

DATE:

Behavioral Health Information Notice No: 24-XXX

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Standards for specific behavioral health provider types and services; amends relevant sections within Title 9 and Title 22 of the California Code of Regulation (CCR).

PURPOSE: This BHIN provides the standards and associated updates to Title 9 and Title 22 CCR regulations for Medi-Cal behavioral health delivery systems to implement State Plan Amendment 23-0026 which allows Licensed Professional Clinical Counselors (LPCCs), Licensed Vocational Nurses (LVNs), Licensed Psychiatric Technicians (LPTs), Licensed Occupational Therapists (LOTs), Medical Assistants (Mas), and Clinical Trainees (CTs) to provide specified Medi-Cal behavioral health services and removes existing limitations on field-based services and individual counseling services in the Drug Medi-Cal delivery system.

REFERENCE: State Plan Amendment [23-0026](#); Welfare and Institutions Code [14184.201](#), subdivision (d)



BACKGROUND:

The California Advancing and Innovating Medi-Cal (CalAIM) initiative is a long-term commitment by the California Department of Health Care Services (DHCS) to transform and strengthen Medi-Cal, including by reducing complexity across the Medi-Cal delivery systems for behavioral health services.

As part of CalAIM, DHCS is implementing the Behavioral Health Administrative Integration initiative. This initiative aims to facilitate greater access to services, improve quality of services, and provide a more integrated care experience for members with co-occurring mental health and substance use disorder (SUD) conditions. To further the goals of the Behavioral Health Administrative Integration initiative, DHCS is proposing changes to the types of providers that can provide Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal-Organized Delivery System (DMC-ODS) services to achieve greater consistency and allow more providers to provide behavioral health care across these delivery systems. DHCS aims to support and expand the behavioral health workforce, including licensed professionals and other providers, that provide mental health and SUD services across all settings and delivery systems.

DHCS received approval of [State Plan Amendment \(SPA\) 23-0026](#) on December 5, 2023 from the Centers for Medicare and Medicaid Services (CMS) to make changes to the Rehabilitative Mental Health Services, Targeted Case Management, Substance Use Disorder Treatment Services, Expanded Substance Use Disorder Treatment Services, Medication-Assisted Treatment, and Community-Based Mobile Crisis Intervention Services provider types and qualifications. These services are provided through the SMHS, DMC, and DMC-ODS programs.

Additionally, DHCS is removing certain limitations on service delivery that apply to the DMC program under Title 22 of the California Code of Regulations (22 CCR). These modifications eliminate certain restrictions on individual counseling; allow for the provision of field-based services; and enable Licensed Professional Clinical Counselors (LPCCs) to deliver DMC services, including individual and group counseling, as appropriate, within their scope of practice.

This BHIN amends the CCR sections listed in Enclosure 1. As specified in Welfare and Institutions Code (WIC) section 14184.102, subdivision (d), DHCS has the authority to implement these changes through this Behavioral Health Information Notice (BHIN).

POLICY:

Effective July 1, 2023, county Mental Health Plans (MHPs), DMC counties, and DMC-ODS counties (collectively referred to as “Medi-Cal behavioral health delivery systems”) may utilize additional providers for specialty mental health and SUD treatment services as described below.

Provider Type	Current Delivery System	Added Delivery System (Effective 7/1/23)
Licensed Vocational Nurses (LVNs) ¹	SMHS	DMC DMC-ODS
Licensed Psychiatric Technicians (LPTs) ²	SMHS	DMC DMC-ODS
Licensed Occupational Therapists (LOTs) ^{3,4}	SMHS	DMC DMC-ODS
Medical Assistants (MAs) ⁵	-	SMHS DMC DMC-ODS
Clinical Trainees (CTs) ⁶	-	SMHS DMC DMC-ODS
Licensed Professional Clinical Counselors (LPCCs) ⁷	SMHS DMC-ODS	DMC

SPA 23-0026:

¹ Adds LVNs as Licensed Practitioners of the Healing Arts (LPHAs) that may provide specified DMC and DMC-ODS services.

² Adds Licensed Psychiatric Technicians as LPHAs that may provide specified DMC and DMC-ODS services.

³ Adds Licensed Occupational Therapists as LPHAs that may provide specified DMC and DMC-ODS services.

⁴ Permits Licensed Occupational Therapists to direct services in the SMHS delivery system.

⁵ Defines and adds Medical Assistants as providers of specified SMHS, DMC, and DMC-ODS services.

⁶ Defines and adds Clinical Trainees as providers of specified SMHS, DMC, and DMC-ODS services.

