

REIMBURSEMENT OF REHABILITATIVE MENTAL HEALTH AND TARGETED
CASE MANAGEMENT SERVICES

A. GENERAL APPLICABILITY

Reimbursement of rehabilitative mental health and targeted case management services provided by eligible providers will be limited to the fee schedule developed by the State.

B. Definitions

“Day Services” means Day Treatment Intensive, Day Rehabilitation, and Crisis Stabilization Services as those services are defined in Supplement 3 to Attachment 3.1-A.

“Eligible Provider” means a public or private provider enrolled in the Medi-Cal program and certified to provide one or more Rehabilitative Mental Health or Targeted Case Management service as those services are defined in Supplement 1 and Supplement 3 to Attachment 3.1-A of this State Plan.

“Full-day” means a beneficiary received faced-to-face services in a program with services available for more than four hours.

“Half-day” means a beneficiary received face-to-face service in a program with services available from three to four hours.

“Home Health Agency Market Basket Index” means the IHS Global Inc. CMS Market Basket Index Levels for Home Health Agencies.

“Licensed Mental Health Professional (LMHP)” means Licensed Physicians, Licensed Psychologists (includes waived psychologists); Licensed Clinical Social Worker (LCSW) (includes Waivered/Registered clinical social workers), Licensed Professional Clinical Counselor (LPCC) (includes Waivered/Registered professional clinical counselors), Licensed Marriage and Family Therapist (LMFT) (includes Waivered/Registered marriage and family therapists); Registered Nurses (includes certified nurse specialists and nurse practitioners); Licensed Vocational Nurses; Licensed Psychiatric Technicians; and Licensed Occupational Therapists as those terms are defined in Supplement 3 to Attachment 3.1-A.

“Outpatient Services” means Mental Health Services, Medication Support Services, Crisis Intervention Services, and Targeted Case Management Services as those

TN No. 23-0026

Supersedes

TN No. 23-0015

Approval Date: December 5, 2023 Effective Date: July 1, 2023

services are defined in Supplement 3 and Supplement 1 to Attachment 3.1-A.

“Provider Type” means Clinical Trainee, Licensed Mental Health Professional, Mental Health Rehabilitative Specialist (MHRS), Medical Assistant, Physician Assistant (PA), Pharmacist, Peer Support Specialists, and Other Qualified Provider as those terms are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

“Rehabilitative Mental Health and Targeted Case Management Services” means Outpatient Services, Day Services, and Twenty-Four Hour Services -as those services are defined in Supplement 3 to Attachment 3.1-A of this 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 medical necessity criteria for this service as established by the State. The bundle of rehabilitative mental health services includes plan development, rehabilitation, and crisis intervention, as those services are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

“Twenty-Four Hour Services” means Adult Residential Treatment, Crisis Residential Treatment, and Psychiatric Health Facility Services as those services are defined in Supplement 3 to Attachment 3.1-A and Services Provided in a Treatment Foster Home.

C. Outpatient Services Reimbursement Methodology

1. The State reimburses all eligible providers of Outpatient Services on a fee for service basis pursuant to a fee schedule established by the State. Eligible providers claim reimbursement for Outpatient Services by Provider Type using appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. The fee schedule contains a rate for each County where the provider is located and combination of Provider Type and CPT®/HCPCS code.
2. The fee schedule that is effective July 1, 2023, and annually thereafter, is posted to the following webpage.
3. The State will annually increase the per-unit rates for HCPCS and CPT Codes effective July 1, 2023 by the percentage change in the four quarter average Home Health Agency Market Basket Index. The updated rates will be posted to the following webpage annually.

TN No. 23-0026

Supersedes

TN No. 23-0015

Approval Date: December 5, 2023

Effective Date: July 1, 2023

for at least 3 hours and less than 4 hours. Day Treatment Intensive and Day Rehabilitation services are reimbursed a Full-Day rate when the beneficiary participates in the Day Treatment Intensive or Day Rehabilitation Program for at least 4 hours. Crisis Stabilization Services are reimbursed an hourly rate not to exceed twenty hours of service in one day. The fee schedule contains a rate for each County where the provider is located and each Day Service.

2. Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule for day services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>.
3. The State will annually increase the day service rates effective July 1, 2023 by the percentage change in the four quarter average Home Health Agency Market Basket Index.

