State of California—Health and Human Services Agency
Department of Health Care Services

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

October 15, 2021

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 21-0051: ADDITION OF PEER SUPPORT SERVICES AS A MEDI-CAL REHABILITATIVE MENTAL HEALTH SERVICE AND PEER SUPPORT SPECIALISTS AS A PROVIDER TYPE; CLARIFICATIONS RELATED TO TELEHEALTH DEFINITIONS; AND REMOVAL OF CLIENT PLAN REQUIREMENTS

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 21-0051 for your review and approval. Senate Bill (SB) 803, Chapter 150, Statutes of 2020, authorized DHCS to seek federal approvals to add peer support specialists as a Medi-Cal provider type and peer support services as a distinct service type in counties opting to participate and implement this service. Currently, county Mental Health Plans (MHPs) provide, or arrange for, Specialty Mental Health Services (SMHS) which include Rehabilitative Mental Health Services. DHCS is submitting SPA 21-0051 to add peer support services as a Medi-Cal Rehabilitative Mental Health Service and to include peer support specialists as a distinct provider type. In conjunction with our California Advancing and Innovating Medi-Cal (CalAIM) section 1915(b) waiver application submitted to CMS on June 30, 2021, this SPA will allow MHPs, that choose to opt-in, to provide and claim reimbursement for peer support services as a SMHS and to establish certified peer support specialists as a distinct provider type of SMHS with the requisite waivers of statewideness, comparability of services, and freedom of choice requirements. In parallel, DHCS seeks approval for submitted SPA 20-0006 (now SPA 20-0006-A) to add peer support specialists as a Medi-Cal provider type and peer support services as a distinct service type in Drug Medi-Cal (DMC) State Plan Counties opting to implement this service. In conjunction with our CalAIM section 1115 demonstration application submitted to CMS on June 30, 2021, SPA 20006-A SPA will allow DMC State Plan Counties, that choose to opt-in, to provide and claim reimbursement for peer support services as a DMC State Plan service with the requisite waiver authorities.

DHCS is also replacing the term “telemedicine” with “telehealth” for consistency across the department as DHCS moves toward utilizing the term “telehealth.” In addition, DHCS is clarifying the Rehabilitative Mental Health Services that can be provided via telehealth.

Finally, DHCS proposes to remove the existing client plan requirement and update associated plan development activities for Medi-Cal Rehabilitative Mental Health Services. This change is consistent with the department’s CalAIM initiative through which DHCS proposes to update documentation requirements to align with national standards. Among these changes, DHCS proposes to remove the requirements to have a client plan and that each chart note tie to the client plan. Instead, DHCS proposes to use problem lists and progress notes to allow active and ongoing documentation updates of a client’s evolving clinical status.

Included in this submission are the following:

- CMS 179 Form
- Standard Funding Questions
- Supplement 2 to Attachment 3.1-B, pages 1-20
- Supplement 3 to Attachment 3.1-A, pages 1- 2q
- Attachment 4.19-B, pages 21-25.11
- Tribal Notice
- Public Notice and Addendum

In compliance with the American Recovery and Reinvestment Act of 2009, DHCS routinely notifies Indian Health Programs and Urban Indian Organizations of SPAs that have a direct impact on the programs and organizations. DHCS released the Tribal Notice on August 26, 2021 and held a webinar on August 31, 2021.

DHCS anticipates the federal budget impact for Federal Fiscal Year (FFY) 2021-2022 to be $0 and $19,000,000 for FFY 2022-2023.

If you have any questions or need addtional information, please contact Shaina Zurlin, Chief, Medi-Cal Behavioral Health Division, at (916) 584-3810 or by email at Shaina.Zurlin@dhcs.ca.gov

Sincerely,

[redacted]

Jacey Cooper
State Medicaid Director
Chief Deputy Director
Health Care Programs

Enclosures

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 21-0051

2. STATE: California

3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: July 1, 2022

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
Social Security Act 1905(a)(13)

7. FEDERAL BUDGET IMPACT
a. FFY 2021-2022 $ 0
b. FFY 2022-2023 $ 19,000 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 3 to Attachment 3.1-A, pages 1-2q
Supplement 2 to Attachment 3.1-B, pages 1-20
Attachment 4.19-B, pages 25-25.11

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supplement 3 to Attachment 3.1-A, pages 1-2p
Supplement 2 to Attachment 3.1-B, pages 1-17
Attachment 4.19-B, pages 25-25.11

10. SUBJECT OF AMENDMENT

Proposes to add peer support services as a Medi-Cal Rehabilitative Mental Health Service and to include peer support specialists as a distinct provider type. In addition, DHCS proposes to remove the existent client plan requirement and update associated plan development activities for Medi-Cal Rehabilitative Mental Health Services.