⁷ SPA 20-0006-A: Adds Licensed Professional Clinical Counselors (LPCCs) as providers of specified DMC services. This BHIN removes limitations under Title 22 to permit LPCCs to provide DMC services.

In addition to the provider changes listed above, SPA 23-0026 includes the following updates:

- The definition of “registered” now includes individuals who are in the process of obtaining registration as social worker candidates, marriage and family therapist candidates, and professional clinical counselor candidates (as well as individuals whose registrations as candidates for these licensure types have been approved by the California Board of Behavioral Sciences [BBS]).
- The definitions of Other Qualified Provider, Licensed Mental Health Professional, and “under the direction of” are amended for Targeted Case Management Services to be consistent with the same terms used for other Specialty Mental Health Services in the Rehabilitative Mental Health Treatment Services pages of the State Plan.

Enclosure 2 outlines the Medi-Cal specialty behavioral health services that each provider type is qualified to provide. Providers must act within their scope of practice under California law. Existing scope of practice laws are not changed or superseded by this BHIN.⁸

Clinical Trainee and Medical Assistant Definitions

SPA 23-0026 defines Clinical Trainees and Medical Assistants as follows:

- Clinical Trainee (CT) – SUD/SMHS
A Clinical Trainee – SUD/SMHS is an unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Practitioner of the Healing Arts (for CT SUD) or a Licensed Mental Health Professional (for CT SMHS); is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or the applicable licensing board to participate in the practicum, clerkship, or internship and provide specialty mental health or substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

⁸ Please see the California Business and Professions Code (BPC) Division 2, Healing Arts for LVNs (BPC sections [2840-2895.5](#)), LPTs (BPC sections [4510-4519](#)), LOTs (BPC sections [2570-2572](#)), MAs (BPC sections [2069-2071](#)), LPCCs (BPC sections [4999.30-4999.67](#)) and any implementing regulations, continuing education and ethical requirements, and policies of professional licensing boards.

- **Medical Assistant (MA) – SUD/SMHS**

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

Clinical Social Worker (CSW), Marriage and Family Therapist (MFT), and Professional Clinical Counselor (PCC) Candidates

CSW, MFT, and PCC candidates who have graduated from a master's program and are completing their required hours for licensure must register with the BBS as an associate. The "90 Day Rule" set by the BBS allows candidates to count supervised experience toward licensure when gained during the window of time between the degree award date and the issue date of the associate registration number if BBS receives the associate application within 90 days of the degree award date.^{9,10}

SPA 23-0026 allows Medi-Cal behavioral health delivery systems to utilize CSW, MFT, and PCC candidates who have submitted their applications for associate registration to BBS within 90 days of their degree award date and are completing supervised experience toward licensure to provide SMHS, DMC-ODS and DMC services to Medi-Cal members. CSW, MFT, and PCC candidates must act within their scopes of practice under California law. Medi-Cal behavioral health delivery systems must obtain and maintain documentation to verify that the candidate's BBS application has been submitted and is pending, and must subsequently verify that the registration is approved. In the event the BBS application is not approved by BBS, the services provided by the candidate are not Medi-Cal reimbursable.

Updates to Drug Medi-Cal (DMC)

22 CCR section 51341.1 (b)(10) defines "face-to-face", restricts service delivery to certified facilities only, and includes limitations for telephone contact, home visits, and hospital visits. This BHIN amends 22 CCR section 51341.1 (b)(10) to allow for the provision of field-based services.

⁹ BPC sections 4980.43; 4996.23; 4999.46

¹⁰ Please see guidance from the Board of Behavioral Sciences for additional information regarding the 90 Day Rule: https://www.bbs.ca.gov/pdf/90day_rule.pdf.

In addition, 22 CCR section 51341.1 (b) defines several DMC services, including individual counseling and group counseling, as contacts between clients and “therapists or counselors.” The definition of “therapist” in 22 CCR section 51341.1. (b)(30) does not include LPCCs. Consequently, LPCCs have not been permitted to provide DMC services. This BHIN amends 22 CCR section 51341.1 (b)(30) to align with the State Plan to enable LPCCs to provide DMC services, including individual and group counseling, as appropriate within their scope of practice.

Finally, 22 CCR section 51341.1 (d)(2)(B) limits individual counseling to intake, crisis intervention, collateral services, and treatment and discharge planning. This BHIN amends 22 CCR section 51341.1 (d)(2)(B) to allow individual counseling as recommended by a Licensed Practitioner of the Healing Arts (LPHA) operating within their scope of practice based on medical necessity.

