DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE:

Behavioral Health Information Notice No: 25-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: Coverage of Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practices (EBPs)

PURPOSE: To provide guidance regarding coverage of EBPs available under Medi-Cal as part of BH-CONNECT, including Assertive Community Treatment (ACT), Forensic ACT (FACT), Coordinated Specialty Care for First Episode Psychosis (CSC for FEP), Individual Placement and Support (IPS) Supported Employment, Enhanced Community Health Worker (CHW) Services and Clubhouse Services.

REFERENCE: California Welfare and Institutions Code Division 9, Part 3, Chapter 7, Article 5.51: 14184.400(c)(1), 14181.102(d), and 14184.402(i)

BACKGROUND:
The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. BH-CONNECT is comprised of a new five-year Medicaid Section 1115 demonstration and State Plan Amendments (SPAs) to expand coverage of evidence-based practices (EBPs) available under Medi-Cal, as well

as complementary guidance and policies to strengthen behavioral health services statewide.

In December 2024, the Centers for Medicare & Medicaid Services (CMS) approved SPAs 24-0042, 24-0051, and 24-0052, establishing ACT, FACT, CSC for FEP, Clubhouse Services, Enhanced Community Health Worker Services, and IPS Supported Employment as covered Medi-Cal services effective January 1, 2025. Coverage of these EBPs supports the goal of BH-CONNECT to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs.

POLICY:

**Overview of BH-CONNECT EBPs**

Effective January 1, 2025, county behavioral health plans (BHPs, inclusive of mental health plans and Drug Medi-Cal Organized Delivery System plans) and Drug Medi-Cal programs have the option to cover one or more of the following BH-CONNECT EBPs within the Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and/or Drug Medi-Cal Organized Delivery System (DMC-ODS) delivery systems:[1]

- **Assertive Community Treatment (ACT).** ACT is a community-based, team-based service to support members living with complex and significant behavioral health needs and a treatment history that may include psychiatric hospitalization and emergency room visits, residential treatment, involvement with the criminal justice system, homelessness, and/or lack of engagement with traditional outpatient services. ACT supports recovery through an assertive, person-centered approach that assists members to cope with the symptoms of their mental health condition and acquire the skills necessary to function and be integrated in the community. ACT is delivered by a multidisciplinary ACT team, and includes a full range of clinical treatment, psychosocial rehabilitation, care coordination, and community support services designed to support recovery.

- **Forensic ACT (FACT).** FACT builds upon the ACT model to address the complex needs of members living with significant behavioral health needs who

[1] ACT, FACT, CSC for FEP and Clubhouse Services can be covered in the SMHS system only. Enhanced CHW Services and IPS Supported Employment can be covered in the SMHS, DMC and DMC-ODS delivery systems.

are also involved with the criminal justice system. FACT includes the same covered service components as ACT; however, FACT teams complete additional training and meet enhanced staffing requirements and serve a population of members with high risk or history of criminal justice system involvement.

- **Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP).** CSC is a community-based service designed for members experiencing FEP. By providing timely and integrated support during the critical initial stages of psychosis, CSC reduces the likelihood of psychiatric hospitalization, emergency room visits, residential treatment placements, involvement with the criminal justice system, substance use, and homelessness. CSC is a person-centered, team-based service that helps members cope with the symptoms of their mental health condition and to function and remain integrated in the community. Multidisciplinary CSC teams provide a wide range of individualized supports to members exhibiting initial signs of psychosis.

- **Clubhouse Services.** Clubhouses are intentional, strengths-focused community-based environments rooted in empowerment that support recovery from a mental health condition. Clubhouses provide opportunities for employment, socialization, education, and skill development to improve members' physical and mental health and overall quality of life and wellbeing. Clubhouse Services use a social practice model, in which members voluntarily participate in Clubhouse activities and duties alongside providers trained in the model.

