

Annotated Document--Explanation of Changes:

- 1) The language in a regular (not bolded) font is the original State Plan language (for an example see page #2).
- 2) The language in **bold underline** are the State's proposed State Plan additions. This is n language which was obtained from several source documents, including, CCR, Title 9, the DMH/MHP contract, and Business and Professions Code.
- 3) For every section, a citation in **bold red font** is included to note the source document where the language was obtained.
- 4) Language highlighted in **green** is added language/terms not included in the source docume
- 5) Language highlighted in **turquoise** is language from the source documents that was not in as part of the State Plan additions.
- 6) Additional comments or clarifying information is identified in comment boxes on the rig hand side of the document.

LIMITATION ON SERVICES

13. d. Rehabilitative Mental Health Services

Rehabilitative Mental Health Services are provided as part of a comprehensive specialty mental health services program available to all Medicaid (Medi-Cal) beneficiaries provided that they meet medical necessity criteria.

Comment [FN1]: Medical necessity criteria refers to the criteria described in CCR, Title 9, 1830.205 & 1830.210 (for beneficiaries under 21).

DEFINITIONS

(1) **CCR, Title 9, 1810.204**

"Assessment" means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes ~~but is not limited to~~ one or more of the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant **biopsychosocial** and cultural issues and history, diagnosis, and the use of testing procedures.

(2) **CCR, Title 9, 1810.206**

"Collateral" means a service activity to a significant support person in a beneficiary's life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary's client plan. Collateral **includes may include but is not limited to** consultation and training of the significant support person(s) to assist in better utilization of services by the beneficiary, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s). The beneficiary may or may not be present for this service activity.

(3) **CCR, Title 9, 1810.232**

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

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

Comment [FN2]: No citation for "Referral" as this is an added definition.

(4) **CCR, Title 9, 1810.243**

"Rehabilitation" means a **recovery focused** service activity which includes ~~but is not limited to~~ assistance in improving **maintaining**

or restoring a beneficiary's 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 may be provided in a group setting.

(5) CCR, Title 9, 1810.246.1

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

(6) CCR, Title 9, 1810.250

"Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve 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 and community functionality or to modify feelings, thought processes, conditions, attitudes or behavior which are emotionally, intellectually, or socially ineffective or maladjustive. 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 at which the beneficiary is present.

Comment [EC3]: CMS requested clarification on the meaning of "therapeutic intervention." DMH developed this description based on Business and Professions Code citations that related to professionals that can provide therapy.

"Under the supervision of" means that the supervisor instructs an employee or subordinate in their duties and oversees or directs the employee's or subordinate's work, but does not necessarily require the immediate presence of the supervisor.

Comment [EC4]: This definition was developed in response to CMS' request in the RAI (Item B7) that a definition of "under the supervision of" be included in the SPA.

REHABILITATIVE MENTAL HEALTH SERVICES

(7) 42 CFR, Section 440.130(d)

Rehabilitative Mental Health Services are include medical or remedial services recommended by a physician or other licensed mental health professional licensed practitioner of the healing arts, within the scope of his or her practice under State law, for the maximum reduction of physical or mental disability and restoration of a recipient to his or her best possible functional level, when provided by local public community mental health agencies and other mental health service providers licensed or certified by the State of California. Services are provided based on medical necessity and in accordance with a coordinated client plan or service plan approved by a licensed physician or other licensed practitioner of the healing arts, excluding crisis services for which a service plan is not required.

Comment [FN5]: This paragraph is original State Plan language

Rehabilitative Mental Health Services are provided in the least restrictive setting which facilitates the reduction appropriate for reduction of psychiatric impairments, restoration of functioning consistent with the goals of recovery and resiliency and the requirements for learning and development, and/or independent living and enhanced self-sufficiency.

Comment [FN6]: This is the federal definition for Rehabilitative Mental Health Services (440.130(d))

Services are provided based on medical necessity criteria, in accordance with an individualized Client Plan, and approved and

authorized according to State of California requirements. Services include:

Individual mental health services
Group mental health services
Crisis intervention
Crisis stabilization
Medication management
Day treatment, adult
Day treatment, children and youth
Day rehabilitation
Short term crisis residential treatment
Residential treatment

Comment [FN7]: Original State Plan language

(8) CCR, Title 9, 1810.227

1. Mental Health Services are means individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration and improvement or maintenance of individual and community functioning 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.

(9) CCR, Title 9, 1840.324

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

(10) CCR, Title 9, 1810.227

This service includes one or more of the following service activities: Service activities may include but are not limited to

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

(11) CCR, Title 9, 1840.344

Providers: Mental health services may be provided by any person determined to be qualified to provide the service, consistent with state law. Mental health services, day rehabilitation services, day treatment intensive services, crisis intervention services, targeted case management, and adult residential treatment services may be provided by any person to be determined by the MHP to be qualified to provide the services, consistent with state law."

(12) CCR, Title 9, 1840.360(b) and DMH/MHP Contract Ex A - Att 1 - Sec. W - 1.

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.

Comment [EC8]: This sentence is based on more detailed information in the cited section of the DMH/MHP contract.

(13) CCR, Title 9, 1810.225

2. Medication Support Services are means those services that include prescribing, administering, dispensing, monitoring drug interactions and contraindications and managing the process to reduce medication usage of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness.