11. GOVERNOR'S REVIEW *(Check One)*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Jacey Cooper

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
October 15, 2021

16. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

"Psychiatric inpatient hospital professional services" means services provided to a beneficiary by a licensed mental health professional with hospital admitting privileges while the beneficiary is in a hospital receiving psychiatric inpatient hospital services. Psychiatric inpatient hospital professional services do not include all services that may be provided in an inpatient setting. Psychiatric inpatient hospital professional services include only those services provided for the purpose of evaluating and managing the mental disorder that resulted in the need for psychiatric inpatient hospital services. Psychiatric inpatient hospital professional services do not include routine hospital services or hospital-based ancillary services.

"Rehabilitative Mental Health Services" means any of the following: mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential treatment services, psychiatric health facility services, and peer support services, provided to individuals who meet medical necessity criteria as defined in Supplement 3 to Attachment 3.1-A of the State plan; and services provided in a treatment foster home.

"Relative value statistic" means a statistic that has been developed from dissimilar elements that acts as a common basis for the purpose of allocating a pool of costs.

"Schedule of Maximum Rates (SMR)" means a schedule of maximum rates per unitof service, as defined in Section G of this Segment that will be paid for each type of service.

"SD/MC hospital" means a hospital as defined in Attachment 3.19-A, Pages 38-40 of the State Plan. A SD/MC hospital may be a UC hospital, may be owned and operated by a county government, or may be owned and operated by a private entity.

"State Owned and Operated Provider" means a provider that is owned and operated by the Regents of the University of California.

"Targeted Case Management" has the meaning defined in supplement 1 to attachment 3.1-A, pages 8-17 of the State Plan.

"Services Provided in a Treatment Foster Home" means a bundle of rehabilitative mental health services provided to children and youth up to 21 years of age who have been placed in a Residential Treatment Foster Home and who meet medicalnecessity criteria for this service as established by the State. The bundle of rehabilitative mental health services includes rehabilitation, collateral, and crisis intervention, as those

When cost report data is not available for a rehabilitative mental health service or targeted case management, the State will set the interim rate at theSMIR calculated for the service as described in Section G of this segment.

2. Cost Report Submission
   Each county owned and operated provider and private organizational provider that receives reimbursement for rehabilitative mental health and targeted case management services pursuant to this section is required to file a CMS-approved State-developed cost report by December 31st following the close of the State Fiscal Year (i.e., June 30th). Each county owned and operated provider must certify that its cost report is based on actual, total expenditures as necessary for claiming Federal Financial Participation pursuant to all applicable requirements of state and federal law including Sections 430.30 and 433.51 of Title 42 Code of Federal Regulations.

3. Cost Determination
   The reasonable and allowable cost of providing rehabilitative mental health and targeted case management services for each county owned and operated provider and private organizational provider will be determined in the CMS- approved State-developed cost report pursuant to the following methodology.

   - Total allowable costs include direct and indirect costs that are determined in accordance with the reimbursement principles in Part 413 of Title 42 of the Code of Federal Regulations, OMB Circular A-87 and CMS Medicaid non- institutional reimbursement policy.
   - Allowable direct costs will be limited to the costs related to direct practitioners, medical equipment, medical supplies, and other costs, such as professional service contracts, that can be directly charged to rehabilitative mental health and targeted case management services.
   - Indirect costs may be determined by applying the cognizant agency specific approved indirect cost rate to its net direct costs, allocating indirect costs based upon the allocation process in the agency's approved cost allocationplan, or allocating indirect costs based upon direct program costs.
   - Indirect costs allocated pursuant to an approved cost allocation plan will be reduced by any unallowable amount based on CMS' Medicaid non- institutional reimbursement policy.

