

State: CaliforniaAMOUNT, 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 medical necessity criteria established by the State, based on the beneficiary's need for Rehabilitative Mental Health Services established by an assessment and documented in the client plan.

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 directed toward achieving client plan goals. 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 identified in the client plan.

"Assessment" means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes one or more of the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis, and the use of testing procedures.

"Client Plan" means a documented plan for the provision of services to a beneficiary who meets medical necessity criteria; it contains specific observable and/or quantifiable goals and treatment objectives, proposed type(s) of intervention, and the proposed duration of the intervention(s). A client plan is consistent with the beneficiary's diagnosis or diagnoses. A client plan is signed by the person providing the service(s), or a person representing a team or program providing services, and must include documentation of the beneficiary's participation in, and agreement with, the client plan.

"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 in achieving client plan goals. 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 that occur at a minimum once a day, but may occur more frequently as necessary, 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 identified in the client plan 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.

"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.

"Plan Development" means a service activity that consists of one or more of the following: development of client plans, approval of client plans and/or monitoring of a beneficiary's progress.

"Process Groups" means groups facilitated by staff to help beneficiaries develop skills necessary to deal with their 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 identified to address a mental health need in the client plan. 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.

"Telemedicine" means providing a service via the use of information exchanged from one site to another via electronic communications to improve a beneficiary's mental health condition. Electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the beneficiary, and the service provider at the distant site.

"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 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 clients 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, or review, approval and signing client plans. 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 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, or a registered nurse (including a certified nurse specialist, or a nurse practitioner).

"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 his or her 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 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.

Services are provided based on medical necessity criteria, in accordance with an individualized Client Plan, 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 telemedicine 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
- Plan development
- 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.

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Medication support services may be provided face-to-face, by telephone or by telemedicine 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
- Plan Development

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.

This service may include the following service components:

- Assessment
- Plan development
- 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.

This service includes the following service components:

- Assessment
- Plan development
- 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 telemedicine 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.

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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. 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 waived/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.

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 in the client's treatment/rehabilitation plan;
- 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; and,
- 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
- Plan development
- 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. 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 directed towards achieving client plan goals;
- D. Family counseling with significant support persons directed at improving the beneficiary's functioning, when indicated in the client's treatment/rehabilitation plan;
- 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; and,
- 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
- Plan Development
- Therapy
- Rehabilitation
- Collateral
- Crisis Intervention

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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 are 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. 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
- Plan development
- Therapy
- Rehabilitation
- Collateral
- Crisis intervention

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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.

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 of his or her 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.

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

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

Providers: Peer Support Services are provided by Peer Support Specialists.

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: 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 ongoing education requirements. Peer Support Specialists provides services under the direction of a Behavioral Health Professional.

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

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 waived 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 waived 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 waived 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.

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

9) Licensed Vocational Nurses (LVN)

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

10) Psychiatric Technicians (PT)

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

11) 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.

12) Physician Assistants (PA)

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

13) Pharmacists

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

14) Occupational Therapists (OT)

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

15) 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.

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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State/Territory: California

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

LIMITATION ON SERVICES

13.d.5 Substance Use Disorder Treatment Services

Substance use disorder (SUD) treatment services are provided in accordance with the Code of Federal Regulations (CFR) 440.130(d) to restore the beneficiary to their best possible functional level. All SUD treatment services must be recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practice. SUD treatment services are based on medical necessity.

Services that involve the participation of a non-Medicaid eligible are for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service. These services are marked with an *.

COVERED SUD TREATMENT SERVICES

"Assessment" consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic, and may 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. Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or

order laboratory testing (laboratory testing is covered under the “Other laboratory and X-ray services” benefit of the California Medicaid State Plan).

- Treatment planning, 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 and restoration of a beneficiary to their best possible functional level.

“Group Counseling” means a contact with multiple beneficiaries at the same time. Group counseling shall focus on the needs of the participants. Group counseling shall be provided to a group that includes at least 2 and no more than 12 participants.

“Individual Counseling” means a contact with a beneficiary. Individual counseling also includes a contact between a beneficiary, substance use disorder treatment professional, and one or more collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals. Individual counseling also includes preparing the beneficiary to live in the community, and providing linkages to treatment and services available in the community.

“Medical Psychotherapy” means a type of counseling service to treat SUDs other than Opioid Use Disorders (OUD) conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the beneficiary.