(14) CCR, Title 9, 1840.326

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

~~b) Medication support services that are provided within a residential or day program shall be billed as Medication Support Services separately from the residential or day program service.~~

(15) CCR, Title 9, 1810.225

~~This service includes one or more of the following service activities: Service activities may include but are not limited to~~

- Evaluation of the need for medication
- Evaluation of clinical effectiveness and side effects
- The obtaining of informed consent
- Medication education including instruction in the use, risks and benefits of and alternatives for medication
- Collateral
- Plan Development ~~related to the delivery of the service and/or assessment of the beneficiary.~~

(16) CCR, Title 9, 1840.346

Providers: Medication support services ~~may shall~~ be provided within their scope of practice by a physician, a registered nurse, a nurse practitioner, a licensed vocational nurse, a psychiatric technician, a pharmacist, or a physician assistant.

CCR, Title 9, 1840.372

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

(17) CCR, Title 9, 1810.213

3. Day Treatment Intensive ~~is a means~~ structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, ~~or maintain the individual in a community setting or assist the beneficiary in living within a community setting,~~ which provides services to a distinct group of individuals. Services are available for at least three hours and less than 24 hours each day ~~the program is open. The Day Treatment Intensive program is a program that lasts less than 24 hours each day.~~

(18) DMH/MHP Contract Ex A - Att 1 - Sec. W - 4.f

There is an expectation that the beneficiary will be present for all ~~of the beneficiary's~~ scheduled hours ~~of operation for each day.~~ When a beneficiary is unavoidably absent for some part of the scheduled hours ~~of operation, Contractor shall ensure that~~ the provider receives Medi-Cal reimbursement for day treatment intensive ~~and day~~

rehabilitation for an individual beneficiary only if the beneficiary is present for at least 50 percent of the beneficiary's scheduled hours of operation for that day.

(19) CCR, Title 9, 1840.328

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

(20) DMH/MHP Contract Ex. A - Att. 1 - Sec. W - 4.a - d

This service includes the following service activities:

- A. Skill building groups and adjunctive therapies as described in subsection 3, b and c above. Day treatment intensive may also include process groups;
- B. Psychotherapy, which means the use of psychosocial methods within a professional relationship to assist the client beneficiary or clients beneficiaries to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions that affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy shall must be provided by licensed, registered, or waived staff practicing within their scope of practice. Psychotherapy does not include physiological interventions, including medication intervention;
- C. An established protocol for responding to clients beneficiaries experiencing a mental health crisis. The protocol shall will assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. The protocol may include referrals for crisis intervention, crisis stabilization, or other specialty mental health services necessary to address the client's beneficiary's urgent or emergency psychiatric condition (crisis services). If clients beneficiaries will be referred to crisis services outside the day treatment intensive program or day rehabilitation program, the day treatment intensive or day rehabilitation staff shall must have the capacity to handle the crisis until the client beneficiary is linked to the outside crisis services;
- D. A detailed weekly schedule that is available to clients beneficiaries and, as appropriate, to their families, caregivers or significant support persons a detailed written weekly schedule that identifies when and where the service components of program will be provided and by whom. The written weekly schedule must shall specify the program staff, their qualifications, and the scope of their responsibilities.

(21) CCR, Title 9, 1810.213

This service may include the following service components: Service activities may include, but are not limited to

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

(22) CCR, Title 9, 1840.344

Providers: Day treatment intensive services may be provided by any person determined to be qualified to provide the service, consistent with state law. Mental health services, day rehabilitation services, day treatment intensive services, crisis intervention services, targeted case management, and adult residential treatment services may be provided by any person to be determined by the MHP to be qualified to provide the services, consistent with state law."

(23) CCR, Title 9, 1840.360

Limitations: Payment authorization in advance of service delivery must be obtained when services will be provided for more than 5 days per week. Authorization for continuation of day treatment intensive services must be obtained at least every 3 months. Day Rehabilitation and Day treatment intensive services are not reimbursable under the following circumstances 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. (b) Mental Health Services are not reimbursed when provided by Day Rehabilitation or Day Treatment Intensive staff during the same time period that Day Rehabilitation or Day Treatment Intensive is provided. (c) two full-day or one full-day and one half-day programs may not be provided to the same beneficiary on the same day.

(24) CCR, Title 9, 1810.212

4. Day Rehabilitation is a means structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available for at least three hours and less than 24 hours each day the program is open. Day Rehabilitation is a program that lasts less than 24 hours each day.

(25) DMH/MHP Contract Ex. A - Att. 1 - Sec. W - 4.f

There is an expectation that the beneficiary will be present for all of the beneficiary's scheduled hours of operation for each day. When a beneficiary is unavoidably absent for some part of the scheduled hours of operation, Contractor shall ensure that the provider receives Medi-Cal reimbursement for day treatment intensive and day rehabilitation for an individual beneficiary only if the beneficiary is present for at least 50 percent of the beneficiary's scheduled hours of operation for that day.

(26) CCR, Title 9, 1840.330

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

This service includes the following service activities:

(27) DMH/MHP Contract Ex A - Att 1 - Sec. W - 3 a-c

A. Process groups, which are groups facilitated by staff to help beneficiaries clients develop the skills necessary to deal with their individual problems and issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems. Day rehabilitation may include psychotherapy instead of process groups or in addition to process groups;

B. Skill building groups, which are groups in which staff help beneficiaries clients to identify barriers related to their psychiatric and psychological experiences and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors;

Adjunctive therapies, which are non traditional therapies in which both staff and clients participate that utilize self expression (art, recreation, dance, music, etc.) as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able to utilize the modality to develop or enhance skills directed towards client plan goals.