- **Enhanced Community Health Worker (CHW) Services.** Enhanced CHW Services are preventive services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and behavioral health.[2] As described in SPA 24-0052, Enhanced CHW Services include all of the same components and requirements as CHW preventive services but are tailored to members who meet the access criteria for specialty mental health and/or SUD services.[3]

[2] 42 CFR 440.130(c)
[3] BHPs (inclusive of SMHS and DMC-ODS delivery systems) and DMC programs have the option to cover Enhanced CHW Services through the specialty behavioral health delivery systems. BHPs and DMC counties must adhere to all applicable claiming and documentation requirements for specialty behavioral health delivery systems, as described in this BHIN and other relevant DHCS guidance. For more information on the components of Enhanced CHW Services and CHW qualifications, BHPs and DMC counties should review the Medi-Cal provider manual for Community Health Worker Preventive Services.

- **Supported Employment.** The Individual Placement and Support (IPS) model of Supported Employment is a community-based intervention that supports members living with significant behavioral health needs to find and maintain competitive employment. Participation in IPS Supported Employment supports improved employment outcomes as well as improved self-esteem, independence, sense of belonging, and overall health and well-being.

Attachment 1 contains additional details about the service components covered under Medi-Cal as part of each bundled EBP.

**Process for Opting to Implement BH-CONNECT EBPs**

BHPs and DMC programs may cover some or all of the EBPs described above in any combination and may commence coverage of one or more EBPs, beginning no sooner than January 1, 2025. To opt in, BHPs and DMC programs are required to submit a letter to DHCS:

- Stating their request to cover one or more BH-CONNECT EBPs as Medi-Cal services;
- Specifying which EBPs they intend to cover; and
- Specifying the dates that coverage will take effect.

BHPs and DMC programs must submit additional letters, which may be done at any time, to DHCS to cover additional EBPs. Letters to DHCS must be signed by the Behavioral Health Director or their designee and be emailed to BH-CONNECT@dhcs.ca.gov at least 30 days prior to the proposed commencement of services.

BHPs that intend to draw down Federal Financial Participation for care provided during short-term stays in Institutions for Mental Diseases (IMDs) must cover a full array[4] of BH-CONNECT EBPs on a timeline specified by DHCS. Additional information about the IMD option and associated requirements will be in forthcoming guidance.

**BH-CONNECT EBP Policy Guide**

The BH-CONNECT EBP Policy Guide provides non-binding operational guidance for the implementation of ACT, FACT, CSC for FEP, Clubhouse Services, and IPS

Additional guidance on the distinct roles of CHWs, peer support specialists, and other non-licensed behavioral health practitioner types is forthcoming.

[4] The "full suite" includes all EBPs described in this BHIN with the exception of Clubhouse Services and the addition of Peer Support Services, including the Forensic Specialization.

Supported Employment. The Policy Guide includes information about the evidence-based service criteria for each EBP, staffing structure for teams of behavioral health practitioners delivering each EBP, and other best practices for delivering each EBP with fidelity to the evidence-based model.

BHPs and DMC programs can use the BH-CONNECT EBP Policy Guide as a key resource for implementation and administration of ACT, FACT, CSC for FEP, Clubhouse Services, and IPS Supported Employment. The BH-CONNECT EBP Policy Guide is posted to the BH-CONNECT webpage. DHCS may update the Policy Guide to reflect the latest guidelines for each EBP. DHCS will notify BHPs and DMC programs whenever the BH-CONNECT EBP Policy Guide is updated.

**Fidelity Assessments & Medi-Cal Designation for BH-CONNECT EBPs**

When implemented with fidelity to the evidence-based models, BH-CONNECT EBPs have demonstrated robust outcomes among individuals living with significant behavioral health conditions. Monitoring fidelity through regular fidelity assessments is a key component of each EBP to ensure members are receiving the best possible care and to identify where improvements can be made. DHCS intends to identify and contract with one or more BH-CONNECT Centers of Excellence (COEs) that will conduct fidelity assessments on a regular cadence.[5]

BHPs and DMC programs may bill the Medi-Cal rate for ACT, FACT, CSC, and IPS Supported Employment for nine months before teams of practitioners complete an initial fidelity assessment. To bill Medi-Cal for ACT, FACT, CSC, and IPS Supported Employment services on an ongoing basis after the initial nine-month period, teams must achieve and maintain a "Medi-Cal Designation," defined as meeting a specified fidelity threshold on their fidelity assessment conducted by the COE. Medi-Cal Designation will be granted or renewed following each fidelity assessment. BHPs and DMC programs may not continue to bill Medi-Cal for services if their Medi-Cal Designation is not renewed after a fidelity assessment.