“Medication Services” means the prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services does not include MAT to treat Opioid Use Disorders as defined below.

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD)” includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29) and described in Supplement to Attachment 3.1-A. “Patient Education” is education for the beneficiary on addiction, treatment, recovery and associated health risks.

“*Peer Support Services” are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self

Perinatal Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to pregnant and postpartum women with a substance use disorder diagnoses. These services include women-specific treatment and recovery services. Each beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems. Services are provided in a 24-hour structured environment and covered under the Drug Medi-Cal program when medically necessary. Medically necessary rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, and approved and authorized according to the State of California requirements. The cost of room and board are not reimbursable under the Medi-Cal program.

The components of Perinatal Residential Substance Use Disorder Treatment are:

- Intake, once per admission
- Individual and Group Counseling, a minimum of two sessions per 30 day period
- Patient Education, varies according to the needs of the beneficiary
- Collateral Services, as needed
- Crisis Intervention Services, as needed
- Treatment Planning, occurs upon admission and every 90 days thereafter
- Discharge Services, once per admission

Services shall include:

- Provision of or arrangement for transportation to and from medically necessary treatment.
- Safeguarding Medication: Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.

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 can be delivered as a standalone service. Peer support services include 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 between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

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

“SUD Crisis Intervention Services” consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

PROVIDER QUALIFICATIONS

Provider Entities

SUD Treatment Services are provided by DMC certified providers. DMC certified providers providing SUD Treatment Services must: 1) be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county or the Department of Health Care Services.

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

C = Counselors

An Alcohol or other drug (AOD) counselor that is 1) 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).

L = Licensed Practitioner of the Healing Arts

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional

Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), and licensed-eligible practitioner working under the supervision of a licensed clinician.

M = Medical director of a Narcotic Treatment Program

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

P = 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 ongoing education requirements. Peer Support Specialists provides services under the direction of a Behavioral Health Professional.

Notes

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

SUBSTANCE USE DISORDER TREATMENT LEVELS OF CARE

1. Intensive Outpatient Treatment Services are provided to beneficiaries when medically necessary in a structured programming environment.

Intensive Outpatient Treatment includes the following service components:

- Assessment (as defined above)
 - Individual Counseling (as defined above)
 - Group Counseling (as defined above)
 - Patient Education (as defined above)
 - Medication Services (as defined above)
 - MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
 - SUD Crisis Intervention Services (as defined above)
2. Narcotic Treatment Program is an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications including methadone, buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each beneficiary as clinically necessary.

The components of the Narcotic Treatment Program are:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medical Psychotherapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- SUD Crisis Intervention Services (as defined above)

3. Outpatient Treatment Services (also known as Outpatient Drug Free or ODF) are provided to beneficiaries as medically necessary.

Outpatient Services include the following components:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- SUD Crisis Intervention Services (as defined above)

4. Perinatal Residential Substance Use Disorder Treatment is a non-institutional, non- medical, residential program which provides rehabilitation services to pregnant and postpartum women with a substance use disorder diagnosis. Each beneficiary shall live on the premises and shall be supported in their efforts to restore and apply interpersonal and independent living skills and access community support systems. Perinatal Residential Substance Use Disorder Treatment programs shall provide a range of activities and services for pregnant and postpartum beneficiaries. Supervision shall be available day and night, seven days a week. Medically necessary rehabilitative services are provided in accordance with individualized beneficiary needs. The cost of room and board is not reimbursable under the Medical program. Facilities shall store and safeguard all residents'

medications, and facility staff members may assist with resident's self-administration of medication.

The components of Perinatal Residential Substance Use Disorder Treatment are:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- Patient Education (as defined above)
- SUD Crisis Intervention Services (as defined above)

Assurances

The State assures that all medically necessary services coverable under 1905(a) of the Social Security Act are provided to Medicaid eligible individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, described in Social Security Act sections 1902(a)(43), 1905(a)(4)(B) and 1905(r). The State assures that substance use disorder treatment services shall be available to children and youth, as necessary to correct or ameliorate a substance use disorder or condition, as required under the provisions of Social Security Act section 1905(r)(5), regardless of their county of residence.

The State assures that the Single State Agency shall not delegate to any other State Agency the authority and responsibilities described in 42 CFR section 431.10(e).