(28) CCR, Title 9, 1810.212

This service includes the following service components: Service activities may include, but are not limited to

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

(29) CCR, Title 9, 1840.344

Providers: Day rehabilitation services may be provided by any person determined to be qualified to provide the service, consistent with state law. Mental health services, day rehabilitation services, day treatment intensive services, crisis intervention services, targeted case management, and adult residential treatment services may be provided by any person to be determined by the MHP to be qualified to provide the services, consistent with state law."

(30) DMH/MHP Contract Ex. A - Att. 1 - Section W. - 1

Limitations: The Contractor shall require providers to request Payment authorization in advance of service delivery when day treatment intensive or day rehabilitation will be must be obtained when services will be provided for more than 5 days per week. The Contractor shall require providers to request MHP payment Authorization from the Contractor for continuation of day treatment intensive at least every three months and day rehabilitation services must be obtained at least every 6 months.

(31) CCR, Title 9, 1840.360

Day rehabilitation and day treatment intensive services are not reimbursable under the following circumstances 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. (b) Mental Health Services are not reimbursed when provided by Day Rehabilitation or Day Treatment Intensive staff during the same time period that Day Rehabilitation or Day Treatment Intensive is provided. (c) two full-day or one full-day and one half-day programs may not be provided to the same beneficiary on the same day.

(32) CCR, Title 9, 1810.209

5. Crisis Intervention is a means ~~unplanned, expedited~~ service, lasting less than 24 hours, to ~~or on behalf of~~ a beneficiary for a condition that requires more timely response than a regularly scheduled visit. ~~crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements described in Sections 1840.338 and 1840.348.~~ Crisis intervention is a quick emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member to the greatest extent possible. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting.

(33) CCR, Title 9, 1840.336

Crisis intervention may be either face-to-face or by telephone with the beneficiary or significant support persons and may be provided in a clinic setting or anywhere in the community, including but not limited to a beneficiary's home, community placement, school, job, or elsewhere, as needed by the beneficiary.

(34) CCR, Title 9, 1810.209

This service includes one or more of the following service components: ~~Service activities include but are not limited to one or more of the following~~

- Assessment
- Collateral
- Therapy
- Referral

(35) CCR, Title 9, 1840.344

Providers: Crisis intervention services may be provided by any person determined to be qualified to provide the service, consistent with state law. ~~Mental health services, day rehabilitation services, day treatment intensive services, crisis intervention services, targeted case management, and adult residential treatment services may be provided by any person to be determined by the MHP to be qualified to provide the services, consistent with state law."~~

(36) CCR, Title 9, 1840.366

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.

(37) CCR, Title 9, 1810.210

6. Crisis Stabilization is a means service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements described in sections 1840.338 and 1840.348. 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 substantially increase the risk of the beneficiary becoming gravely disabled.

(38) CCR, Title 9, 1840.338

Crisis stabilization ~~must shall~~ be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department of Mental Health or an MHP to perform crisis stabilization. Crisis stabilization is an all inclusive program and no other Rehabilitative Mental Health Services are reimbursable during the same time period this service is reimbursed.

(39) CCR, Title 9, 1840.338(b)

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. ~~Immediate access and reasonable proximity shall be defined by the Mental Health Plan.~~ Medications must be available on an as needed basis and the staffing pattern must reflect this availability.

(40) CCR, Title 9, 1840.338(c)

All beneficiaries receiving crisis stabilization ~~must shall~~ 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.

(41) CCR, Title 9, 1810.210

This service includes one or more of the following service components: ~~Service activities include but are not limited to one or more of the following:~~

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

~~See page 6 for a description of crisis intervention and page 3 for a description of medication support services.~~

(42) CCR, Title 9, 1840.348

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

~~(a) A physician shall be on call at all times for the provision of those crisis stabilization services that may only be provided by a physician (b) there shall be a minimum of one registered nurse, psychiatric technician, or licensed vocational nurse on site at all times beneficiaries are present. (c) at a minimum there shall be a~~

ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving crisis stabilization at any given time. (d) if the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available. (e) other persons may be utilized by the program, according to need. (f) if crisis stabilization services are co-located with other specialty mental health services, persons providing crisis stabilization must be separate and distinct from persons providing other services. (g) persons included in required crisis stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

(43) CCR, Title 9, 1840.368

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. Crisis stabilization is a package program and no other specialty mental health services are reimbursable during the same time period this service is reimbursed, except for Targeted Case Management. No other Rehabilitative Mental Health Services are reimbursable during the same time period that crisis stabilization is reimbursed. The maximum number of hours claimable for crisis stabilization in a 24-hour period is 20 hours.

(44) CCR, Title 9, 1810.203

7. Adult Residential Treatment Services are means recovery focused rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries in their efforts to restore ~~maintain~~ and apply interpersonal and independent living skills and to access community support systems that support recovery and enhance resiliency. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

(45) CCR, Title 9, 531(b)(1)

Adult residential treatment services The program shall also assist the client beneficiary in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability of independent living upon discharge from the program. Services as specified in either subsection (h) or (i) of section 541 which shall The program will also provide a therapeutic environment in which clients beneficiaries are supported in their efforts to acquire and apply interpersonal and independent living skills.

Comment [EC9]: This description was developed in response to CMS' request in the RAI (item C4) that a detailed definition of adult residential treatment beyond what is described in CCR, Title 9 be included in the SPA. Note: the sentences are in reverse order from what is found in CCR, Title 9, 531(b)(1).

