

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.

DEFINITIONS

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

"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 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.

"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.

"Rehabilitation" means a recovery focused service activity which includes assistance in improving 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.

"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.

"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.

"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.

REHABILITATIVE MENTAL HEALTH SERVICES

Rehabilitative Mental Health Services are 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 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. 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.

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~~

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

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.

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

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

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

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

2. Medication Support Services are 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.

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.

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

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

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

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

3. Day Treatment Intensive is a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive 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 each day. The Day Treatment Intensive program is a program that lasts less than 24 hours each day.

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

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

This service includes the following service activities:

- A. Skill building groups. Day treatment intensive also includes process groups;
- B. 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;
- C. An established protocol for responding to beneficiaries experiencing a mental health crisis. The protocol 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 beneficiary's urgent or emergency psychiatric condition (crisis services). If beneficiaries will be referred to crisis services outside the day treatment intensive program, the day treatment intensive staff must have the capacity to handle the crisis until the beneficiary is linked to the outside crisis services;
- D. A detailed weekly schedule that is available to beneficiaries and, as appropriate, to their families, caregivers or significant support persons that identifies when and where the service components of program will be provided and by whom. The written weekly schedule must specify the program staff, their qualifications, and the scope of their responsibilities.

This service may include the following service components:

- Assessment
- Plan development
- Therapy

- Rehabilitation
- Collateral

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

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

4. Day Rehabilitation is a structured program of rehabilitation and therapy to improve 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 each day. Day Rehabilitation is a program that lasts less than 24 hours each day.

There is an expectation that the beneficiary will be present for all of the beneficiary's scheduled hours. When a beneficiary is unavoidably absent for some part of the scheduled hours, the provider receives Medi-Cal reimbursement for Day Rehabilitation only if the beneficiary is present for at least 50 percent of the beneficiary's scheduled hours.

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

This service includes the following service activities:

- 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. 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 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;

This service includes the following service components:

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

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

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 rehabilitation services must be obtained at least every 6 months. Day rehabilitation services are not reimbursable when crisis residential treatment services, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except for the day of admission to those services.

5. Crisis Intervention is an unplanned, expedited service, lasting less than 24 hours to a beneficiary for a condition that requires more timely response than a regularly scheduled visit. 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.

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.

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

- Assessment
- Collateral
- Therapy
- Referral

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

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

6. Crisis Stabilization is a 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. 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.

Crisis stabilization must 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 to perform crisis stabilization. Crisis stabilization is an all inclusive program and no other Rehabilitative Mental Health Services are reimbursable during the same time period this service is reimbursed.

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

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

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

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

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

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.

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

7. Adult Residential Treatment Services are recovery focused rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries in their efforts to restore 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.

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

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

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

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

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

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

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

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.

8. Crisis Residential Treatment Services are therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program (short term--3 months or less) as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore 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.

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

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

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

I. Use of the residential environment to assist beneficiaries in the acquisition, testing, and/or refinement of community living and interpersonal skills.

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

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

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.

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.

9. Psychiatric Health Facility Services are therapeutic and/or rehabilitative services provided in a psychiatric health facility 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.

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.

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.

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

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)

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

Psychologist

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.

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.

Licensed Clinical Social Worker (LCSW)

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. A social worker may also be a Registered Professional who has registered with the state licensing authority for clinical social workers to obtain supervised clinical hours for clinical social worker licensure.

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.

Marriage and Family Therapist (MFT)

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. A MFT may also be a Registered Professional who has registered with the state licensing authority for marriage and family therapists to obtain supervised clinical hours for, marriage and family therapist licensure.

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 coursework and training.

Registered Nurses (RN)

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.

The practice of nursing means those functions, including basic health care, that help people cope with difficulties in daily living that require a substantial amount of scientific knowledge or technical skill, including all of the following: direct and indirect patient care services, including the administration of medications and therapeutic agents ordered by a physician, dentist, podiatrist, or clinical psychologist; the performance of skin tests, immunization techniques, and the withdrawal of blood; 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 of appropriate interventions, or emergency procedures, in accordance with standardized procedures.

Nurse Practitioner (NP)

In order to obtain board certification in the State of California as a Nurse Practitioner, each candidate must: 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. 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.

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)

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.

The practice of vocational nursing is the performance of services requiring those technical, manual skills acquired by means of a course in an accredited school of vocational nursing. LVNs are entry-level health care providers practicing under the direction of a physician or registered nurse. A LVN, when directed by a physician, may do all of the following: administer medications by hypodermic injection, withdraw blood from a patient (under certain conditions), and start/superimpose intravenous fluids (under certain conditions). A LVN, acting under the direction of a physician may perform: tuberculin skin tests, coccidioidin skin tests, histoplasmin skin tests, and immunization techniques.

Psychiatric Technician (PT)

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.

Psychiatric technicians implement 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. PTs have direct responsibility for administering or implementing specific therapeutic procedures, techniques, treatments, or medications with the aim of enabling patients to make optimal use of their therapeutic regime, their social and personal resources, and their residential care. PTs are also responsible for 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.

Mental Health Rehabilitation Specialist (MHRS)

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

Pharmacist

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 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; 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.

Occupational Therapist (OT)

Before obtaining licensure as an Occupational Therapist in the State of California, the candidate must complete the academic requirements of an accredited educational program for occupational therapy, 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.

The practice of occupational therapy is 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 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).

Other Qualified Provider

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:

Psychiatrist

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

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)

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)

A marriage 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)

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)

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)

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)

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).