E. Twenty-Four Hour Services Rate Methodology

1. The State reimburses all eligible providers of Twenty-Four Hour Services on a fee for service basis pursuant to a fee schedule established by the State. Twenty-Four Hour Services are reimbursed a per diem rate. The fee schedule contains a rate for each County where the provider is located and each Twenty-Four Hour Service.
2. Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule for Twenty-Four Hour Services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>.
3. The State will annually increase the per-unit rates for 24-hour services effective July 1, 2023 by the percentage change in the four quarter average Home Health Agency Market Basket Index.
4. The fee schedule rate for Services Provided in a Treatment Foster Home is a bundled rate.
 - a. Any provider delivery Services Provided in a Treatment Foster Home will be paid through the bundled rate and cannot bill separately.
 - b. Any providers delivering services outside of a treatment foster home may bill for those separate services pursuant to this State Plan.
 - c. The bundled rate for Services Provided in a Treatment Foster Home does not include costs related to room and board.
 - d. The State will periodically monitor the actual provision of services paid under the bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

F. Community-Based Mobile Crisis Intervention Services Rate Methodology

1. Community-Based Mobile Crisis Intervention Encounters
 - a. Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers. The State establishes a county-based bundled rate for each encounter. The county-based bundled rates effective July 1, 2023, and annually thereafter, are posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>.
 - b. The State reimburses all eligible providers the county-based bundled rate based upon the county where the provider is located.
 - c. The county-based bundled rate is reimbursed for the following service components as those components are defined in Attachment 3.1-A of this State Plan:
 - Assessment
 - Mobile crisis response
 - Crisis planning
 - Referral to ongoing supports
 - Follow up check ins
 - d. A provider must render at least one of the following service components during an encounter to be reimbursed the bundled rate:
 - Assessment
 - Mobile crisis response
 - Crisis planning
 - Referral to ongoing supports
 - e. Any provider delivering services through a bundle will be paid through that bundled payment rate and cannot bill separately. Providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state's Medicaid billing procedures.
 - f. The state will annually increase the county-based bundled rates effective July 1, 2023 by the percentage change in the four quarter average Home Health Agency Market Basket Index.
 - g. The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

2. Facilitation of a warm handoff
 - a. The State will reimburse providers for Facilitation of a warm handoff, as that service component is defined in Attachment 3.1-A of this State Plan, pursuant to a fee schedule established by the State. The fee schedule will include a rate for each county and the following aspects of the service component:

- Providing and/or arranging for a beneficiary's transportation to an alternative setting to receive urgent treatment. The State will reimburse providers the standard mileage rate per mile for use of an automobile for medical care as established by the Internal Revenue Service.
 - Staff time spent providing and/or arranging for transportation to an alternative setting to receive urgent treatment. The State will reimburse eligible providers based upon the provider type providing and/or arranging for transportation. The rates for this aspect of Facilitation of a Warm Handoff effective July 1, 2023, and annually thereafter, are posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>.
3. The State will annually increase the fee schedules described in paragraphs 1 and 2 by the percentage change in the four quarter average Home Health Agency Market Basket Index.

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

REIMBURSEMENT FOR MEDI-CAL PERSONAL CARE SERVICES

A. GENERAL PROVISIONS

Medi-Cal Personal Care Services (referred to in this document as Personal Care Services) are services provided pursuant to 42 Code of Federal Regulations 440.167 in accordance with the rules and regulations of the California Department of Health Care Services and the California Department of Social Services.

B. REIMBURSEMENT RATE LIMITATIONS FOR PERSONAL CARE SERVICES

- (1) A county may contract with an agency of a city, county, or city and county, a local health district, a voluntary nonprofit agency, a proprietary agency, or an individual for the purpose of providing personal care services. The rate of reimbursement will be negotiated between the county and its contractor or its contractors, consistent with applicable regulations promulgated by the California Department of Social Services or the Department of Health Care Services.
- (2) The rate of reimbursement for individual providers will be negotiated between the provider union and the individual county, or the provider union and the public authorities/non-profit consortiums, as applicable.
- (3) The Individual Provider Rate includes Wages, Payroll Tax, Benefits, Administrative Costs, and Paid Time Off within the negotiated rate.