   For the following subset of rehabilitative mental health services – Adult Residential Treatment Services, Crisis Residential Treatment Services, services provided in a treatment foster home and Psychiatric Health Facility Services – allowable costs are determined in accordance to the reimbursement principle in title 42 CFR 413, OMB

rehabilitative mental health service and targeted case management for eachcounty owned and operated and private hospital-based outpatient provider.

- Include the gross costs allocated to each type of service from the mostrecently filed CMS 2552 and supplemental schedules.
- Include the total units of service for each type of service from the mostrecently filed CMS 2552 and supplemental schedules.
- Divide the gross costs by the total units of service to calculate the cost perunit for each type of service.
- Multiply the cost per unit by one plus the percentage change in a CMSapproved cost of living index.

When cost report data is not available for a rehabilitative mental health service or targeted case management, the State will set the interim rate at the SMIR calculated for the service as described in Section G of this segment.

1. Cost Report Submission
   Each county owned and operated hospital-based outpatient provider, state owned and operated hospital-based outpatient provider and private hospital- based outpatient provider that receives reimbursement for rehabilitative mental health and targeted case management services pursuant Section D will be required to file a CMS 2552 hospital cost report and supplemental schedules by December 31st following the close of the State Fiscal Year (i.e., June 30th). Each county owned and operated hospital-based outpatient provider must certify that its cost report is based on actual, total expenditures as necessary for claiming Federal Financial Participation pursuant to all applicable requirements of state and federal law including Sections 430.30 and 433.51 of Title 42 Code of FederalRegulations.

2. Cost Determination
   The reasonable and allowable cost of providing outpatient services for each county owned and operated hospital-based outpatient provider and private hospital-based outpatient provider will be determined on the CMS 2552 hospitalcost report and supplemental schedules.

3. Apportioning Costs to Medicaid (Medi-Cal)
   The reasonable and allowable cost of providing outpatient services as determined on the CMS 2552 hospital cost report will be apportioned to rehabilitative mental health services (except for adult residential treatment, crisisresidential treatment, services provided in a treatment foster home, and psychiatric health facilities) and targeted

case management, as described under

6. From the remaining providers, calculate the sum of the units of service reported for each type of service.
7. Divide the sum of gross costs determined in step 5 by the sum of the units of service as determined in step 6 to calculate the statewide average cost per unit for each type of service.
8. The statewide average cost per unit calculated in step 7 will be increased on an annual basis, effective the first day of each state fiscal year, using the change in the home health agency market basket index.

The State calculates that the SMIR for peer support services will be equal to the interim rate set for targeted case management services. The statewide average cost per unit for peer support services will be increased on an annual basis, effective the first day of each fiscal year, using the change in the home health agency market basket index. The annually updated cost per unit for peer support services will be published in an annual information notice that is posted to the single state agency's website.

The State originally calculated the SMIR for crisis stabilization using a cost survey of fourteen county programs that provided services for up to 24 hours in an emergency room setting. The statewide average cost per unit for crisis stabilization services will be increased on an annual basis, effective the first day of each fiscal year, using the change in the home health agency market basket index. The annually updated cost per unit for crisis stabilization services will be published in an annual information notice that is posted to the single state agency's website.

The State originally calculated the SMIR for crisis residential treatment and adult residential treatment services based on a cost survey from approximately sixty facilities. The survey distinguished between the cost of treatment from the cost for room and board, which is excluded from the SMIR for crisis residential treatment and adult residential treatment. The statewide average cost per unit for crisis residential treatment and adult residential treatment will be increased on an annual basis, effective the first day of each fiscal year, using the change in the home health agency market basket index. The annually updated cost per unit for crisis residential treatment and adult residential treatment will be published in an annual information notice that is posted to the single state agency's website.

The SMIR for services provided in a treatment foster home will initially be set at $87.40 per day and the State will annually increase this SMIR based upon the

change in the home health agency market basket index. The $87.40 daily rate is

based upon the existing rate the State pays providers for a similar service called intensive treatment foster care. The treatment component of these rates are based upon an hourly rate of $23 for an in-home support counselor multiplied by the number of hours the in-home support counselor is likely to provide treatment to the child. The most intensive level of treatment expects the in-home support counselor to provide 114 hours of treatment per month, which is 3.8 hours per day. The hourlyrate of $23 multiplied by 3.8 hours per day of treatment equals the daily rate of $87.40.