Short Doyle/Medi-Cal Claiming

The Short Doyle/Medi-Cal (SD/MC) claiming system is updated to support the inclusion of procedure and taxonomy codes as needed for compliant claims for the new provider types discussed in this BHIN. A taxonomy code describing the provider delivering the service must be listed on all claims. The SD/MC claiming system will verify whether the provider’s taxonomy code is associated with the service provided. Medi-Cal behavioral health delivery systems are responsible for ensuring that providers deliver services within their scopes of practice. Please reference guidance outlined below and the following documents to claim properly for behavioral health services:

- The Specialty Mental Health Billing Manual must be used by MHPs that are submitting claims to the SD/MC claims processing system.
- The DMC and DMC-ODS Billing Manuals must be used by DMC and DMC-ODS counties and direct providers submitting claims to the SD/MC claims processing system.

Beginning February 15, 2024, Medi-Cal behavioral health delivery systems and trading partners¹¹ may submit claims to Short Doyle for services rendered by the new CT provider types listed below:

- Nurse Practitioner Clinical Trainee
- Licensed Psychologist Clinical Trainee
- Licensed Clinical Social Worker Clinical Trainee
- Licensed Marriage and Family Therapist Clinical Trainee
- Licensed Professional Clinical Counselor Clinical Trainee

¹¹ Trading partners include authorized billing vendors, contracted providers, and others.

- Licensed Psychiatric Technician Clinical Trainee
- Registered Nurse Clinical Trainee
- Licensed Vocational Nurse Clinical Trainee
- Licensed Occupational Therapist Clinical Trainee
- Licensed Physician Clinical Trainee (Medical Student)
- Registered Pharmacist Clinical Trainee
- Physician Assistant Clinical Trainee
- Clinical Nurse Specialist Clinical Trainee (Specialty Mental Health Delivery System only)

837P claims submitted to Short Doyle with a clinical trainee provider type as the rendering provider will be validated for the presence of the supervisor's NPI, in addition to meeting all the current claim submission requirements. Specific details on how to report provider NPIs on 837P claims are documented in the ASCX12 5010 Implementation Guides available for purchase at <http://www.wpc-edi.com/>. Short Doyle will also validate the supervisor's NPI against the National Plan and Provider Enumeration System (NPPES) Downloadable File to ensure that the supervisor's NPI is not on the deactivated list at the time services were performed. Claims for clinical trainees that do not contain a valid supervisor NPI will be denied with adjustment group, reason code, and remarks code CO/208/N297.

Privacy and Data Sharing

This BHIN does not modify any State or federal requirements around privacy or data sharing, including among others, federal rules concerning SUD services at 42 CFR Part 2. The statutory authority for CalAIM includes a provision designed to remove obstacles in State law to data sharing but makes no change to applicable federal requirements. DHCS has issued guidance on data sharing and anticipates providing additional guidance. These resources are available at <https://www.dhcs.ca.gov/dataandstats/Pages/DHCS-Data-Exchange-and-Data-Sharing.aspx>.

Compliance

MHPs and DMC/DMC-ODS counties may implement the policies above for dates of service on or after July 1, 2023, and shall implement the guidance in this BHIN no later than 90 calendar days from the date of publication. Implementation shall include, but is not limited to, updating policies and procedures as well as supporting materials for SMHS, DMC, and DMC-ODS as needed to ensure compliance. Additionally, Medi-Cal behavioral health delivery systems shall communicate these policies to their staff, subcontractors if applicable, and network providers that provide or administer SMH, DMC, and DMC-ODS services, and ensure the appropriate staff, subcontractors, and

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network providers are trained on requirements set forth in this BHIN. DHCS may impose a corrective action plan, as well as administrative and/or monetary sanctions, for non-compliance. For additional information regarding administrative and monetary sanctions, see BHIN 22-045, and any subsequent iterations on this topic.

Please contact BHCalAIM@dhcs.ca.gov for questions.