To bill Medi-Cal for Clubhouse Services, Clubhouses must work with Clubhouse International to achieve Clubhouse International Accreditation if they have not already done so. Accreditation is a researched-based, quality assurance program to ensure Clubhouses are operating effectively and in alignment with the Clubhouse Quality

[5] DHCS anticipates that fidelity assessments will be conducted annually for teams that have not achieved Medi-Cal Designation, and every 2-3 years for teams that have achieved Medi-Cal Designation. Additional information about the timing of fidelity assessments will be available in forthcoming guidance.

Standards. BHPs may bill Medi-Cal for Clubhouse Services for up to one year before a Clubhouse begins the Accreditation process, and for up to three years while the Clubhouse is actively pursuing Accreditation. Clubhouses that have not achieved Accreditation within four years of beginning to bill Medi-Cal shall not bill Medi-Cal until accreditation is achieved.

Additional information about BH-CONNECT COEs, the fidelity assessment process, fidelity thresholds, and outcomes monitoring requirements that must be met to achieve Medi-Cal Designation will be available in forthcoming guidance.

**Claiming for BH-CONNECT EBPs**

By January 1, 2025, the Short Doyle Medi-Cal claiming system will include ACT, FACT, CSC for FEP, Clubhouse Services, Enhanced CHW Services, and IPS Supported Employment. Procedure codes for each service are in Table 1below.

**Table 1. BH-CONNECT EBP Claiming Details**

| Service | Rate Structure | HCPCS Code | CPT Code |
|---|---|---|---|
| ACT | Monthly Bundled Rate | H0040 | n/a |
| FACT | Monthly Bundled Rate | H0039 | n/a |
| CSC for FEP | Monthly Bundled Rate | H2040 | n/a |
| IPS Supported Employment | Monthly Bundled Rate | H2023 | n/a |
| Clubhouse Services | Daily Bundled Rate | H2031 | n/a |
| Enhanced CHW Services | 30-Minute Encounter | n/a | 98960-98962 |

**Medi-Cal Payments for BH-CONNECT EBPs**

To claim for bundled ACT, FACT, CSC for FEP, Clubhouse Services and/or IPS Supported Employment, county BHPs and DMC programs shall first opt in to offer the EBP (as described above) and ensure teams delivering these services meet the requirements in Table 2 below. BHPs and DMC programs receive a county-specific bundled rate for services that meet DHCS' requirements. County-specific rates for behavioral health services, including bundled rates for BH-CONNECT EBPs, are posted here.

There are two county-specific rates for ACT, FACT, CSC for FEP and IPS Supported Employment, a full rate, and a partial rate. The rate varies by the number of contacts a

provider makes with a Medi-Cal member or collateral on different days of each month. For ACT, FACT, CSC for FEP, and IPS Supported Employment, if there are two or more separate contacts on a day, of which at least one is with the member and one is with a collateral, it may be counted as two separate days.

Counties may submit one claim per month for ACT, FACT, CSC for FEP, and IPS Supported Employment. Each day of service is equal to one unit of service. DHCS will pay the BHP or DMC program either a full monthly rate or a partial monthly rate based upon the units of service reported on the claim and the requirements described in Table 2 below. BHPs and DMC programs may only include two units (i.e., days) of service for collateral contacts provided to a member in an ACT or FACT program and may only include one unit (i.e., day) of service for collateral contacts provided to a member in a CSC for FEP or IPS Supported Employment program.