(46) CCR, Title 9, 1840.332

Adult residential treatment services must shall have a clearly established certified-site for services although all services need not be delivered at that site. Services will shall 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 and the beneficiary has been admitted to the program. (b) Programs that provide Adult Residential Treatment services must be certified as a Social Rehabilitation Program by the Department as either a Transitional

~~Residential Treatment Program or a Long Term Residential Treatment Program in accordance with Chapter 3, Division 1, of Title 9. Facility capacity must be limited to a maximum of 16 beds. (c) In addition to Social Rehabilitation Program certification, program which provide Adult Residential Treatment Service must be licensed as a Social Rehabilitation facility or community care facility by the state department of social services in accordance with chapters 1 and 2, division 6, of title 22 or authorized to operate as a mental health rehabilitation center by the department in accordance with chapter 3.5, division 1 of title 9, beginning with section 51000.~~

(47) CCR, Title 9, 532(a)(1)-(9)

~~In an adult residential treatment facility, structured day and evening services are shall available seven days a week. Services in all programs shall include, but not be limited to:~~

~~A. Individual and group counseling such as:~~

- ~~a. Process groups, which are groups facilitated by staff to help beneficiaries develop the skills necessary to deal with their individual problems and issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems;~~
- ~~b. Skill building groups, which are groups in which staff help beneficiaries to identify barriers related to their psychiatric and psychological experiences and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors;~~
- ~~c. Psychotherapy, which means the use of psychosocial methods within a professional relationship to assist the beneficiary or beneficiaries to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions that affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy must be provided by licensed, registered, or waived staff practicing within their scope of practice. Psychotherapy does not include physiological interventions, including medication intervention.~~

Comment [EC10]: DMH included the language in a-c to provide examples of types of counseling that may take place in group settings. The language is from the DMH/MHP Contract Ex. A – Att. 1 – Sec. W – Items 3 a-b, and 4 b.

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

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

(48) CCR, Title 9, 1810.203

This service includes one or more of the following service components: Service activities may include but are not limited to

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

(49) CCR, Title 9, 1840.344

Providers: Adult residential treatment services may be provided by any person determined to be qualified to provide the service, consistent with state law. Mental health services, day rehabilitation services, day treatment intensive services, crisis intervention services, targeted case management, and adult residential treatment services may be provided by any person to be determined by the MHP to be qualified to provide the services, consistent with state law."

(50) CCR, Title 9, 1840.362

Limitations: Adult residential treatment services are not reimbursable under the following circumstances 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. (b) when an organizational provider of both Mental Health Services and Adult Residential Treatment Services allocates the same staff's time under the two cost centers of Mental Health Services and Adult Residential Treatment Services for the same period of time."

(51) CCR, Title 9, 1810.208

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

support systems, which would be more appropriate as the beneficiary prepares for discharge from the program.

(52) CCR, Title 9, 1840.334

Crisis residential treatment services ~~must~~ ~~shall~~ have a clearly established site for services although all services need not be delivered at that site. Services ~~will~~ ~~shall~~ 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 and the beneficiary has been admitted to the program. (b) Programs shall have written procedures for accessing emergency psychiatric and health services on a 24-hour basis. (c) Programs providing crisis residential treatment services shall be certified as a social rehabilitation program (short-term crisis residential treatment program) by the department in accordance with chapter 3, division 1 of title 9. Facility capacity shall be limited to a maximum of 16 beds. (d) In addition to social rehabilitation program certification, programs providing crisis residential treatment services shall be licensed as a social rehabilitation facility or community care facility by the state department of social services in accordance with chapters 1 and 2, division 6, of title 22 or authorized to operate as a mental health rehabilitation center by the department in accordance with chapter 3.5, division 1, of title 9, beginning with section 51000.

(53) CCR, Title 9, 532(a)(1)-(9)

In a crisis residential treatment facility, structured day and evening services are ~~shall~~ available seven days a week. Services in all programs ~~shall include, but not be limited to:~~

A. Individual and group counseling such as:

- a. Process groups, which are groups facilitated by staff to help beneficiaries develop the skills necessary to deal with their individual problems and issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems;
- b. Skill building groups, which are groups in which staff help beneficiaries to identify barriers related to their psychiatric and psychological experiences and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors;
- c. Psychotherapy, which means the use of psychosocial methods within a professional relationship to assist the beneficiary or beneficiaries to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions that affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy must be provided by licensed, registered, or waived staff practicing within their scope of practice. Psychotherapy does not include physiological interventions, including medication intervention.

B. Crisis intervention such as counseling focusing on immediate problem solving in response to a critical emotional incident to augment the individual's usual coping mechanisms;

C. Planned activities that develop and enhance skills directed towards achieving client plan goals;

Comment [EC11]: DMH included the language in a-c to provide examples of types of counseling that may take place in group settings. The language is from the DMH/MHP Contract Ex. A – Att. 1 – Sec. W – Items 3 a-b, and 4 b.

- D. Family counseling with available members of the client's family significant support persons, when indicated in the client's treatment/rehabilitation plan
- E. The development of community support systems for clients beneficiaries to maximize their utilization of non-mental health community resources;
- F. Counseling focused on reducing mental health symptoms and functional impairments to assist beneficiaries to maximize their ability to obtain and retain pre-vocational or vocational counseling employment;
- G. Client advocacy, including Assisting clients beneficiaries to develop their own self-advocacy skills through observation, coaching, and modeling;
- H. An activity program that encourages socialization within the program and general community, and which links the client beneficiary to resources which are available after leaving the program; and,
- I. Use of the residential environment to assist clients beneficiaries in the acquisition, testing, and/or refinement of community living and interpersonal skills.