Sincerely,

Original signed by

Ivan Bhardwaj, Division Chief
Medi-Cal Behavioral Health – Policy Division

Michele Wong, Division Chief
Medi-Cal Behavioral Health – Oversight & Monitoring Division

DRAFT

ENCLOSURE 1

Superseded California Code of Regulations

Regulation Title and Section Number	Original Regulation	Amended Regulation
<p>Title 9 Section 1810.222 Individual Provider</p>	<p>“Individual Provider” means licensed mental health professionals whose scope of practice permits the practice of psychotherapy without supervision who provide specialty mental health services directly to beneficiaries. Individual provider includes licensed physicians, licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, and registered nurses with a master's degree within their scope of practice. Individual provider does not include licensed mental health professionals when they are acting as employees of any organizational provider or contractors of organizational providers other than the MHP.</p>	<p>“Individual Provider” means licensed mental health professionals whose scope of practice permits them to direct specialty mental health services.</p>
<p>Title 9 Section 1810.223 Licensed Mental Health Professional</p>	<p>“Licensed mental health professional” means licensed physicians, licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, registered nurses, licensed vocational nurses, and licensed psychiatric technicians.</p>	<p>“Licensed mental health professional” means any of the following providers who are licensed in accordance with applicable State of California licensure requirements: licensed physicians; licensed psychologists (includes waived psychologists); licensed clinical social workers (includes waived or registered clinical social workers); licensed professional clinical counselors (includes</p>

Regulation Title and Section Number	Original Regulation	Amended Regulation
		<p>waivered or registered professional clinical counselors); licensed marriage and family therapists (includes waived or registered marriage and family therapists); registered nurses (includes certified nurse specialists and nurse practitioners); licensed vocational nurses; licensed psychiatric technicians; and licensed occupational therapists. For a psychologist candidate, “waivered” means an individual who either is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law. For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, “registered” means a candidate for licensure who is registered or is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for</p>

Regulation Title and Section Number	Original Regulation	Amended Regulation
		<p>licensure, in accordance with applicable statutes and regulations and “waivered” means a candidate who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.</p>
<p>Title 9 Section 1840.346 Medication Support Services Staffing Requirements</p>	<p>Medication Support Services shall be provided within the scope of practice by any of the following: (a) Physician (b) Registered Nurse (c) Licensed Vocational Nurse (d) Psychiatric Technician (e) Pharmacist (f) Physician Assistant</p>	<p>Medication Support Services shall be provided within the scope of practice by any of the following: (a) Licensed Mental Health Professional (b) Pharmacist (c) Physician Assistant</p>
<p>Title 9 Section 1840.350 Day Treatment Intensive Staffing Requirements</p>	<p>(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Treatment Intensive services to eight beneficiaries or other clients in attendance during the period the program is open:</p>	<p>(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Treatment Intensive services to eight beneficiaries or other clients in attendance during the period the program is open:</p>

Regulation Title and Section Number	Original Regulation	Amended Regulation
	(1) Physicians (2) Psychologists or related waived/registered professionals (3) Licensed Clinical Social Workers or related waived/registered professionals (4) Marriage and Family Therapists or related waived/registered professionals (5) Registered Nurses (6) Licensed Vocational Nurses (7) Psychiatric Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630.	(1) Licensed Mental Health Professionals (2) Mental Health Rehabilitation Specialists as defined in Section 630. (3) Clinical Trainees (4) Medical Assistants
Title 9 Section 1840.350 Day Treatment Intensive Staffing Requirements	(c) Persons providing services in Day Treatment Intensive programs serving more than 12 clients shall include at least one person from two of the following groups: (1) Physicians (2) Psychologists or related waived/registered professionals (3) Licensed Clinical Social Workers or related waived/registered professionals (4) Marriage and Family Therapists or related waived/registered professionals (5) Registered Nurses (6) Licensed Vocational Nurses	(c) Persons providing services in Day Treatment Intensive programs serving more than 12 clients shall include at least one person from two of the following groups: (1) Licensed Mental Health Professionals (2) Mental Health Rehabilitation Specialists as defined in Section 630. (3) Clinical Trainees (4) Medical Assistants

Regulation Title and Section Number	Original Regulation	Amended Regulation
	(7) Psychiatric Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630.	
Title 9 Section 1840.352 Day Rehabilitation Staffing Requirements	(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Rehabilitation services to ten beneficiaries or other clients in attendance during the period the program is open: (1) Physicians (2) Psychologists or related waived/registered professionals (3) Licensed Clinical Social Workers or related waived/registered professionals (4) Marriage and Family Therapists or related waived/registered professionals (5) Registered Nurses (6) Licensed Vocational Nurses (7) Psychiatric Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630.	(a) At a minimum there must be an average ratio of at least one person from the following list providing Day Rehabilitation services to ten beneficiaries or other clients in attendance during the period the program is open: (1) Licensed Mental Health Professionals (2) Mental Health Rehabilitation Specialists as defined in Section 630. (3) Clinical Trainees (4) Medical Assistants
Title 9 Section 1840.352 Day Rehabilitation Staffing Requirements	(c) Persons providing services in Day Rehabilitation programs serving more than 12 clients shall include at least two of the following:	(c) Persons providing services in Day Rehabilitation programs serving more than 12 clients shall include at least two of the following:

