

State: California

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

LIMITATION ON SERVICES

13.d.4.Rehabilitative Mental Health Services

Rehabilitative Mental Health Services are provided through a specialty mental health delivery system available to Medicaid (Medi-Cal) beneficiaries who meet State criteria for access to the specialty mental health services delivery system. Rehabilitative Mental Health Services are provided in accordance with the 42 Code of Federal Regulation (CFR) Part 440.130(d). Rehabilitative Mental Health Services are recommended by a physician and 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, and 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 provided 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. Rehabilitative Mental Health Services may address co-occurring substance use disorders as clinically appropriate and within the treating practitioner's scope of practice for beneficiaries who access these services to address their mental health conditions.

COVERED REHABILITATIVE MENTAL HEALTH TREATMENT SERVICES

"Member" and "Beneficiary" means the person who is eligible to receive Medi-Cal benefits.

"Assessment" is 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.

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“Employment and Education Support Services” 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 may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

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.

Limitations: Employment and Education Support Services do not include vocational or educational placement or skills training that are not directly related to assisting the member with managing their mental health condition.

“Medication Support Services” 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 may be provided face-to-face, by telephone or by telehealth and may be provided anywhere in the community. Medication support services may be delivered as a standalone service or as a component of crisis stabilization.

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This service 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

Limitations: The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours. -Members may receive additional services in other levels of care if additional medication management is needed.

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

“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 with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

Peer support services are based on an approved plan of care and may be delivered as a standalone service. 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

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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.

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.

"Psychosocial Rehabilitation" is 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. Psychosocial Rehabilitation, including psychoeducation, may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member. Psychosocial rehabilitation may be provided to a member or a group of members.

"Referral and Linkages" are 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" is 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,

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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.

“Treatment Planning” is 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.

REHABILITATIVE MENTAL HEALTH SERVICES

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 include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Mental health services may be provided face-to-face, by telephone or by telehealth and may be provided anywhere in the community.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

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2. Day Treatment Intensive is a structured, multi-disciplinary program which provides services to a distinct group of individuals. 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. Day treatment intensive is a program that lasts less than 24 hours each day. Day treatment intensive may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary. 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 includes one or more of the following service components:

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

3. Day Rehabilitation is a structured program which provides services to a distinct group of individuals. 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. Day rehabilitation may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

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

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

- Assessment
- Treatment Planning
- Therapy

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- Psychosocial Rehabilitation

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.

4. 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 include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

Crisis intervention may be provided face-to-face, by telephone or by telehealth 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
- Therapy
- Referral and Linkages

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. Beneficiaries may receive additional services in other levels of care to address a crisis that cannot be resolved through crisis intervention services.

5. 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.

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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. Crisis stabilization may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the beneficiary.

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
- Therapy
- Crisis Intervention
- Medication Support Services
- Referral and Linkages

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 23 hours. Beneficiaries may receive additional services in other levels of care to address a crisis that cannot be resolved by crisis stabilization.

6. Adult Residential Treatment Services are recovery focused rehabilitative services, provided in a non-institutional, residential setting, for

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beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program.

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 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.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation

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.

7. 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 is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

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

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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.

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

- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation
- Crisis Intervention

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.

8. Psychiatric Health Facility Services are therapeutic and/or rehabilitative provided in a psychiatric health facility licensed by the Department of Health Care Services. Psychiatric health facilities are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders. Psychiatric health facility 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 beneficiary.

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 the following service components:

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- Assessment
- Treatment Planning
- Therapy
- Psychosocial Rehabilitation
- Crisis Intervention

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.

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

9. Assertive Community Treatment (ACT) is a service for members with complex and significant mental health needs. 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 a community-based, multidisciplinary team-based service. ACT may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

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

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

10. Coordinated Specialty Care (CSC) is a service for members experiencing a first episode of psychosis. CSC addresses the symptoms of psychosis to reduce the risk of psychiatric hospitalization, emergency room visits,

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residential treatment, involvement with the criminal justice system, substance use, and homelessness. CSC is a person-centered service that helps members cope with the symptoms of their mental health condition and to function and remain integrated in the community.

CSC is a community-based, multidisciplinary team-based service. CSC may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the member.

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

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

11. Clubhouse Services are an intentional, strengths-focused community-based service to support recovery from a mental health condition. Clubhouse Services use a social practice model, in which members voluntarily participate in clubhouse activities and duties alongside providers trained in the model.

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

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

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; and sign a provider agreement

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with a county mental health plan.

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

“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 (unless otherwise required by state law). 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 waived psychologist; a licensed, waived or registered social worker; a licensed, waived or registered marriage and family therapist; a licensed, waived or registered professional clinical counselor; a registered nurse (including a certified nurse specialist, or a nurse practitioner); or a licensed occupational therapist¹. All providers of Rehabilitative Mental Health Services must act within the scope of their professional license and applicable state law.

PRACTITIONER QUALIFICATIONS

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

C = Counselor

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

CT = Clinical Trainee

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Mental Health Professional, Pharmacist, or Physician Assistant; is participating in a

¹ Licensed occupational therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

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practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services, including, but not limited to, all coursework and supervised practice requirements.

L = Licensed Mental Health Professional

A Licensed Mental Health Professional includes any of the following providers who are licensed in accordance with applicable State of California licensure requirements: licensed physicians; licensed psychologists (includes waived psychologists); licensed clinical social workers (includes waived or registered clinical social workers); licensed professional clinical counselors (includes waived or registered professional clinical counselors); licensed marriage and family therapists (includes waived or registered marriage and family therapists); registered nurses (includes certified nurse specialists and nurse practitioners); licensed vocational nurses; licensed psychiatric technicians; and licensed

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.

For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, “registered” means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for 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.

M = Mental Health Rehabilitation Specialist

A mental health rehabilitation specialist is 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.

MA = Medical Assistant

A medical assistant is an individual who is at least 18 years of age, meets all applicable

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education, training and/or certification requirements, and provides administrative, clerical, and technical supportive services, according to their scope of practice, and provides services under the supervision of a licensed physician and surgeon as established by the corresponding state authority, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

P = Peer Support Specialist

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional.

*Peer Support Services will be implemented and have an effective date of July 1, 2022.

PA = Physician Assistant

A physician assistant must be licensed in accordance with applicable State of California licensure requirements.

Ph = Pharmacist

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

OP = Other Qualified Provider

An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

Assurances: The state assures that Rehabilitative Mental Health Services shall be available to all children found to be eligible under the provisions of Social Security Act (SSA) Sec. 1905(r)(5). The state assures that services will not be available to residents of an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010. The state assures that the Single State Agency shall not delegate to any other state agency the authority and responsibilities described in 42 CFR 431.10(e)

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