C. PUBLICATION OF INDIVIDUAL AND CONTRACTED PROVIDER RATES OF PERSONAL CARE SERVICES

State approved county governmental, contracted, and private individual provider rates are documented in a fee schedule and that fee schedule was last updated July 1, 2018, and is effective for services provided after that date. This fee schedule is published on the California Department of Social Services website at:

http://www.cdss.ca.gov/Portals/9/IHSS/IHSS_Sick_Leave_Rate_as_of_July-1-2018.pdf?ver=2018-10-10-165722-833

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

D. PAYMENTS AND UNITS OF SERVICE

- (1) Reimbursements for services will be made only to providers authorized by the California Department of Social Services to provide Personal Care Services to beneficiaries. The rates will be based upon a time-based unit of service. The time-based unit of service is per minute based on 60 minutes per hour.

- (2) The methodology for determining the beneficiary's service budget is based on the assessment of needs for the beneficiary and the development of the service plan. The cost of providing the services included in the service plan is calculated based on the expected reimbursement for such services under the state plan and is adjusted to account for the self-directed services delivery model served in the Sec. 1915 [42 U.S.C. 1396n] G) program.

In cases where the beneficiary chooses not to have the assessed Personal Care Services of meal preparation, meal cleanup and/or shopping for food services provided in-home, the beneficiary can choose to have their service budget reduced by the amount calculated based on hours allocated for these services and reimbursement of \$15.50 per week per person or \$31 per week per couple is provided for meal preparation, meal cleanup and/or shopping for food related activities in the Sec. 1915 (42 U.S.C. H96n) (j) program.

TN No. 18-006
Supersedes
TN No. None

Approval Date: December 3, 2018

Effective Date: July 1, 2018

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

C. PUBLICATION OF INDIVIDUAL AND CONTRACTED PROVIDER RATES OF PERSONAL CARE SERVICES

State approved county governmental, contracted, and private individual provider rates are documented in a fee schedule and that fee schedule was last updated on October 1, 2009, and effective for services provided after that date. This fee schedule is published on the California Department of Social Services website at www.cdss.ca.gov/agedblinddisabled/PG1996.htm.

TN No. 09-006
Supersedes
TN No. None

Approval Date: SEP 29 2009 Effective date: October 1, 2009

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

D. PAYMENTS AND UNITS OF SERVICE

- (1) Reimbursements for services will be made only to providers authorized by the California Department of Social Services to provide Personal Care Services to beneficiaries. The rates will be based upon a time-based unit of service. The time-based unit of service is per minute based on 60 minutes per hour.
- (2) The methodology for determining the beneficiary's service budget is based on the assessment of needs for the beneficiary and the development of the service plan. The cost of providing the services included in the service plan is calculated based on the expected reimbursement for such services under the state plan and is adjusted to account for the self-directed services delivery model served in the Sec. 1915 [42 U.S.C. 1396n] (j) program.

In cases where the beneficiary chooses not to have the assessed Personal Care Services of meal preparation, meal cleanup and/or shopping for food services provided in-home, the beneficiary can choose to have their service budget reduced by the amount calculated based on hours allocated for these services and reimbursement of \$15.50 per week per person or \$31 per week per couple is provided for meal preparation, meal cleanup and/or shopping for food related activities in the Sec. 1915 [42 U.S.C. 1396n] (j) program.

TN No. 09-006
Supersedes
TN No. 94-006

Approval Date: SEP 29 2009

Effective date: October 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006
Supersedes
TN No. 94-006

Approval Date **SEP 29 2009** Effective Date: October 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006

Supersedes

Approval Date

SEP 29 2009

Effective Date: October 1, 2009

TN No. 94-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006
Supersedes
TN No. 94-006

Approval Date **SEP 29 2009** Effective Date: October 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006

Supersedes

TN No. 94-006

Approval Date

SEP 29 2009

Effective Date: October 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006

Supersedes

Approval Date

SEP 29 2009

Effective Date: October 1, 2009

TN No. 94-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006
Supersedes
TN No. 94-006

SEP 29 2009

Approval Date _____ Effective Date: October 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006
Supersedes
TN No. 94-006

Approval Date **SEP 29 2009** Effective Date: October 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006
Supersedes
TN No. 94-006

Approval Date **SEP 29 2009** Effective Date: October 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CALIFORNIA

RESERVED FOR USE

TN No. 09-006

Supersedes

TN No. 94-006

Approval Date

SEP 29 2009

Effective Date: October 1, 2009