(54) CCR, Title 9, 1810.208

This service includes one or more of the following service components: Service activities may include but are not limited to

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

See page 6 for a description of Crisis Intervention.

Providers: Crisis residential treatment services may be provided by any person determined to be qualified to provide the service, consistent with state law.

(55) CCR, Title 9, 1840.364

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

(56) CCR, Title 9, 1810.237

9. Psychiatric Health Facility Services are means therapeutic and/or rehabilitative services provided in a psychiatric health facility other than a psychiatric health facility that has been certified by the State Department of Health Services as a Medi-Cal provider if inpatient hospital services, on an inpatient basis to beneficiaries who need acute care, which is care that meets the criteria of Section 1820.205, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings licensed by the Department of Mental Health. Psychiatric

health facilities are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders.

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

Comment [EC12]: CCR, Title 22, 77073 describes interdisciplinary treatment plan used in PHFs.

CCR, Title 9, 1840.340

(a) Psychiatric Health Facility Services shall have a clearly established site for services. Services shall not be claimable unless there is a face-to-face contact between the beneficiary and a treatment staff person of the facility on the day of service and the beneficiary has been admitted to the program. (b) Programs providing Psychiatric Health Facility Services must be licensed as a Psychiatric Health Facility by the Department. (c) Programs shall have written procedures for accessing emergency health services on a 24-hour basis.

Comment [FN13]: Section omitted by mistake- will be added.

Specific activities include:

- A. Evaluation for medication and follow up observation and assessment of the effect of the medications;
- B. Illness Management Skills: beneficiaries learn about their symptoms and how to most effectively manage them for optimal community functioning. Beneficiaries also learn to be aware of signs that could indicate relapse and are assisted on identifying strategies that they can use if they experience such signs;
- C. Collateral Education: this activity involves contact with family members to provide information to maximize this natural support system and to assist families and/or significant support persons to identify stressful situations that may contribute to the possibility of relapse;
- D. Counseling/Therapy: this activity involves discussion with the beneficiary about precipitating events to assist in identification of any emotional or psychological issues that may have been triggered. In general such counseling/psychotherapy is focused on rebuilding the beneficiary's sense of self so that a return to the community can be accomplished as soon as possible;
- E. Discharge Planning: discussion of residential options and arrangements regarding such options upon discharge, and ensuring that the beneficiary and their family/friends understand any follow-up treatment plans and instructions for any ongoing medication regime.

Comment [EC14]: Source document citation pending.

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

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

See page 6 for a description of Crisis Intervention.

Providers: Psychiatric health facility services may be provided by a clinical psychologist, licensed clinical social worker, licensed

marriage and family therapist, licensed psychiatric technician, licensed vocational nurse, mental health worker, psychiatrist, or pharmaceutical services staff.

(57) CCR, Title 9, 1840.370

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.

Provider Qualifications:

PROVIDER QUALIFICATIONS

Rehabilitative Mental Health Services are provided by certified qualified mental health organizations, agencies or mental health professionals who agree to abide by the definitions, rules, and requirements for Rehabilitative Mental Health Services established by the Department of Mental Health in conjunction with the Department of Health Care Services. ~~and who sign a provider agreement to serve all persons for whom these services are medically necessary, irrespective of ability to pay, subject to caseload capacity.~~ Services are provided by or under the supervision of a Qualified Mental Health Professional functioning within their scope of practice. A Qualified Mental Health Professional means any provider qualified under the Medi-Cal program that has specialized training as required by state law and Medi-Cal regulations.

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

Physicians

(58) Language developed from American Medical Association - Requirements for becoming a Physician:

<http://www.ama-assn.org/ama/pub/education-careers/becoming-physician.shtml>

Physicians in California must complete undergraduate education, medical school, a residency program, and a fellowship (if wanting to become a specialist, e.g. psychiatry). Upon completing their medical education, physicians must obtain licensure through the California Medical Board after a series of examinations. Physicians provide comprehensive medical care, health maintenance, and preventative services.

Physician Assistant (PA)

(59) Language developed from Department of Consumer Affairs, Physician Assistant Committee frequently asked questions:

http://www.pac.ca.gov/applicants/applicant_fags.shtml#1

Physician Assistants must complete an approved physician assistant training program and pass the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA) before obtaining licensure in the State of California.

(60) Business and Professions Code Sections 3500-3503.5

Pursuant to Sections 3500-3503.5 of the Business and Professions Code, licensed physicians may delegate health care tasks to physician assistants.

(61) Business and Professions Code Section 3502(a)

Notwithstanding any other provision of law, A PA may perform those medical services as set forth by the regulations of the board when the services are rendered under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the board prohibiting that supervision or prohibiting the employment of a physician assistant.

(62) Business and Professions Code Section 3502.1(a)

While under appropriate supervision, In addition to the services authorized in the regulations adopted by the board, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a PA may also administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

Psychologist

(63) Language developed from Department of Consumer Affairs, Board of Psychology frequently asked questions:

<http://www.psychboard.ca.gov/faq.shtml>

In order to obtain licensure in the State of California as a Psychologist, each candidate must: possess a doctoral degree in psychology, educational psychology, or in education with a field of specialization in counseling psychology or educational psychology from a regionally accredited or a BPPVE approved academic institution; complete 3000 hours of qualifying supervised professional experience; take and pass the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Supplemental Exam (CPSE); and submit evidence of completing coursework in human sexuality, child abuse, substance abuse, spousal abuse, and aging and long-term care. A psychologist may also be a Waivered Professional who has a waiver of psychologist licensure issued by the Department of Mental Health or who has registered with the state licensing authority for psychologists' to obtain supervised clinical hours for psychologist's licensure.