A. ALLOWABLE SERVICES

Allowable Rehabilitative Mental Health and Targeted Case ManagementServices and units of service are as follows:

Service	**Units of Service**
Mental Health Services	One Minute Increments
Medication Support Services	One Minute Increments
Day Treatment Intensive	Half-Day or Full-Day
Day Rehabilitation	Half-Day or Full-Day
Crisis Intervention	One Minute Increments
Crisis Stabilization	One-Hour Blocks
Adult Residential Treatment Services	Day (Excluding room and board)
Crisis Residential Treatment Services	Day (Excluding room and board)
Psychiatric Health Facility Services	Day (Excluding room and board)
Targeted Case Management	One Minute Increments
Services provided in a treatment home Peer Support Services	Day (Excluding room and board) 15 Minute Increments

State: California

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATION ON SERVICES

13. d. 4 Rehabilitative Mental Health Services

Rehabilitative Mental Health Services are provided as part of a comprehensive specialty mental health services program available to Medicaid (Medi-Cal) beneficiaries that meet criteria for access to the delivery system as established by the State, based on the beneficiary's need for Rehabilitative Mental Health Services established by an assessment.

DEFINITIONS

"Adjunctive Therapies" means therapies in which both staff and beneficiaries participate, such therapies may utilize self-expression, such as art, recreation, dance, or music, as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able to utilize the modality to develop or enhance skills. Adjunctive therapies assist the beneficiary in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Adjunctive therapies provided as a component of Day Rehabilitation or Day Treatment Intensive are used in conjunction with other mental health services in order to improve the outcome of those services consistent with the beneficiary's needs.

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

"Collateral" means a service activity to a significant support person or persons in a beneficiary's life for the purpose of providing support to the beneficiary. Collateral includes one or more of the following: consultation and/or training of the significant support person(s) that would assist the beneficiary in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the beneficiary; and family counseling with the significant support person(s) to improve the functioning of the beneficiary. The beneficiary may or may not be present for this service activity.

"Community Meetings" means meetings to address issues pertinent to the continuity and effectiveness of the therapeutic milieu. Community meetings actively involve staff and beneficiaries. For Day Treatment Intensive, meetings include a staff person whose scope of practice includes psychotherapy. For Day Rehabilitation, meetings include a staff person who is a physician; a licensed/waivered/registered: psychologist, clinical social worker, professional clinical counselor, or a marriage and family therapist; a registered nurse, a psychiatric technician, a licensed vocational nurse, or a mental health rehabilitation specialist. Meetings address relevant items including the schedule for the day, current events, individual issues beneficiaries or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, follow-up business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up. Community meetings in the context of the therapeutic milieu are intended to assist the beneficiary towards restoration of their greatest possible level of functioning consistent with the beneficiary's needs by providing a structured and safe environment in which to practice strategies and skills which enhance the beneficiary's community functioning, including but not limited to, isolation reducing strategies, communication skills particularly in terms of expressing the beneficiary's needs and opinions, problem solving skills, and conflict resolution skills. “Educational 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 should 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 between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
"Licensed Mental Health Professional" means licensed physicians, licensed psychologists, licensed clinical social workers, licensed professional clinical counselors, licensed marriage and family therapists, registered nurses (includes certified nurse specialists and nurse practitioners),

licensed vocational nurses, and licensed psychiatric technicians. For purposes of peer support services, a Licensed Mental Health Professional shall also meet the definition of a Behavioral Health Professional. “Behavioral Health Professional” means a person who is licensed by the state, whose professional activities address a client's mental health and/or substance use disorders; including psychiatrists, psychologists, social workers, psychiatric nurse practitioners, marriage and family therapists, and professional clinical counselors.

“Treatment Planning” means a service activity that consists of development and updates to documentation needed to plan and address the beneficiary’s needs, planned interventions and to address and monitor a beneficiary’s progress or prevent deterioration.
"Process Groups" means groups facilitated by staff to help beneficiaries develop skills necessary to cope with 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.

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

"Rehabilitation" means 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 beneficiary'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 beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

"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 a parent, legal guardian, other family member, or other unrelated individual 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.