The State assures that all Medicaid program requirements regarding free choice of providers as defined in 42 CFR 431.51 shall be adhered to.

The State assures that Perinatal Residential Substance Use Disorder Services are not provided in facilities that are Institutions for Mental Diseases.

The State assures that all services involving family members or other collateral contacts are for the direct benefit of the beneficiary.

Reserved for Future Use

State/Territory: California

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

LIMITATION ON SERVICES

13.d.6 Expanded Substance Use Disorder Treatment Services

Expanded Substance Use Disorder (SUD) treatment services are provided in accordance with the Code of Federal Regulations (CFR) 440.130(d) to restore the beneficiary to their best possible functional level. All expanded SUD treatment services must be recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practice. Expanded SUD treatment services are provided by Drug Medi-Cal (DMC) certified providers and are based on medical necessity.

COVERED EXPANDED SUD TREATMENT SERVICES

“Assessment” consists of activities to evaluate or monitor the status of a beneficiary’s behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic, and may 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. Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the “Other laboratory and X-ray services” benefit of the California Medicaid State Plan).
- Treatment planning, 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 and restoration of a beneficiary to their best possible functional level.

“Care Coordination” consists of activities to provide coordination of SUD care, mental health care, and primary care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Care Coordination can be provided in clinical or non-clinical settings and includes one or more of the following components:

- Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
- Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports.

“Family Therapy” is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the beneficiary’s recovery as well as the holistic recovery of the family system. Family members can provide social support to the beneficiary and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.

“Group Counseling” consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants.

“Individual Counseling” consists of contacts with a beneficiary. Individual counseling 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.

“Medical Psychotherapy” is a counseling service to treat SUDs other than OUD conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the beneficiary.

“Medication Services” includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services does not include MAT for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders as defined below.

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD)” includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29) and described in Supplement 7 to Attachment 3.1-A.

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders” includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs. MAT for AUD and non-opioid SUDs may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care listed below in the “Levels of Care” section. This service includes:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group counseling as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- Patient Education (as defined below)
- Recovery Services (as defined below)
- SUD Crisis Intervention Services (as defined below)
- Withdrawal Management Services (as defined below)
- Prescribing and monitoring of MAT for AUD and Other Non-Opioid Substance Use Disorders, which consists of prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT services for AUD and Other Non-Opioid Substance Use Disorders

“Patient Education” is education for the beneficiary on addiction, treatment, recovery and associated health risks.

“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 can be delivered as a standalone service. Peer support services include 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 between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

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

"Recovery Services" are designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level. Recovery Services emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries. Beneficiaries may

receive Recovery Services based on self-assessment or provider assessment of relapse risk. Beneficiaries do not need to be diagnosed as being in remission to access Recovery Services.

Beneficiaries may receive Recovery Services while receiving MAT services, including NTP services. Beneficiaries may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD. Recovery Services can be delivered as a standalone service, or as a service delivered as part of the levels of care listed below. Recovery Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group counseling as defined above)
- Family Therapy (as defined above)
- Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the beneficiary's SUD.
- Relapse Prevention, which includes interventions designed to teach beneficiaries with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the beneficiary's SUD.

“SUD Crisis Intervention Services” consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

“Withdrawal Management Services” are provided to beneficiaries when medically necessary for maximum reduction of the SUD symptoms and restoration of the beneficiary to their best possible functional level. Withdrawal Management Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined above)
- MAT for AUD and non-opioid SUDs (as defined above)
- Peer Support Services (as defined above)
- Observation, which is the process of monitoring the beneficiary's course of withdrawal. Observation is conducted at the frequency

required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the beneficiary's health status.

PROVIDER QUALIFICATIONS

Provider Entities

Expanded SUD Treatment Services are provided by DMC certified providers. DMC certified providers providing Expanded SUD Treatment Services must: 1) be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county.

PRACTITIONER QUALIFICATIONS

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

C = Counselors

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).

L = Licensed Practitioner of the Healing Arts

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), and licensed-eligible practitioner working under the supervision of a licensed clinician.

M = Medical director of a Narcotic Treatment Program

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

P = 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 ongoing education requirements. Peer Support Specialists provides

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services under the direction of a Behavioral Health Professional.