Regulation Title and Section Number	Original Regulation	Amended Regulation
	(1) Physicians (2) Psychologists or related waived/registered professionals (3) Licensed Clinical Social Workers or related waived/registered professionals (4) Marriage and Family Therapists or related waived/registered professionals (5) Registered Nurses (6) Licensed Vocational Nurses (7) Psychiatric Technicians (8) Occupational Therapists (9) Mental Health Rehabilitation Specialists as defined in Section 630.	(1) Licensed Mental Health Professionals (2) Mental Health Rehabilitation Specialists as defined in Section 630. (3) Clinical Trainees (4) Medical Assistants
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Service	(b)(1) "Admission to treatment date" means the date of the first face-to-face treatment service, as described in Subsection (d), rendered by the provider to the beneficiary.	(b)(1) "Admission to treatment date" means the date of the first treatment service, as described in Subsection (d), rendered by the provider to the beneficiary.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Service	(b)(4) "Collateral services" means face-to-face sessions with therapists or counselors and significant persons in the life of a beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.	(b)(4) definition for "Collateral services" is superseded.

Regulation Title and Section Number	Original Regulation	Amended Regulation
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Service	(b)(7) "Crisis intervention" means a face-to-face contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the beneficiary's emergency situation.	(b)(7) "Crisis intervention" means a contact with a beneficiary in crisis. Services shall focus on alleviating crisis problems. A "crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall focus on alleviating the crisis problem, be limited to stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Service	(b)(10) "Face-to-face" means occurring in person, at a certified facility. Telephone contacts, home visits, and hospital visits shall not be considered face-to-face.	(b)(10) definition for "Face-to-face" is superseded.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Service	(b)(11) "Group counseling" means face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. Group counseling shall be conducted in a confidential setting, so that individuals not participating in the group cannot hear the comments of the group participants, therapist or counselor. A beneficiary that is 17 years of age or younger	(b)(11) "Group counseling" means a contact with multiple beneficiaries at the same time. Group counseling shall focus on the needs of the participants. (A) Group counseling shall be provided to a group that includes at least two and no more than 12 participants at the same time, only one of whom needs to be a Medi-Cal beneficiary. (b)(11)(B) is superseded.

Regulation Title and Section Number	Original Regulation	Amended Regulation
	<p>shall not participate in group counseling with any participants who are 18 years of age or older. However, a beneficiary who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider's certified school site.</p> <p>(A) For outpatient drug free treatment services and narcotic treatment programs, group counseling shall be conducted with no less than four and no more than ten clients at the same time, only one of whom needs to be a Medi-Cal beneficiary.</p> <p>(B) For day care habilitative services, group counseling shall be conducted with no less than two and no more than twelve clients at the same time, only one of whom needs to be a Medi-Cal beneficiary.</p>	
<p>Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Service</p>	<p>(b)(12) "Individual counseling" means face-to-face contacts between a beneficiary and a therapist or counselor. Individual counseling shall be conducted in a confidential setting, so that individuals not participating in the counseling session cannot hear the comments of the beneficiary, therapist or counselor.</p>	<p>(b)(12) "Individual counseling" means a contact with a beneficiary. Individual counseling also includes a contact between a beneficiary, substance use disorder treatment professional, and one or more collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the</p>

Regulation Title and Section Number	Original Regulation	Amended Regulation
		achievement of the beneficiary's treatment goals. Individual counseling also includes preparing the beneficiary to live in the community, and providing linkages to treatment and services available in the community.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services	(b)(30) "Therapist" means any of the following: (A) A psychologist licensed by the California Board of Psychology. (B) A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences. (C) An intern registered with the California Board of Psychology or the California Board of Behavioral Sciences. (D) A physician.	(b)(30) "Licensed Practitioner of the Healing Arts" means any of the following: Physician, Nurse Practitioner, Physician Assistant, Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist, Licensed Clinical Social Worker, Registered Clinical Social Worker, Licensed Professional Clinical Counselor, Registered Professional Clinical Counselor, Licensed Marriage and Family Therapist, Registered Marriage and Family Therapist, Licensed Vocational Nurse, Licensed Occupational Therapist, and Licensed Psychiatric Technician.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services	(b)(31) "Unit of service" means: (A) For outpatient drug free, day care habilitative, perinatal residential, and Naltrexone treatment services, a face-to-face contact on a calendar day. (B) For narcotic treatment program services, a calendar month of treatment services	(b)(31) "Unit of service" means: (A) For outpatient drug free, day care habilitative, perinatal residential, and Naltrexone treatment services, a contact on a calendar day. (B) For narcotic treatment program services, a calendar month of treatment services

