

Service Types Definitions

- **Assessment:** 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, diagnoses and the use of testing procedures.
- **Collateral:** 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. Effective with the transition to CalAIM claiming on 7/1/2023, collateral services cannot be claimed as a stand-alone service. Claiming for collateral contacts will be dependent on the provision of a covered service. A collateral claim must be submitted together with the claim for the covered service or it will be denied. Counties can claim for collateral-type services and are advised to identify codes that best describe the activity performed by the non-clinical staff when billing for those services. HCPCS codes that may be used for collateral-type contacts are available in every category except Therapy.
- **Plan Development:** 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.
- **Rehabilitation:** 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.
- **Therapy:** 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.

- **Intensive Care Coordination (ICC):** ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria for these services. ICC service components include: assessing, service planning and implementation, monitoring and adapting, and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a child, their family, and involved child-serving systems.⁷
- **Intensive Home Based Services (IHBS):** IHBS are individualized, strength-based interventions designed to correct or ameliorate mental health conditions that interfere with a child or youth's functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community, and improving the child's or youth's family's ability to help the child or youth successfully function in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the Child and Family Team (CFT) in coordination with the family's overall service plan. They may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria.⁸
- **Therapeutic Behavioral Services (TBS):** Specialty mental health services covered as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services⁹. TBS are intensive, one-to-one, short-term outpatient services for beneficiaries up to age 21 designed to help beneficiaries and their parents/caregivers manage specific behaviors using short-term measurable goals based on the beneficiary's needs. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish specified outcomes¹⁰.
- **Therapeutic Foster Care (TFC) Services:** This model allows for the provision of short-term, intensive, highly coordinated, trauma informed and individualized specialty mental health services (SMHS) activities (plan development, rehabilitation and collateral) to children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised and supported TFC parents. The TFC parent serves as a key participant in the therapeutic treatment process of the child or youth. TFC is intended for children and youth who require intensive and frequent mental health support in a family environment. The TFC service model allows for the provision of certain SMHS activities (plan development, rehabilitation and collateral) available under the EPSDT benefit as a home-based

alternative to high level care in institutional settings such as group homes and an alternative to Short Term Residential Therapeutic Programs (STRTPs)¹¹.

4.1.5. Psychiatric Health Facility: CCR Title 9, § 1810.236 and Title 9, § 1820.205

A Psychiatric Health Facility (PHF) is a facility licensed by DHCS under the provisions of CCR, Title 22. To be admitted to a psychiatric health facility, beneficiaries shall meet the medical necessity criteria indicating they require this level of care, described in CCR Title 9, § 1820.205.

4.1.6. Children’s Crisis Residential Programs: Health and Safety Code § 1502(a)(21)

Children’s Crisis Residential Programs (CCRP) provide children with Medi-Cal services, primarily crisis residential treatment services. CCRPs serve children experiencing mental health crises as an alternative to psychiatric hospitalization. CCRPs are a type of community care facility, and are, by definition, non-medical facilities.

4.1.7. Crisis Residential Treatment Services: CCR Title 9, § 1810.208

Crisis Residential Treatment Services (CRTS) are therapeutic or rehabilitative services provided in a non-institutional residential setting. CRTS provide structured programs as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care.

CRTS offer a range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. CRTS are available 24 hours per day, seven days per week. Activities may include, but are not limited to:

- Assessment
- Plan Development
- Therapy
- Rehabilitation
- Collateral
- Crisis Intervention

CRTS are provided in social rehabilitation facilities licensed by the California Department of Social Services (CDSS) under the provision of CCR Title 22, and certified under the provisions of CCR Title 9 and Mental Health Rehabilitation Centers licensed by Department of Health Care Services under the provision of CCR Title 9.

4.1.8. Adult Residential Treatment Services: CCR Title 9, § 1810.203

Adult residential treatment services are 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 a residential treatment program.

Adult residential treatment services include a range of activities and services that support beneficiaries in their effort to restore, maintain and apply interpersonal and independent living skills and to access community support systems. The services are available 24 hours per day, seven days per week. Service activities may include but are not limited to:

- Assessment
- Plan Development
- Therapy
- Rehabilitation
- Collateral

Adult residential treatment services are provided in social rehabilitation facilities licensed by CDSS under the provisions of CCR, Title 22 and certified under the provisions of CCR, Title 9 and Mental Health Rehabilitation Centers licensed by Department of Health Care Services under the provision of [CCR Title 9](#).