Notes

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

** Certified counselors may assist with some aspects of this service, however, a licensed provider is responsible for supervising this service component.

All personnel performing observations must complete training in withdrawal management.

***May be provided by an LPHA within their scope of practice.

EXPANDED SUD TREATMENT LEVELS OF CARE

1. Outpatient Treatment Services (also known as Outpatient Drug Free or ODF services) (ASAM Level 1) are provided to beneficiaries when medically necessary.

Outpatient Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid SUDs (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

2. Intensive Outpatient Treatment Services (ASAM Level 2.1) are provided to beneficiaries when medically necessary in a structured programming environment.

Intensive Outpatient Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid substance use disorders (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

3. Partial Hospitalization Services (ASAM Level 2.5) are delivered to beneficiaries when medically necessary in a clinically intensive programming environment.

Partial Hospitalization Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid SUDs (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

4. Residential Treatment Services are delivered to beneficiaries when medically necessary in a, short-term treatment program corresponding to at least one of the following levels:

- Level 3.1 - Clinically Managed Low-Intensity residential Services
- Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services
- Level 3.5 - Clinically Managed High Intensity Residential Services
- Level 3.7 - Medically Monitored Intensive Inpatient Services
- Level 4.0 - Medically Managed Intensive Inpatient Services

Residential Treatment Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)

- MAT for AUD and other non-opioid SUDs (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

5. Narcotic Treatment Program is an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications to patients covered under the DMC-ODS formulary including methadone, buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each beneficiary as clinically necessary.

Narcotic Treatment Program Services include the following services:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group as defined above)
- Family Therapy (as defined above)
- Medical Psychotherapy (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid substance use disorders (as defined above)
- Patient Education (as defined above)
- Recovery Services (as defined above)
- SUD Crisis Intervention Services (as defined above)

6. Withdrawal Management Services are provided to beneficiaries experiencing withdrawal in the following outpatient and residential settings:

- Level 1-WM: Ambulatory withdrawal management without extended on-site monitoring (Mild withdrawal with daily or less than daily outpatient supervision)
- Level 2-WM: Ambulatory withdrawal management with extended on-site monitoring (Moderate withdrawal with daytime withdrawal management and support and supervision in a non-residential setting)
- Level 3.2-WM: Clinically managed residential withdrawal management (24-hour support for moderate withdrawal symptoms that are not manageable in outpatient setting)

- Level 3.7-WM: Medically Managed Inpatient Withdrawal Management (24-hour care for severe withdrawal symptoms requiring 24-hour nursing care and physician visits)
- Level 4-WM: Medically managed intensive inpatient withdrawal management (Severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability)

Withdrawal Management Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- MAT for AUD and other non-opioid SUDs (as defined above)
- Observation (as defined above)
- Recovery Services (as defined above)

Assurances

The State assures that all medically necessary services coverable under 1905(a) of the Social Security Act are provided to Medicaid eligible individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, described in Social Security Act sections 1902(a)(43), 1905(a)(4)(B) and 1905(r). The State assures that substance use disorder treatment services shall be available to children and youth, as necessary to correct or ameliorate a substance use disorder or condition, as required under the provisions of Social Security Act section 1905(r)(5), regardless of their county of residence.

The State assures that the Single State Agency shall not delegate to any other State Agency the authority and responsibilities described in 42 CFR section 431.10(e).

Expanded SUD treatment services are provided subject to the terms of the State's approved Section 1915(b) Waiver Proposal for California Advancing and Innovating Medi-Cal (CalAIM) or subsequent waiver program, including any approved waiver of statewideness, comparability and/or freedom-of-choice that enables the State to limit Expanded SUD treatment services to the Drug Medi-Cal Organized Delivery System to counties that contract with the State to provide expanded SUD treatment services, except in the case of individuals under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and the requirements of the provisions of Social Security Act sections cited above, including 1905(r)(5).

The State assures that all Medicaid program requirements that have not been waived in the Section 1915(b) Waiver Proposal for CalAIM or subsequent waiver program shall be adhered to, including all EPSDT Medicaid requirements.

The state assures that Residential Treatment Services are not covered when provided in facilities that are Institutions for Mental Diseases unless expressly authorized under the State's approved Section 1115 Demonstration Waiver or as otherwise consistent with federal law.

The state assures that all services involving family members or other collateral contacts are for the direct benefit of the beneficiary.