Regulation Title and Section Number	Original Regulation	Amended Regulation
	provided pursuant to this section and Chapter 4 commencing with Section 10000 of Title 9, CCR.	provided pursuant to this section and Chapter 4 commencing with Section 10000 of Title 9, CCR.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services	N/A	(b)(32) "Clinical Trainee" means an unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship, or internship and provide substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services	(d)(2)(B) Individual counseling shall be limited to intake, crisis intervention, collateral services, and treatment and discharge planning.	(d)(2)(B) is superseded.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services	(h)(1)(A)(iv)(b) As an alternative to complying with Paragraph (a) or in addition to complying with Paragraph (a) above, the physician, a	(h)(1)(A)(iv)(b) As an alternative to complying with Paragraph (a) or in addition to complying with Paragraph (a) above, Licensed

Regulation Title and Section Number	Original Regulation	Amended Regulation
	<p>registered nurse practitioner or a physician's assistant, may perform a physical examination of the beneficiary within thirty (30) calendar days of the beneficiary's admission to treatment date.</p>	<p>Practitioner of the Healing Arts may perform a physical examination of the beneficiary within thirty (30) calendar days of the beneficiary's admission to treatment date.</p>
<p>Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services</p>	<p>(h)(3)(C) For narcotic treatment programs, the therapist or counselor shall record progress notes in accordance with the requirements of Section 10345, Title 9, CCR.</p>	<p>(h)(3)(C) For narcotic treatment programs, the Licensed Practitioner of the Healing Arts, Clinical Trainee, or counselor shall record progress notes in accordance with the requirements of Section 10345, Title 9, CCR.</p>
<p>Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services</p>	<p>(h)(6) Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis. In addition to the requirements of this subsection, an involuntary discharge is subject to the requirements set forth in Subsection (p). (A) A therapist or counselor shall complete a discharge plan for each beneficiary, except for a beneficiary with whom the provider loses contact. (i) The discharge plan shall include, but not be limited to, all of the following: (a) A description of each of the beneficiary's relapse triggers and a plan to assist the beneficiary to avoid relapse when confronted with each trigger.</p>	<p>(h)(6) Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis. In addition to the requirements of this subsection, an involuntary discharge is subject to the requirements set forth in Subsection (p). (A) A Licensed Practitioner of the Healing Arts, Clinical Trainee, or counselor shall complete a discharge plan for each beneficiary, except for a beneficiary with whom the provider loses contact. (i) The discharge plan shall include, but not be limited to, all of the following: (a) A description of each of the beneficiary's relapse triggers and a plan to assist the beneficiary to avoid relapse when confronted</p>

Regulation Title and Section Number	Original Regulation	Amended Regulation
	<p>(b) A support plan.</p> <p>(ii) The discharge plan shall be prepared within thirty (30) calendar days prior to the date of the last face-to-face treatment with the beneficiary.</p> <p>(iii) During the therapist or counselor's last face-to-face treatment with the beneficiary, the therapist or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. A copy of the discharge plan shall be provided to the beneficiary.</p> <p>(B) The provider shall complete a discharge summary, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements:</p> <p>(i) For outpatient drug free, day care habilitative, perinatal residential, and Naltrexone treatment services, the provider shall complete the discharge summary within thirty (30) calendar days of the date of the provider's last face-to-face treatment contact with the beneficiary. The discharge summary shall include all of the following:</p>	<p>with each trigger.</p> <p>(b) A support plan.</p> <p>(ii) The discharge plan shall be prepared within thirty (30) calendar days prior to the date of the last treatment with the beneficiary.</p> <p>(iii) During the Licensed Practitioner of the Healing Arts, Clinical Trainee, or counselor's last treatment with the beneficiary, the Licensed Practitioner of the Healing Arts, Clinical Trainee, or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. A copy of the discharge plan shall be provided to the beneficiary.</p> <p>(B) The provider shall complete a discharge summary, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements:</p> <p>(i) For outpatient drug free, day care habilitative, perinatal residential, and Naltrexone treatment services, the provider shall complete the discharge summary within thirty (30) calendar days of the date of the provider's last treatment contact with the beneficiary. The discharge summary shall include all of the following:</p>

