Health Rehabilitative Specialist (MHRS), Medical Assistant, Physician Assistant (PA), Pharmacist, Peer Support Specialists, Alcohol and Drug (AOD) Counselor, and Other Qualified Provider as those terms are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

“Rehabilitative Mental Health and Targeted Case Management Services” means Outpatient Services, Day Services, and Twenty-Four Hour Services as those services are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

“Services Provided in a Treatment Foster Home” means a bundle of rehabilitative mental health services provided to children and youth up to 21 years of age who have been placed in a Residential Treatment Foster Home and who meet medical necessity criteria for this service as established by the State. The bundle of rehabilitative mental health services includes Treatment Planning, Psychosocial Rehabilitation, and Crisis Intervention, as those services are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

“Twenty-Four Hour Services” means Adult Residential Treatment, Crisis Residential Treatment, and Psychiatric Health Facility Services as those services are defined in Supplement 3 to Attachment 3.1-A; and Services Provided in a Treatment Foster Home.

### C. Outpatient Services Payment Methodology

1. The State pays all eligible providers of Outpatient Services on a fee-for-service basis pursuant to a fee schedule established by the State. Eligible Providers submit claims for payment of Outpatient Services by Provider Type using appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. The fee schedule contains a rate for each County where the provider is located and combination of Provider Type and CPT®/HCPCS code.
2. Except as otherwise noted in the State Plan, State-developed fee schedule rates are the same for both governmental and private providers. The fee schedule that is effective July 1, 2023, and annually thereafter, is posted to the following:  
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-main.aspx>
3. The State will annually increase the per-unit rates for HCPCS and CPT Codes effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index. The updated rates will be posted to the following webpage annually:  
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-main.aspx>

### D. Day Services Payment Methodology

1. The State pays all Eligible Providers of Day Services on a fee-for-service basis pursuant to a fee schedule established by the State. Day Treatment Intensive and Day Rehabilitation are paid a Half-Day rate when the beneficiary participates in the day treatment intensive or day treatment program for at least 3 hours and less than 4 hours. Eligible Providers of Day Treatment Intensive and Day Rehabilitation services are paid a Full-Day rate when the beneficiary participates in the Day Treatment Intensive or Day Rehabilitation program for at least 4 hours. Eligible Providers of Clubhouse Services are paid a Full-Day rate when the beneficiary participates in Clubhouse Services for at least three hours. Eligible Providers of Crisis Stabilization Services are paid an hourly rate not to exceed twenty-three hours of service in one day. The fee schedule contains a rate for each County where the provider is located and for each Day Service.
2. Except as otherwise noted in the State Plan, State-developed fee schedule rates are the same for both governmental and private providers. The fee

3. schedule for Day Treatment Intensive and Day Rehabilitation services that is effective July 1, 2023, and annually thereafter; and for Clubhouse Services that is effective January 1, 2025, July 1, 2025, and annually thereafter, are posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
4. The county-based bundled rate for Clubhouse Services is paid to Eligible providers for the following service components as those services are defined in Supplement 3 to Attachment 3.1-A of this State Plan.
  - a. Employment and Education Support Services
  - b. Medication Support Services
  - c. Psychosocial Rehabilitation
  - d. Referral and Linkages
  - e. Treatment Planning
5. A Clubhouse provider must render at least one of the following Clubhouse Service components during a face-to-face encounter with a beneficiary to be paid a bundled rate.
  - a. Employment and Education Support Services
  - b. Medication Support Services
  - c. Psychosocial Rehabilitation
  - d. Referral and Linkages
  - e. Treatment Planning
6. Any Clubhouse Services provider delivering services through a bundle will be paid through a bundled payment rate and cannot bill services provided through the bundle separately. Providers delivering separate services outside of the bundle may bill for those separate services in accordance with the State's Medicaid billing procedures.
6. The State will periodically monitor the actual provision of Clubhouse Services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.
7. The July 1, 2025 rate will be equal to the January 1, 2025 rate increased by the percentage change in the Home Health Agency Market Basket Index from Q1 of 2024 to Q3 of 2025. The State will annually increase the day service rates by the percentage change in the four-quarter average Home Health Agency Market Basket Index.