(64) Business and Professions Code Section 2903

No person may engage in the practice of psychology, or represent himself or herself to be a psychologist, without a license granted under this chapter, except as otherwise provided in this chapter. The practice of psychology is defined as rendering any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations. The application of these principles and methods includes, but is not restricted to: diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental

disorders of individuals and groups. Psychotherapy within the meaning of this chapter means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive. As used in this chapter, "fee" means any charge, monetary or otherwise, whether paid directly or paid on a prepaid or capitation basis by a third party, or a charge assessed by a facility, for services rendered.

Licensed Clinical Social Worker (LCSW)

(65) Language developed from Department of Consumer Affairs Board of Behavioral Sciences, LCSW License Requirements:

http://www.bbs.ca.gov/app-reg/lcs_presentation.shtml

In order to obtain licensure as a social worker in the State of California, a candidate must earn their Masters Degree in Social Work from an accredited college or university, register with the Board of Behavioral Sciences as an Associate Clinical Social Worker, gain supervised post-masters work experience, complete additional coursework, and pass the LCSW standard written and standard clinical vignette examination.

(66) CCR, Title 9, 1810.254

"Waivered/Registered Professional" means an individual who has a waiver of psychologist licensure issued by the Department or A social worker may also be a Registered Professional who has registered with the corresponding state licensing authority for psychologists, marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

(67) Business and Professions Code Section 4996.9

The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to: counseling and using applied psychotherapy of a non-medical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.

Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.

Marriage and Family Therapist (MFT)

(68) Language developed from Board of Behavioral Sciences, MFT License Requirements:

http://www.bbs.ca.gov/app-reg/mft_presentation.shtml

In order to obtain licensure as a Marriage and Family Therapist in the State of California, a candidate must earn their qualifying Masters Degree from an accredited college or university, register with the Board of Behavioral Sciences as a MFT intern, gain supervised post-masters work experience, complete additional coursework, and pass the MFT standard written and standard clinical vignette examination.

(69) CCR, Title 9, 1810.254

"Waivered/Registered Professional" means an individual who has a waiver of psychologist licensure issued by the Department or A MFT may also be a Registered Professional who has registered with the corresponding state licensing authority for psychologists, marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.

(70) Business and Professions Code Section 4980.02

For the purposes of this chapter, The practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling. The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required by Sections 4980.36, 4980.37, and 4980.41, as applicable.

Registered Nurses (RN)

(71) Language developed from Department of Consumer Affairs, Board of Registered Nurses:

<http://www.rn.ca.gov/careers/steps.shtml>

After completing an academic nursing program, RN candidates apply for licensure with the California State Board of Registered Nursing, where they must meet educational requirements, pass a criminal background check, and pass the national licensing examination.

(72) Business and Professions Code Section 2725(b)

The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following: direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures., Direct and indirect patient care services, including the administration of medications and therapeutic agents necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist as defined by Section 1316.5 of the Health and Safety Code.

; the performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries; the observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and implementation based on observed abnormalities of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen interventions, or emergency procedures, in accordance with standardized procedures, or the initiation of emergency procedures.

Nurse Practitioner (NP)

(73) **Business and Professions Code Section 2835.5(d)**

In order to obtain board certification in the State of California as a Nurse Practitioner, each candidate must: On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements: hold a valid and active registered nursing license; possess a master's degree in nursing, a master's degree in a clinical field related to nursing or a graduate degree in nursing; satisfactorily complete a nurse practitioner program approved by the California Board of Registered Nursing.

(74) **Language developed from Department of Consumer Affairs Board Of Registered Nursing:**

<http://www.rn.ca.gov/pdfs/regulations/npr-b-19.pdf>

Program course work must consist of 30 semester units (45 quarter units) which include theory and supervised clinical practice. At least 12 semester units or 18 quarter units of the program are in supervised clinical practice. The duration of clinical experience and the setting is such that the students receive intensive experience in performing the treatment procedures essential to the category/specialty for which the student is being prepared.

(75) **Language developed from American Academy of Nurse Practitioners, Scope of Practice for Nurse Practitioners Document:**

<http://www.aanp.org/NR/rdonlyres/FCA07860-3DA1-46F9-80E6-E93A0972FB0D/0/2010ScopeOfPractice.pdf>

A NP may perform ambulatory, acute and long term care as primary and/or specialty care providers. According to their specialty, they can provide nursing, medical services to individuals, families and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, nurse practitioners emphasize promotion and disease prevention. Services include but are not limited to ordering, conducting, supervising and interpreting diagnostic and laboratory tests and prescription of pharmacologic agents and non pharmacologic therapies. Teaching and counseling individuals, families and groups are a major part of nurse practitioner practice.

Licensed Vocational Nurse (LVN)

(76) **Language developed from Department of Consumer Affairs, Board of Vocational Nursing and Psychiatric Technicians: Licensed Vocational Nurses:**

http://www.bvnpt.ca.gov/licensing/licensed_vocational_nurses.shtm

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There are four methods to qualifying for the licensure examination through the California Board of Vocational Nursing and Psychiatric

Technicians. Method #1: Graduation from a California accredited Vocational Nursing Program. Method #2: Graduation from an out-of-state accredited Practical/Vocational Nursing Program. Method #3: Completion of equivalent education and experience including: Pharmacology - 54 hours, paid bedside nursing experience - 51 months, and verification of skill proficiency. Method #4: Completion of education and experience as a corpsman in the U.S. Military, including 12 months active duty rendering direct bedside patient care, completion of the basic course in nursing in a branch of the armed forces, and general honorable discharge from the military.