Regulation Title and Section Number	Original Regulation	Amended Regulation
	<p>(a) The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment.</p> <p>(b) The reason for discharge.</p> <p>(c) A narrative summary of the treatment episode.</p> <p>(d) The beneficiary's prognosis.</p> <p>(ii) For narcotic treatment program services, the discharge summary shall meet the requirements of Section 10415, Title 9, CCR.</p>	<p>(a) The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment.</p> <p>(b) The reason for discharge.</p> <p>(c) A narrative summary of the treatment episode.</p> <p>(d) The beneficiary's prognosis.</p> <p>(ii) For narcotic treatment program services, the discharge summary shall meet the requirements of Section 10415, Title 9, CCR.</p>
<p>Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services</p>	<p>(i) For each beneficiary, providers shall maintain all of the documentation in the beneficiary's individual patient record established pursuant to Subsection (g)(1) for a minimum of three (3) years from the date of the last face-to-face contact between the beneficiary and the provider. In addition providers shall maintain documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of three (3) years from the date of the last face-to-face contact. If an audit takes place during the three year period,</p>	<p>(i) For each beneficiary, providers shall maintain all of the documentation in the beneficiary's individual patient record established pursuant to Subsection (g)(1) for a minimum of three (3) years from the date of the last contact between the beneficiary and the provider. In addition providers shall maintain documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of three (3) years from the date of the last contact. If an audit takes place during the three year period, the</p>

Regulation Title and Section Number	Original Regulation	Amended Regulation
	the providers shall maintain records until the audit is completed.	providers shall maintain records until the audit is completed.
Title 22 51341.1 Drug Medi-Cal Substance Use Disorder Services	<p>(m) In addition to the provisions of Section 51458.1(a), the Department shall recover overpayments to providers for any of the following reasons:</p> <p>(1) For all providers who:</p> <p>(A) Claimed reimbursement for a service not rendered.</p> <p>(B) Claimed reimbursement for a service at an uncertified location.</p> <p>(C) Failed to meet the requirements of Subsections (b), (c), (d), (g), (h), and (i).</p> <p>(D) Used erroneous, incorrect, or fraudulent good cause codes and procedures specified in Sections 51008 and 51008.5.</p> <p>(E) Used erroneous, incorrect, or fraudulent multiple billing codes and certification processes specified in Section 51490.1(b).</p>	<p>(m) In addition to the provisions of Section 51458.1(a), the Department shall recover overpayments to providers for any of the following reasons:</p> <p>(1) For all providers who:</p> <p>(A) Claimed reimbursement for a service not rendered.</p> <p>(B) Claimed reimbursement for a service rendered by a provider that is not certified pursuant to Section 51200 to provide Drug Medi-Cal substance use disorder services.</p> <p>(C) Failed to meet the requirements of Subsections (b), (c), (d), (g), (h), and (i).</p> <p>(D) Used erroneous, incorrect, or fraudulent good cause codes and procedures specified in Sections 51008 and 51008.5.</p> <p>(E) Used erroneous, incorrect, or fraudulent multiple billing codes and certification processes specified in Section 51490.1(b).</p>

ENCLOSURE 2

SMHS Provider Qualifications

Within the SMHS delivery system, rehabilitative mental health treatment services include assessment, medication, support services, peer support services, psychosocial rehabilitation, therapy, and treatment planning. SPA 23-0026 adds MAs and CTs as providers for a subset of these services, within their respective scopes of practice¹² as outlined below.

	Rehabilitative Mental Health Treatment Services						
	Assessment	Medication Support Services	Peer Support Services	Psychosocial Rehabilitation	Referral & Linkages	Therapy	Treatment Planning
Provider Qualifications	L, M, PA, Ph, OP, MA, CT	CT, L, MA, PA, Ph	P	L, M, PA, Ph, OP, MA, CT	L, M, PA, Ph, OP, MA, CT	L, CT	L, M, PA, Ph, OP, MA, CT

Abbreviations

CT = Clinical Trainee

L = Licensed Mental Health Professional

M = Mental Health Rehabilitation Specialist

MA = Medical Assistant

P = Peer Support Specialist

PA = Physician Assistant

Ph = Pharmacist

OP = Other Qualified Provider

For complete definitions, please refer to Supplement 3 to Attachment 3.1-A, pages 2h, 2i, 2j, and 2k of the Medicaid State Plan.

¹² BPC sections: [2840-2895.5](#) | [4510-4519](#) | [2570-2572](#) | [2069-2071](#) | [4999.30-4999.67](#)

Targeted Case Management

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

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

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

“Waivered/Registered Professional” means:

- (1) For a psychologist candidate, “waivered” means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.
- (2) For a social worker candidate, a marriage and family therapist candidate, or a professional counselor candidate, “registered” means a candidate for licensure who is registered or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by with the corresponding state licensing

authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, and "waivered" means a candidate who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.