#### E. Twenty-Four Hour Services Rate Methodology

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1. The State pays all Eligible Providers of Twenty-Four Hour Services on a fee-for-service basis pursuant to a fee schedule established by the State. Eligible Providers of Twenty-Four Hour Services are paid a per diem rate. The fee schedule contains a rate for each County where the provider is located and each Twenty-Four Hour Service.
2. Except as otherwise noted in the State Plan, State-developed fee schedule rates are the same for both governmental and private providers. The fee schedule for Twenty-Four Hour Services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage:  
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-main.aspx>
3. The State will annually increase the per-unit rates for 24-hour services effective July 1, 2023, by the percentage change in the four quarter average Home Health Agency Market Basket Index.
4. The fee schedule rate for Services Provided in a Treatment Foster Home is a bundled rate.
  - a. Any provider delivering Services Provided in a Treatment Foster Home will be paid through the bundled rate and cannot bill separately.
  - b. Any providers delivering services outside of a treatment foster home may bill for those separate services pursuant to this State Plan.
  - c. The bundled rate for Services Provided in a Treatment Foster Home does not include costs related to room and board.
  - d. The State will periodically monitor the actual provision of services paid under the bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

#### F. Community-Based Mobile Crisis Intervention Services Rate Methodology

1. Community-Based Mobile Crisis Intervention Encounters
  1. Except as otherwise noted in the State Plan, State-developed fee schedule rates are the same for both governmental and private providers. The State establishes a county-based bundled rate for each encounter. The county-based bundled rates effective July 1, 2023, and annually thereafter, are posted to the following webpage:



<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.

2. The State pays all Eligible Providers the county-based bundled rate based upon the county where the provider is located.
  3. The county-based bundled rate is paid for the following service components as those components are defined in Attachment 3.1-A of this State Plan:
    - Assessment
    - Mobile crisis response
    - Crisis planning
    - Referral to ongoing supports
    - Follow up check ins
  4. A provider must render at least one of the following service components during an encounter to be paid the bundled rate:
    - Assessment
    - Mobile crisis response
    - Crisis planning
    - Referral to ongoing supports
  5. Any provider delivering services through a bundle will be paid through that bundled payment rate and cannot bill separately. Providers delivering separate services outside of the bundle may bill for those separate services in accordance with the State's Medicaid billing procedures.
  6. The State will annually increase the county-based bundled rates effective July 1, 2023, by the percentage change in the four quarter average Home Health Agency Market Basket Index.
  7. The State will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.
2. Facilitation of a warm handoff
- a. The State will pay providers for Facilitation of a warm handoff, as that service component is defined in Attachment 3.1-A of this State Plan, pursuant to a fee schedule established by the State. The fee schedule will include a rate for each county and the following aspects of the service component:

- b. Providing and/or arranging for a beneficiary's transportation to an alternative setting to receive urgent treatment. The State will pay providers the standard mileage rate per mile for use of an automobile for medical care as established by the Internal Revenue Service.
  - c. Staff time spent providing and/or arranging for transportation to an alternative setting to receive urgent treatment. The State will pay Eligible Providers based upon the provider type providing and/or arranging for transportation. The rates for this aspect of Facilitation of a Warm Handoff effective July 1, 2023, and annually thereafter, are posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
3. The State will annually increase the fee schedules described in paragraphs 1 and 2 by the percentage change in the four-quarter average Home Health Agency Market Basket Index.

## G. Monthly Services Rate Methodology

1. The State establishes a county-based bundled rate for a Full Month of Service and a county-based bundled rate for a Partial Month of Service for each Monthly Service. Except as otherwise noted in the State Plan, State-developed fee schedule rates are the same for both governmental and private providers. The county-based bundled rates effective for services provided on or after January 1, 2025, July 1, 2025, and annually thereafter, are posted to the following webpage:  
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-FY24-25.aspx>
2. The State pays all Eligible Providers the county-based bundled rate for each Full Month of Service and Partial Month of Service based upon the county where the provider is located.
3. The county-based bundled rate for ACT is paid for the following service components as those components are defined in Supplement 3 to Attachment 3.1-A of this State Plan.
  - Assessment
  - Crisis Intervention
  - Employment and Education Support Services
  - Medication Support Services
  - Peer Support Services
  - Psychosocial Rehabilitation
  - Referral and Linkages
  - Therapy
  - Treatment Planning
4. The county-based bundled rate for CSC is paid for the following service components as defined in Supplement 3 to Attachment 3.1-A of this State Plan.
  - Assessment
  - Crisis Intervention
  - Employment and Education Support Services
  - Medication Support Services
  - Peer Support Services
  - Psychosocial Rehabilitation
  - Referral and Linkages
  - Therapy
  - Treatment Planning