“Telehealth” means the mode of delivering health care services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the beneficiary is at the originating site and the provider is at a distant site. Telehealth is provided through real-time, synchronous video interactions. Services may only be conducted via telehealth if the provider has obtained consent from the beneficiary in compliance with all applicable federal and California state laws, and takes the necessary security precautions, in compliance with the Health Insurance Portability and Accountability Act (Code of Federal Regulations, Title 45, Parts 160 and 164) and any other applicable state and federal statutes and regulations.

“Telephone” means the mode of delivering health care services via synchronous telephonic (audio-only) communications. Services may only be conducted via telephone if the provider has obtained consent from the beneficiary in compliance with all applicable federal and California state laws, and takes the necessary security precautions, in compliance with the Health Insurance Portability and Accountability Act (Code of Federal Regulations, Title 45, Parts 160 and 164) and any other applicable state and federal statutes and regulations.

"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 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. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.

“Therapeutic activity” means a structured non-clinical activity provided by a certified 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.

"Therapeutic Milieu" means a therapeutic program structured by process groups and skill building groups that has activities performed by identified staff; takes place for the continuous scheduled hours of program operation; includes staff and activities that teach, model and reinforce constructive interactions; and includes peer and staff feedback to beneficiaries on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress.

It includes behavior management interventions that focus on teaching self-management skills that children, youth, adults, and older adults may use to control their own lives, deal effectively with present and future problems, and function well with minimal or no additional therapeutic intervention.

"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 Rehabilitative Mental Health Service provided. Services are provided under the direction of: a physician; a licensed or waivered psychologist; a licensed, waivered or registered social worker; a licensed, waivered or registered marriage and family therapist; a licensed, waivered or registered professional clinical counselor, or a registered nurse (including a certified nurse specialist, or a nurse practitioner). Peer support services shall be under the direction of a Behavioral Health Professional.

"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 clinical counselor candidate, "registered" means a candidate for licensure who is registered 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.

REHABILITATIVE MENTAL HEALTH SERVICES

Rehabilitative Mental Health Services are services recommended by a physician or other licensed mental health professional within the scope of their practice under State law, for the maximum reduction of mental or emotional disability, and restoration, improvement, and/or preservation of a beneficiary's functional level. Rehabilitative Mental Health Services allow beneficiaries to sustain their current level of functioning, remain in the community, prevent deterioration in an important area of life functioning, and prevent the need for institutionalization or a higher level of medical care intervention. Rehabilitative Mental Health Services include services to enable a child to achieve age-appropriate growth and development. It is not necessary that a child actually achieved the developmental level in the past. Rehabilitative Mental Health Services are provide in the least restrictive setting, consistent with the goals of recovery and resiliency, the requirements for learning and development, and/or independent living and enhanced self-sufficiency.

Services are provided based on medical necessity criteria, and approved and authorized according to State of California requirements. Services include:

1. Mental Health Services are individual, group or family-based interventions that are designed to provide reduction of the beneficiary's mental or emotional disability, restoration, improvement and/or preservation of individual and community functioning, and continued ability to remain in the community 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 provided face-to-face, by telephone or by telehealth 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 components:

   - Assessment
   - Treatment Planning
   - Therapy
   - Rehabilitation
   - Collateral

   Providers: Mental health services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

   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 include one or more of the following: prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of mental illness. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication Support Services are individually tailored to address the

beneficiary's need and are provided by a consistent provider who has an established relationship with the beneficiary.

Services may include: providing detailed information about how medications work; different types of medications available and why they are used; anticipated outcomes of taking a medication; the importance of continuing to take a medication even if the symptoms improve or disappear (as determined clinically appropriate); how the use of the medication may improve the effectiveness of other services a beneficiary is receiving (e.g., group or individual therapy); possible side effects of medications and how to manage them; information about medication interactions or possible complications related to using medications with alcohol or other medications or substances; and the impact of choosing to not take medications. Medication Support Services supports beneficiaries in taking an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.

Medication support services may be provided face-to-face, by telephone or by telehealth 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 components:

- 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
- Treatment Planning

Providers: Medication support services may be provided within their scope of practice by a Physician, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Physician Assistant, a Nurse Practitioner, and a Pharmacist.