**Table 2. BH-CONNECT EBP Payment Requirements**

| Service | Full Rate | Partial Rate |
|---|---|---|
| ACT | • BHP opts to offer ACT as a bundled Medi-Cal service<br>• ACT team has achieved Medi-Cal Designation (or is within nine months of its first fidelity assessment)<br>• ACT team makes at least six contacts on six different days that month, of which at least four are face-to-face (in-person) with the member | • BHP opts to offer ACT as a bundled Medi-Cal service<br>• ACT team has achieved Medi-Cal Designation (or is within nine months of its first fidelity assessment)<br>• ACT team makes at least four contacts on four different days that month, of which at least three are face-to-face (in-person) with the member |
| FACT | • BHP opts to offer FACT as a bundled Medi-Cal service<br>• FACT team has achieved Medi-Cal Designation (or is within nine months of its first fidelity assessment)<br>• FACT team makes at least six contacts on six different days that month, of which at | • BHP opts to offer FACT as a bundled Medi-Cal service<br>• FACT team has achieved Medi-Cal Designation (or is within nine months of its first fidelity assessment)<br>• ACT team makes at least four contacts on four different days that month, of which at |

| Service | Full Rate | Partial Rate |
|---|---|---|
| | least four are face-to-face (in-person) with the member | least three are face-to-face (in-person) with the member |
| CSC for FEP | • BHP opts to offer CSC as a bundled Medi-Cal service<br>• CSC team has achieved Medi-Cal Designation (or is within nine months of its first fidelity assessment)<br>• CSC team makes at least four contacts on four different days that month, of which at least three are face-to-face (in-person) with the member | • BHP opts to offer CSC as a bundled Medi-Cal service<br>• CSC team has achieved Medi-Cal Designation (or is within 9 months of its first fidelity assessment)<br>• CSC team makes at least two contacts on two different days that month, of which at least one is face-to-face (in-person) with the member |
| IPS Supported Employment | • BHP and/or DMC program opts to offer IPS Supported Employment as a bundled Medi-Cal service<br>• IPS Supported Employment team has achieved Medi-Cal Designation (or is within nine months of its first fidelity assessment)<br>• IPS Supported Employment team makes at least four contacts on four different days that month, of which at least three are face-to-face (in-person) with the member | • BHP and/or DMC program opts to offer IPS Supported Employment as a bundled Medi-Cal service<br>• IPS Supported Employment team has achieved Medi-Cal Designation (or is within nine months of its first fidelity assessment)<br>• IPS Supported Employment team makes at least two contacts on two different days that month, of which at least one is face-to-face (in-person) with the member |
| Clubhouse Services | • BHP opts to offer Clubhouse Services as a bundled Medi-Cal service<br>• Clubhouse is accredited by Clubhouse International (or is within 12 months of initiating the accreditation process or | n/a |

| Service | Full Rate | Partial Rate |
|---|---|---|
| | is actively pursuing accreditation)<br>• Member participates in at least three hours of face-to-face (in-person) Clubhouse Services in a day | |

**Payment for BH-CONNECT EBPs in Inpatient and Residential Settings**

An ACT, FACT or CSC team can be a key support when members require a short-term hospital stay or residential treatment. Teams can help ensure continuity and coordination of services and to be a support and advocate for members. A BHP may bill for ACT, FACT and CSC services when a member is in an inpatient or residential setting for the entirety of the month or during the month of admission or discharge to that setting for services that meet the requirements in Table 3 below. The full rate may be claimed during the month of a member's admission or discharge. If a member is in the residential or inpatient setting for the entirety of the month, only the partial rate may be claimed.

**Table 3. Payment Requirements for EBPs in Inpatient and Residential Settings**

| Service | Full Rate | Partial Rate |
|---|---|---|
| ACT | • Services meet all requirements for Full Rate in Table 2 above<br>• The member is in the month of admission or discharge from the residential or inpatient setting<br>• At least three of the six required contacts are delivered before admission to or after discharge from the inpatient or residential setting | • Services meet all requirements for Partial Rate in Table 2 above |

| Service | Full Rate | Partial Rate |
|---|---|---|
| FACT | • Services meet all requirements for Full Rate in Table 2 above<br>• The member is in the month of admission or discharge from the residential or inpatient setting<br>• At least three of the six required contacts are delivered before admission or after discharge from the inpatient or residential setting | • Services meet all requirements for Partial Rate in Table 2 above |
| CSC for FEP | • Services meet all requirements for Full Rate in Table 2 above<br>• The member is in the month of admission or discharge from the residential or inpatient setting<br>• At least two of the four required contacts are delivered before admission to or after discharge from the inpatient or residential setting | • Services meet all requirements for Partial Rate in Table 2 above |
| IPS Supported Employment | • Services meet all requirements for Full Rate in Table 2 above<br>• The member is in the month of admission or discharge from the | • Services meet all requirements for Partial Rate in Table 2 above<br>• All contacts are delivered in a community-based setting |

| Service | Full Rate | Partial Rate |
|---|---|---|
| | residential or inpatient setting<br>• All contacts are delivered in a community-based setting[6] | |
| Clubhouse Services | • Services meet all requirements for Full Rate in Table 2 above<br>• Services are provided on the day of admission or discharge from the residential or inpatient setting | n/a |