(77) Business and Professions Code Section 2859

The practice of vocational nursing within the meaning of this chapter is the performance of services requiring those technical, manual skills acquired by means of a course in an accredited school of vocational nursing, or its equivalent, practiced under the direction of a licensed physician, or registered professional nurse, as defined in Section 2725 of the Business and Professions Code.

A vocational nurse, within the meaning of this chapter, is a person who has met all the legal requirements for a license as a vocational nurse in this State and who for compensation or personal profit engages in vocational nursing as the same is hereinabove defined.

(78) Business and Professions Code Section 2860.5

LVNs are entry-level health care providers practicing under the direction of a physician or registered nurse. A LVN, when directed by a physician and surgeon, may do all of the following: administer medications by hypodermic injection, withdraw blood from a patient (under certain conditions) if prior thereto such nurse has been instructed by a physician and surgeon and has demonstrated competence to such physician and surgeon in the proper procedure to be employed when withdrawing blood, or has satisfactorily completed a prescribed course of instruction approved by the board, or has demonstrated competence to the satisfaction of the board, and start/superimpose intravenous fluids (under certain conditions) if all of the following additional conditions exist: (1) The nurse has satisfactorily completed a prescribed course of instruction approved by the board or has demonstrated competence to the satisfaction of the board. (2) The procedure is performed in an organized health care system in accordance with the written standardized procedures adopted by the organized health care system as formulated by a committee which includes representatives of the medical, nursing, and administrative staffs. "Organized health care system," as used in this section, includes facilities licensed pursuant to Section 1250 of the Health and Safety Code, clinics, home health agencies, physician's offices, and public or community health services. Standardized procedures so adopted will be reproduced in writing and made available to total medical and nursing staffs.

(79) Business and Professions Code 2860.7(a)

A LVN, acting under the direction of a physician may perform: tuberculin skin tests, coccidioidin skin tests, histoplasmin skin tests, and immunization techniques, providing such administration is upon standing orders of a supervising physician, or pursuant to written guidelines adopted by a hospital or medical group with whom the supervising physician is associated.

Psychiatric Technician (PT)

(80) Language developed from Department of Consumer Affairs - Board of Vocational Nursing and Psychiatric Technicians:

http://www.bvnpt.ca.gov/licensing/psychiatric_technician.shtml.

Requirements for psychiatric technician licensure are specified in the Psychiatric Technicians Law. There are three (3) methods by which one may qualify for the licensure examination. Each method is designed to provide an individual access into the job market as an entry-level practitioner. Method #1: Graduation from a California accredited Psychiatric Technician Program. Method #2: Completion of equivalent education and experience. Education requirements consist of study in pharmacology, nursing science, mental disorders, developmental disabilities, and related content. Method #3: Completion of education and experience as a corpsman in the U.S. military.

(81) Business and Profession Code Section 4502

As used in this chapter Psychiatric technician means and person who, for compensation or personal profit, implements procedures and techniques which involve understanding of cause and effect and which are used in the care, treatment, and rehabilitation of mentally ill, emotionally disturbed, or mentally retarded persons and who has one or more of the following: PTs have direct responsibility for administering or implementing specific therapeutic procedures, techniques, treatments, or medications with the aim of enabling recipients or patients to make optimal use of their therapeutic regime, their social and personal resources, and their residential care. PTs are also responsible for Direct responsibility the application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of patients, for the accurate recording of such symptoms and reactions, and for the carrying out of treatments and medications as prescribed by a licensed physician and surgeon or a psychiatrist.— The psychiatric technician in the performance of such procedures and techniques is responsible to the director of the service in which his duties are performed. The director may be a licensed physician and surgeon, psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse, or other professional personnel. Nothing herein shall authorize a licensed psychiatric technician to practice medicine or surgery or to undertake the prevention, treatment or cure of disease, pain, injury, deformity, or mental or physical condition in violation of the law.

Mental Health Rehabilitation Specialist (MHRS)

(82) CCR, Title 9, 630

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

Pharmacist

(83) Business and Professions Code Section 4200 (Language summarized from code section)

Pharmacists must complete education at a college of pharmacy or department of pharmacy of a university recognized by the Board of

Pharmacy, complete 1500 hours of pharmacy practice experience (or the equivalent), and pass a written and practical examination before obtaining licensure in the State of California.

~~(a) The board may license as a pharmacist an applicant who meets all the following requirements:~~

~~(1) Is at least 18 years of age.~~

~~(2) (A) Has graduated from a college of pharmacy or department of pharmacy of a university recognized by the board; or~~

~~(B) If the applicant graduated from a foreign pharmacy school, the foreign educated applicant has been certified by the Foreign Pharmacy Graduate Examination Committee.~~

~~(3) Has completed at least 150 semester units of collegiate study in the United States, or the equivalent thereof in a foreign country. No less than 90 of those semester units shall have been completed while in resident attendance at a school or college of pharmacy.~~

~~(4) Has earned at least a baccalaureate degree in a course of study devoted to the practice of pharmacy.~~

~~(5) Has completed 1,500 hours of pharmacy practice experience or the equivalent in accordance with Section 4209.~~