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

This service is not duplicative of the drug counseling requirements described in 42 CFR 456.705.

3. Day Treatment Intensive is a structured, multi-disciplinary program including community meetings, a therapeutic milieu, therapy, skill building groups, and adjunctive therapies, which provides services to a distinct group of individuals. It may also include rehabilitation, process groups and other interventions. Day treatment intensive is intended to provide an alternative to hospitalization, avoid placement in a more restrictive setting, or assist the beneficiary in living

within a community setting. 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.

Day treatment intensive services must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone.

This service may include the following service components:

- Assessment
- Treatment Planning
- Therapy
- Rehabilitation
- Collateral

Providers: Day treatment intensive services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: 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 including rehabilitation, skill building groups, process groups, and adjunctive therapies which provides services to a distinct group of individuals. It may also include therapy, and other interventions. Day rehabilitation is intended to improve or restore personal independence and functioning necessary to live in the community or prevent deterioration of personal independence consistent with the principles of learning and development. Services are available for at least three hours each day. Day Rehabilitation is a program that lasts less than 24 hours each day. Some service components may be delivered through telehealth or telephone.

   This service includes the following service components:

   - Assessment
   - Treatment Planning
   - Therapy

- Rehabilitation
- Collateral

Providers: Day rehabilitation services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: 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, 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.

Crisis intervention may be provided face-to-face, by telephone or by telehealth with the beneficiary and/or significant support persons and may be provided in a clinic setting or anywhere in the Community.

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

- Assessment
- Collateral
- Therapy
- Referral

Providers: Crisis intervention services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

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 an unplanned, expedited service lasting less than 24 hours, to or on behalf of a beneficiary to address an urgent condition requiring immediate attention that cannot be adequately or safely addressed in a community setting. 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 others, 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, at a hospital based outpatient program (services in a hospital based outpatient program are provided in accordance with 42 CFR 440.20), or at a provider site certified by the Department of Health Care Services to perform crisis stabilization and some service components may be delivered through telehealth or telephone. 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

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, there shall be a minimum of one registered nurse, psychiatric technician, or licensed vocational nurse on site at all times beneficiaries are present, at a minimum there shall be a ratio of at least one licensed mental health or waivered/registered professional 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, improve, and/or preserve 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 and some service components may be delivered through telehealth or telephone.

   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 include:

   A. Individual and group counseling
   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 as part of the beneficiary’s course of treatment;
   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
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
- Treatment Planning
- Therapy
- Rehabilitation
- Collateral

Providers: Adult residential treatment services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

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.

Adult residential treatment services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

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, improve, and/or preserve 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 and some service components may be delivered through telehealth or telephone. 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 include:

A. Individual and group counseling
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
D. Family counseling with significant support persons directed at improving the beneficiary's functioning, when indicated as part of the beneficiary’s course of treatment;
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
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
- Treatment Planning
- Therapy
- Rehabilitation

- Collateral
- Crisis Intervention

Providers: Crisis residential treatment services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Crisis residential treatment services are not reimbursable on days when the following services 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.

Crisis residential treatment services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

9. Psychiatric Health Facility Services are therapeutic and/or rehabilitative services including one or more of the following: psychiatric, psychosocial, and counseling services, psychiatric nursing services, social services, and rehabilitation services provided in a psychiatric health facility licensed by the Department of Social Services. 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 and some service components may be delivered through telehealth or telephone. 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.

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

- Assessment
- Treatment Planning
- Therapy
- Rehabilitation
- Collateral
- Crisis intervention

Providers: Psychiatric health facility services may be provided by a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Psychiatric Technician, a Registered Nurse, a Licensed Vocational Nurse, a Psychiatrist, a Physician with training and/or experience *in* psychiatry, a Pharmacist or Other Qualified Provider.

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.

No Federal Financial Participation is available for psychiatric health facility services furnished in facilities with more than 16 beds for services provided to beneficiaries who are 21 years of age and older and under 65 years of age.

10. Peer support services 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 may be provided face-to-face, by telephone or by telehealth with the beneficiary or significant support person(s) and may be provided anywhere in the community. Peer support services are based on an approved plan of care.

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

- Therapeutic Activity
- Engagement
- Educational Groups
- Collateral

Providers: Peer support services may be provided by a Peer Support Specialist.