**Other Billing Limitations**

ACT, FACT, and CSC are comprehensive outpatient services. A member receiving one of these services should generally not require any additional case management or therapeutic supports beyond those delivered by their ACT, FACT, or CSC team. As such, CSC shall not be claimed in the same month as ACT or FACT is claimed for a member. BHPs are responsible for ensuring members do not receive any other duplicative services at the same time as ACT, FACT, or CSC.

However, a member may be engaged with an ACT, FACT, or CSC team through their BHP and with an Enhanced Care Management (ECM) provider through their MCP. ACT, FACT, and CSC teams must coordinate with ECM providers to ensure any case management is complementary, and not duplicative, across the two programs. In addition, a member may be engaged with an ACT, FACT, or CSC team and with an IPS Supported Employment team if the ACT, FACT, or CSC team cannot deliver all components of the IPS model.

**Documentation Requirements**

[6] Pursuant to SPA 24-0051, IPS Supported Employment services may not be delivered in inpatient or residential settings. Services may be provided to members during their inpatient or residential treatment stay; however, the IPS Supported Employment team must meet with the member in a community-based location.

All ACT, FACT, CSC, IPS Supported Employment, and Clubhouse Services teams must abide by all Medi-Cal documentation requirements for SMHS as described in BHIN 23-068. All teams must complete at minimum a daily progress note for each service rendered.

Please contact BH-CONNECT@dhcs.ca.gov for questions regarding this BHIN.

Sincerely,

Original signed by

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

## Attachment 1: Medi-Cal Service Components for BH-CONNECT EBPs

### Assertive Community Treatment (ACT)[7]

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

### Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)

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

### IPS Supported Employment

- Pre-Employment Services
    - Job-related discovery or assessment
    - Person-centered employment planning
    - Job development and placement
    - Job carving
    - Benefits education and planning

[7] Forensic ACT (FACT) includes all the same covered service components as ACT. FACT is not defined as a discrete service in the Medicaid State Plan but is covered under the same definition as ACT.

- Employment Sustaining Services
    - Career advancement services
    - Negotiation with employers
    - Job analysis
    - Job coaching
    - Benefits education and planning
    - Asset development
    - Follow-along supports

**Clubhouse Services**

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

**Enhanced Community Health Worker (CHW) Services**

- Health Education
- Health Navigation
- Screening and Assessment
- Individual Support or Advocacy

Supplement 3 to Attachment 3.1-A of the California Medicaid State Plan defines each bundled service component as the following:[8]

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

[8] See the BH-CONNECT EBP Policy Guide for definitions of each component of IPS Supported Employment. See the Medi-Cal provider manual for Community Health Worker Preventive Services for definitions of each component of Enhanced CHW Services.

**Crisis Intervention:** An unplanned, expedited service, to or on behalf of a beneficiary to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting.

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

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

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

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

Medication Support Services includes one or more of the following service components:

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

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

Peer support services include one or more of the following service components:

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

**Psychosocial Rehabilitation:** A recovery or resiliency focused service activity which addresses a mental health need. This service activity provides assistance in restoring, improving, and/or preserving a member's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the member. Psychosocial rehabilitation includes assisting members to develop coping skills by using a group process to provide peer interaction and feedback in developing problem-solving strategies. In addition, psychosocial rehabilitation includes therapeutic interventions that utilize self-expression such as art, recreation, dance or music as a modality to develop or enhance skills.

These therapeutic interventions assist the member in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Psychosocial rehabilitation also includes support resources, and/or medication education and/or psychoeducation. Psychoeducation assists members to recognize the symptoms of their mental health condition to prevent, manage or reduce such symptoms.

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

**Therapy:** A service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship.

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