4.1.9. Crisis Stabilization: CCR Title 9, § 1840.338 and § 1840.348 (also known as a Crisis Stabilization Unit, CSU)

Crisis stabilization: is a service that lasts less than 24 hours and is provided to or on behalf of a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include, but are not limited to:

- Assessment
- Collateral
- Therapy
- Crisis Intervention
- Medication Support Services
- Referral

Crisis stabilization differs from crisis intervention in that stabilization is delivered by providers who meet contact, site, and staffing requirements for crisis stabilization described in CCR Title 9, §§ [1840.338](#) and [1840.348](#).

Crisis stabilization must be provided onsite at a licensed 24-hour health care facility, as part of a hospital-based outpatient program, certified by the State to perform crisis stabilization. The maximum allowance provided for in CCR, Title 22 for “Crisis Stabilization: Emergency Room” shall apply when the service is provided in a 24-hour facility, including a hospital outpatient department.

4.1.12. Targeted Case Management: CCR Title 9, § 1810.249

Targeted case management is a service that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services. The service activities may include but are not limited to: communication, coordination, and referral; monitoring service delivery to ensure patient access to service and the service delivery system; monitoring the patient’s progress; placement services and plan management.

4.1.14. Medication Support: CCR Title 9, § 1810.225

Medication support is a service that can include the prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Medication support activities may include evaluating the need for medication; evaluating clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks, benefits and alternatives to medication. Refer to [Service Table 3- Medication Support Codes](#) for the rules governing the codes associated with this service.

4.1.16. Crisis Intervention: State Plan Amendment 12-025

Crisis intervention services last less than 24 hours and are provided to (or on behalf of) a beneficiary for a condition that requires a more timely response than a regularly scheduled visit.

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

Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements described in CCR Title 9 Section 1840.338 and 1840.348. Refer to Service Table 2-Crisis Intervention Codes for the rules governing the codes associated with this service.

4.1.18. Peer Support Services: State Plan Amendment 21-0051

Peer support services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, 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 condition and the process of recovery.

Peer support services may be provided face-to-face, by telephone or by telehealth with the beneficiary or significant support person(s) and may be provided anywhere in the community. Peer support services are based on an approved plan of care. This service includes one or more of the following service components:

- **Therapeutic Activity:** A structured non-clinical activity provided by a certified Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiary and others providing care or support to the beneficiary, family members, or significant support persons.
- **Engagement:** 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.
- **Educational Groups:** Providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiary achieve desired outcomes. These groups should promote skill building for the beneficiary in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- **Collateral:** A service activity to a significant support person or persons in a beneficiary's life for the purpose of providing support to the beneficiary. Collateral includes one or more of the following: consultation and/or training of the significant support person(s) that would assist the beneficiary in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the beneficiary; and family counseling with the significant support person(s) to improve the functioning of the beneficiary. The beneficiary must be present for this service activity.

Peer support services may be provided by a Certified Peer Support Specialist.

4.1.19 Community-Based Mobile Crisis Intervention Services: State Plan Amendment 22-0043

Community-based mobile crisis intervention services provide rapid response, individual assessment and community-based stabilization for Medi-Cal beneficiaries who are experiencing a mental health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques that reduce the immediate risk and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.

Mobile crisis services include warm handoffs to appropriate settings and providers when the beneficiary requires additional stabilization and/or treatment services with and referrals to appropriate health, social and other services and supports, as needed; and short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care. Mobile crisis services are directed toward the beneficiary in crisis but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral's participation is to assist the beneficiary in addressing their behavioral health crisis and restore the beneficiary to the highest possible functional level. For children and youth, in particular, mobile crisis teams shall work extensively with parents, caretakers and guardians, as appropriate, and in a manner that is consistent with all federal and state laws related to minor consent, privacy and confidentiality.

Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the beneficiary a behavioral health crisis. Locations may include, but are not limited to the beneficiary's home, school or workplace, on the street, or where a beneficiary socializes. Mobile crisis services cannot be provided in hospitals or other facility settings. Mobile crisis services shall be available to beneficiaries experiencing behavioral health crises 24 hours per day, seven days per week, 365 days per year.
