



1600 9th Street, Sacramento, CA 95814
(916) 654-2309

May 4, 2001

DMH LETTER NO.: 01-01

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: ONE-TO-ONE MENTAL HEALTH SERVICES

The Department of Mental Health (DMH) is providing the following clarification regarding mental health services provided by Mental Health Plans (MHPs) as a part of the Medi-Cal Specialty Mental Health Services Consolidation program.

Title 9, California Code of Regulations (CCR), Section 1810.277 defines mental health services as follows:

- “Mental Health Services” mean those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of 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. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

This definition includes rehabilitation as a possible service activity. Title 9, CCR, Section 1810.243 defines rehabilitation as follows:

- “Rehabilitation” means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary’s or group of beneficiaries’ functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

Rehabilitation as a component of mental health services may include individual one-to-one services in home, community and other settings, provided all other requirements of the Medi-Cal Specialty Mental Health Services Consolidation program are met. There is no cap or limit on the number of hours per day or the number of days per week that this service activity may be provided, nor is there an annual or lifetime cap or limit. Specific requirements that should be considered in determining whether or not rehabilitation should be provided to a beneficiary include medical necessity criteria at Title 9, CCR, Sections 1830.205 and 1830.210; services excluded from coverage by MHPs at Title 9, CCR, Section 1810.355; and requirements for claiming Federal Financial Participation (FFP) at Title 9, CCR, Sections 1840.312, 1840.314, and 1840.316. Copies of these regulations are enclosed.

The regulations governing medical necessity criteria provide a listing of the mental disorders covered by the MHPs, criteria addressing the severity of the impairments the disorder causes, and criteria for the level of success that is expected from any proposed intervention. These medical necessity criteria require that there must be a direct link from the beneficiary's diagnosis to the identified impairment to the intervention being considered:

- The beneficiary must be diagnosed with a covered mental disorder.
- The beneficiary must have an impairment that is directly related to the covered mental disorder.
- The focus of the intervention must be the identified impairment.

The intervention must also be a specialty mental health service. Excluded services covered by the Medi-Cal program are identified in Title 9, CCR, Section 1810.355. (Beneficiaries in need of excluded services should be referred to appropriate physical health care providers.) Although the distinction between specialty mental health services and excluded services is obvious in most cases, the distinctions between rehabilitation as a component of mental health services and excluded services such as personal care services are sometimes difficult to make. Rehabilitation and personal care services both assist clients to live independently. Rehabilitation, however, does this by activities that are designed to enable the client to overcome the limitations due to the mental disorder and teach the client to perform these activities for themselves. Personal care services do this by performing activities for the clients that the clients are unable to do for themselves. For example:

- Rehabilitation might include explaining and ensuring the client understood the importance of taking prescribed medications and working with a client to develop a system that would help the client to take medications on time.

Personal care services might include reminding the client to take self-administered prescribed and/or over the counter medications each time the medications are to be taken.

- Rehabilitation might include teaching a client to shop, prepare, and eat meals and reviewing the effectiveness of the instruction at periodic intervals. Personal care services might include food shopping, meal preparation and feeding the client.
- Rehabilitation might include planning social activities with the client consistent with the client's socialization goals and encouraging/monitoring the client's participation in these activities. There is no comparable personal care services, since no one can perform social activities for another.

All minutes submitted as a claim for Medi-Cal FFP for one-to-one rehabilitation provided as a mental health service must involve active treatment of the beneficiary. MHPs are not required to cover non-treatment time. MHPs may not claim FFP for non-treatment time if they chose to remain with the beneficiary during non-treatment time. (Nothing in this letter is intended to change existing standards for claiming FFP for documentation or travel time.) Beneficiaries receiving mental health services who have intermittent need for rehabilitation may be accommodated with scheduled home, community or office visits that meet these needs or may be assigned to a person who is on call to deliver these services. Please note that this restriction does not apply to therapeutic behavioral services, which are addressed in DMH Letter Nos. 99-03 and 99-04.

If you have questions or need additional information, please contact your liaison in the Technical Assistance and Training Unit.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosure

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training