~~(6) Has passed a written and practical examination given by the board prior to December 31, 2003, or has passed the North American Pharmacist Licensure Examination and the California Practice Standards and Jurisprudence Examination for Pharmacists on or after January 1, 2004.~~

~~(b) Proof of the qualifications of an applicant for licensure as a pharmacist shall be made to the satisfaction of the board and shall be substantiated by affidavits or other evidence as may be required by the board.~~

~~(c) Each person, upon application for licensure as a pharmacist under this chapter, shall pay to the executive officer of the board the fees provided by this chapter. The fees shall be compensation to the board for investigation or examination of the applicant.~~

(84) Business and Professions Code 4052

~~Notwithstanding any other provision of law, A pharmacist may: furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber; transmit a valid prescription to another pharmacist; administer, orally or topically, drugs and biologicals pursuant to a prescriber's order; perform procedures or functions in a licensed health care facility as authorized by Section 4052.1; Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is a physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2. manufacture, measure, fit to the patient, or sell and repair dangerous devices or furnish instructions to the patient or the patient's representative concerning the use of those devices; provide consultation to patients and professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals; furnish emergency contraception drug therapy as authorized by Section 4052.3; and administer immunizations pursuant to a protocol with a prescriber. A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration. (c) Nothing in this section shall affect the requirements of existing law relating to maintaining the confidentiality of medical records. (d) Nothing in this section shall~~

affect the requirements of existing law relating to the licensing of a health care facility.

Occupational Therapist (OT)

(85) CCR, Title 16, Section 4110(b)

Before obtaining licensure as an Occupational Therapist in the State of California, the candidate must complete For an applicant applying for licensure pursuant to section 2570.15 of the Code, "substantially equal" means that the applicant has successfully completed the academic requirements of an accredited educational program for occupational therapy, including the educational program and supervised fieldwork requirements, for an occupational therapist or an occupational therapy assistant that are approved by the board and approved by the foreign credentialing review process of the National Board of Certification in Occupational Therapy (NBCOT), the American Occupational Therapy Certification Board, or the American Occupational Therapy Association. complete a minimum of 960 hours of supervised fieldwork experience within 24 months of completion of didactic coursework, and pass an examination through the Board of Occupational Therapy.

Comment [EC15]: Paraphrased from CCR, Title 16, Sections 4151, 4152, and 4153.

(86) Business and Professions Code 2570(k)

The practice of occupational therapy is means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health. Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)). Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or through social groups.

Other Qualified Provider

(87) CCR, Title 9, 1840.344

Mental Health Services, Day Rehabilitation Services, Day Treatment Intensive Services, Crisis Intervention Services, Targeted Case Management, and Adult Residential Treatment Services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with state law. Any person determined to be qualified to provide the service, consistent with state law.

Additional Qualifications Apply to Staff Who Function as Heads of Service as Follows:

Comment [EC16]: Head of Service is described at CCR, Title 9, 622

Psychiatrist

(88) CCR, Title 9, 623

A psychiatrist who directs a service shall have a license as a physician and surgeon in this state and show evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association or the American Osteopathic Association.

Psychologist

(89) CCR, Title 9, 624

A psychologist who directs a service shall have obtained a California license as a psychologist granted by the State Board of Medical Quality Assurance or obtain such licensure within two years following the commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979; and shall have two years of post doctoral experience in a mental health setting.

Licensed Clinical Social Worker (LCSW)

(90) CCR, Title 9, 625

A social worker who directs a service shall have a California license as a clinical social worker granted by the State Board of Behavioral Science Examiners or obtain such licensure within three years following the commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979, or enrolled in an accredited doctoral program in social work, social welfare, or social science; and shall have two years of post master's experience in a mental health setting.

Marriage and Family Therapist (MFT)

(91) CCR, Title 9, 626

A marriage, family, and child counselor and family therapist (formerly marriage, family and child counselor) who directs a service shall have obtained a California license as a marriage and family therapist granted by the State Board of Behavioral Science Examiners and have received specific instruction, or its equivalent, as required for licensure on January 1, 1981, and shall have two years of post master's experience in a mental health setting. The term, specific instruction, contained in Sections 5751 and 5751.3 of the Welfare and Institutions Code, shall not be limited to school, college, or university classroom instruction, but may include equivalent demonstrated experience in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions.

Registered Nurse (RN)

(92) CCR, Title 9, 627

A nurse shall be licensed to practice as a registered nurse (RN) by the Board of Nursing Education and Nurse Registration in this State and possess a master's degree in psychiatric or public health nursing, and two years of nursing experience in a mental health setting. Additional

post baccalaureate nursing experience in a mental health setting may be substituted on a year-for-year basis for the educational requirement.

Licensed Vocational Nurse (LVN)

(93) CCR, Title 9, 628

A licensed vocational nurse shall have a license to practice vocational nursing by the Board of Vocational Nurse and Psychiatric Technician Examiners and possess six years of post license experience in a mental health setting. Up to four years of college or university education may be substituted for the required vocational nursing experience on a year-for-year basis.

Psychiatric Technician (PT)

(94) CCR, Title 9, 629

A psychiatric technician shall have a current license to practice as a psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners and six years of post license experience in a mental health setting. Up to four years of college or university education may be substituted for the required psychiatric technician experience on a year-for-year basis.

Mental Health Rehabilitation Specialist (MHRS)

(95) CCR, Title 9, 630

A Mental Health Rehabilitation Specialist qualifies as head of services with the same requirements as listed above for service provision: A Mental Health Rehabilitation Specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

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).