Limitations:

Peer support services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

PROVIDER QUALIFICATIONS

Rehabilitative Mental Health 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.

Services are provided by or under the direction (for those providers that may direct services) of the following Mental Health Professionals functioning within the scope oftheir professional license and applicable state law.

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

1) Physicians

Physicians must be licensed in accordance with applicable State of California licensure requirements. Physicians may direct services.

2) Psychologists

Psychologists must be licensed in accordance with applicable State of California licensure requirements. Psychologists may direct services.

A psychologist may also be a Waivered Professional who has a waiver of psychologist licensure to the extent authorized under State law. Waivered Psychologists may also direct services under the supervision of a Licensed Mental Health Professional in accordance with laws and regulations governing the waiver.

3) Licensed Clinical Social Workers (LCSW)

Licensed clinical social workers must be licensed in accordance with applicable State of California licensure requirements. Licensed clinical social workers may direct services.

A clinical social worker may also be a Waivered/Registered Professional who has (1) registered with the State licensing authority for clinical social workers for the purpose of acquiring the experience required for clinical social work licensure in accordance with applicable statutes and regulations or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

4) Licensed Professional Clinical Counselors (LPCC)

Licensed professional clinical counselors must be licensed in accordance with applicable State of California licensure requirements. Licensed professional clinical counselors may direct services.

A professional clinical counselor may also be a Waivered/Registered Professional who has (1) registered with the State's licensing authority for professional clinical counselors for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

5) Marriage and Family Therapists (MFT)

Marriage and family therapists must be licensed in accordance with applicable State of California licensure requirements. Marriage and family therapists may direct services.

A marriage and family therapist may also be a Waivered/Registered Professional who has (1) registered with the State licensing authority for marriage and family therapists for the purpose of acquiring the experience required for marriage and family therapist licensure, in accordance with applicable statutes and regulations, or (2) been waivered by the Department of Health Care Services as a candidate who was recruited for employment from outside California and whose experience is sufficient to gain admission to the appropriate licensing examination but who requires time in which to make arrangements for and take the appropriate licensing examination.

6) Registered Nurses (RN)

Registered nurses must be licensed in accordance with applicable State of California licensure requirements. Registered nurses may direct services.

7) Certified Nurse Specialists (CNS)

Certified nurse specialists must be licensed in accordance with applicable State of California licensure requirements. Certified nurse specialists may direct services.

8) Nurse Practitioners (NP)

Nurse practitioners must be licensed in accordance with applicable State of California licensure requirements. Nurse practitioners may direct services.

9) Behavioral Health Professional
Behavioral Health Professionals must be licensed, waivered, or registered in accordance with applicable State of California licensure requirements and have professional activities that address a client's mental health and/or substance use disorders; including psychiatrists, psychologists, social workers, psychiatric nurse practitioners, marriage and family therapists, and professional clinical counselors.

The following providers may provide services under the direction of those Licensed Mental Health Professionals (listed above) who may direct services:

10) Licensed Vocational Nurses (LVN)

Licensed vocations nurses must be licensed in accordance with applicable State of California licensure requirements.

11) Psychiatric Technicians (PT)

Psychiatric technicians must be licensed in accordance with applicable State of California licensure requirements.

12) Mental Health Rehabilitation Specialists (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.

13) Physician Assistants (PA)

Physician assistants must be licensed in accordance with applicable State of California licensure requirements.

14) Pharmacists

Pharmacists must be licensed in accordance with applicable State of California licensure requirements.

15) Occupational Therapists (OT)

Occupational therapists must be licensed in accordance with applicable State of California licensure requirements.

16) Other Qualified Provider

An individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service.

17) Peer Support Specialist

A Peer Support Specialist is an individual in recovery with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet all other applicable California state requirements, including ongoing education requirements. Peer Support Specialists provides services under the direction of a Behavioral Health Professional and may also be supervised by a Peer Support Specialist Supervisor who must meet applicable California state requirements.

Assurances:

The state assures that Rehabilitative Mental Health Services shall be available to all children found to be eligible under the provisions ofSocial 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 42CFR 435.1010.

The state assures that the Single State Agency shall not delegate to any other state agency the authority and responsibilities described in42 CFR 431.10(e).