For additional information on the minimum provider qualifications for each individual delivery or directing services, please refer to Supplement 3 to Attachment 3.1-A, pages 11, 12, 13, 14, and 15 of the Medicaid State Plan.

DMC and DMC-ODS Provider Qualifications

Within the DMC program, SUD treatment services include assessment, counseling (individual and group), medical psychotherapy, medication services, patient education, peer support services, and SUD crisis intervention. SPA 23-0026 adds MAs and CTs as providers able to bill for a subset of these services within their respective scopes of practice¹³ as outlined below.

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

Within the DMC-ODS program, expanded SUD treatment services include assessment, care coordination, crisis intervention, family therapy, counseling (individual and group), medical psychotherapy, medication services, patient education, peer support services, observation, recovery services, and prescribing and monitoring of MAT for AUD and

¹³ BPC sections: [2840-2895.5](#) | [4510-4519](#) | [2570-2572](#) | [2069-2071](#) | [4999.30-4999.67](#)

other non-opioid substance use disorders. SPA 23-0026 adds MAs and CTs as providers able to bill for a subset of these services within their respective scopes of practice as outlined below.

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

MAT for Opioid Use Disorder (OUD)

MAT for OUD Services includes assessment, crisis intervention, counseling (individual and group), medical psychotherapy, medication services, patient education, and prescribing and monitoring of MAT for OUD. SPA 23-006 add MAs and CTs as providers able to bill for a subset of these services within their respective scopes of practice¹⁴ as outlined below.

	MAT for OUD Services						
	Assessment*	Crisis Intervention	Counseling (Individual & Group)	Medical Psychotherapy	Medication Services	Patient Education	Prescribing & Monitoring of MAT for OUD
Provider Qualifications	C, CT, L*, MA	C, CT, L	C, CT, L	M	CT, L, MA	C, CT, L, MA	CT, L***, MA

Abbreviations

C = Counselors

CT = Clinical Trainee

L = Licensed Practitioner of the Healing Arts

M = Medical director of a Narcotic Treatment Program

MA = Medical Assistant

P = Peer Support Specialist

For complete definitions, please refer to Supplement 3 to Attachment 3.1-A Pages 6, 6a, 6m, and 6n and Supplement 7 to Attachment 3.1-A pages 5 and 6 of the Medicaid State Plan.

¹⁴ BPC sections: [2840-2895.5](#) | [4510-4519](#) | [2570-2572](#) | [2069-2071](#) | [4999.30-4999.67](#)

Notes

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

**Registered or certified counselors may assist with some aspects of this service, however, a licensed provider is responsible for supervising this service component. All personnel performing observations must complete training in withdrawal management.

***May be provided by an LPHA within their scope of practice. Providers must be a waived prescriber of buprenorphine to prescribe or order buprenorphine.

Qualified Mobile Crisis Team Members by Delivery System

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

Rehabilitative Mental Health Treatment Providers*	SUD Treatment Providers**	Expanded SUD Treatment Providers**	Other Provider Types***
<ul style="list-style-type: none"> • Waivered/Registered Marriage and Family Therapist • Registered Nurse • Certified Nurse Specialist • Licensed Vocational Nurse • Psychiatric Technician • Mental Health Rehabilitation Specialist • Physician Assistant • Nurse Practitioner • Pharmacist • Occupational Therapist • Other Qualified Provider • Peer Support Specialist • Clinical Trainee • Medical Assistant 	<ul style="list-style-type: none"> • Clinical Trainee • Medical Assistant 		<p>Medical Technicians must be certified in accordance with applicable State of California certification requirements.</p> <p>Paramedics. Paramedics must be licensed in accordance with applicable State of California licensure requirements.</p> <ul style="list-style-type: none"> • Community Paramedics. Community paramedics must be licensed, certified, and accredited in accordance with applicable State of California licensure requirements.

Notes

* Defined in the “Provider Qualifications” subsection of the “Rehabilitative Mental Health Services” section of this supplement. Rehabilitative Mental Health Treatment services are provided by certified mental health organizations or agencies and by mental health professionals who are credentialed according to state requirements or non-licensed providers who agree to abide by the definitions, rules, and requirements for Rehabilitative Mental Health Services established by the Department of Health Care Services, to the extent authorized under state law.

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

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

Limitations

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