5. The county-based bundled rate for MST is paid for the following service components as defined in Supplement 3 to Attachment 3.1-A of this State Plan.
  - Assessment
  - Crisis Intervention
  - Referral and Linkages
  - Therapy
  - Treatment Planning
6. Any provider delivering services through a bundle will be paid through that bundled payment rate and cannot bill services provided through the bundle separately. Providers delivering separate services outside of the bundle may bill for those separate services in accordance with the State's Medicaid billing procedures.
7. The July 1, 2025, rate will be equal to the January 1, 2025 rate increased by the percentage change in the Home Health Agency Market Basket Index from Q1 of 2025 to Q3 of 2025. Beginning on July 1, 2025, the State will annually increase the county based bundled rates for a Full Month of Services and a Partial Month of Services by the percentage change in the four-quarter average Home Health Agency Market Basket Index.
8. The State will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

Plan.

"Eligible Provider" means a public or private provider enrolled in the Medi-Cal program and certified to provide one or more Expanded Substance Use Disorder Services" as those services are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

"Home Health Agency Market Basket Index" means the IHS Global Inc. CMS Market Basket Index Levels for Home Health Agencies.

"Licensed Practitioner of the Healing Arts (LPHA)" means Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Registered Pharmacist (RP), Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered CSW, Licensed Professional Clinical Counselor (LPCC), Registered PCC, Licensed Marriage and Family Therapist (LMFT), Registered MFT, Licensed Vocational Nurse, Licensed Occupational Therapist, and Licensed Psychiatric Technician, as those terms are defined in Supplement 3 to Attachment 3.1-A.

"Provider Type" means Counselor, Clinical Trainee, Licensed Practitioner of the Healing Arts, Medical Director of a Narcotic Treatment Program, Medical Assistant, Other Qualified Provider, and Peer Support Specialists as those terms are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

"Substance Use Disorder Treatment Services" means Outpatient Services, Twenty-Four Hour Services, and Narcotic Treatment Program Services.

"Twenty-Four Hour Services" means Perinatal Residential Substance Use Disorder Treatment as defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

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**B. Outpatient Services Payment Methodology**

1. The State pays all Eligible Providers of Outpatient Services on a fee-for-service basis pursuant to a fee schedule established by the State. Eligible Providers submit claims for payment of Outpatient Services using appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. The fee schedule contains a rate for each County where the Eligible Provider is located and combination of Provider Type and CPT®/HCPCS code.
2. Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule that is effective July 1, 2023, and annually thereafter, is posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
3. The State will annually increase the county specific per-unit rates for HCPCS and CPT Codes effective July 1, 2023 by the percentage change in the four quarter average Home Health Agency Market Basket Index.

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Crisis Intervention Services when provided in an Outpatient Treatment Services Level of Care, Intensive Outpatient Treatment Services Level of Care, or Partial Hospitalization Level of Care; and Peer Support Services, Recovery Services, MAT for AUD, MAT for AUD Medication, MAT for OUD, and MAT for OUD Medication provided in any Expanded Substance Use Disorder Level of Care as those services and levels of care are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

“Eligible Provider” means a public or private provider enrolled in the Medi-Cal program and certified to provide one or more Expanded Substance Use Disorder Services” as those services are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

“Home Health Agency Market Basket Index” means the IHS Global Inc. CMS Market Basket Index Levels for Home Health Agencies.

“Licensed Practitioner of the Healing Arts (LPHA)” means Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Registered Pharmacist (RP), Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered CSW, Licensed Professional Clinical Counselor (LPCC), Registered PCC, Licensed Marriage and Family Therapist (LMFT), Registered MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT), and Licensed Psychiatric Technician (LPT), as those terms are defined in Supplement 3 to Attachment 3.1-A.

“Provider Type” means Counselor, Clinical Trainee, Licensed Practitioner of the Healing Arts, Medical Director of a Narcotic Treatment Program, Medical Assistant, Other Qualified Provider, and Peer Support Specialist, as those terms are defined in Supplement 3 to Attachment 3.1-A of this State Plan

“Expanded Substance Use Disorder Treatment Services” means Outpatient Services, Twenty-Four Hour Services, NTP Services, and Withdrawal Management Services.

“Twenty-Four Hour Services” means Level 3.1 – Clinically Managed Low-Intensity Residential Services, Level 3.2 – WM, Level 3.3. – Clinically Managed Population-Specific High Intensity Residential Services, and Level 3.5 – Clinically Managed High Intensity Residential Services as those services are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

“Regional County” means Humboldt County, Lake County, Lassen County, Mendocino County, Modoc County, Shasta County, Siskiyou County, and Solano County.