

2023 Specialty Mental Health Service Descriptions

The descriptions provided in this document can be found in Chapter 10 of the Department of Health Care Services [Billing Manual](#) for Specialty Mental Health Services (SMHS), Version 1.4. The manual includes the procedure codes for each service and detailed billing information.

Assessment

- Assessment is a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health.
- It 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.

Crisis Intervention

- 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 the 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.
- This service includes one or more of the following service components: assessment, collateral, therapy and referral.
- Title 9, CCR, § 1840.366 states that "the maximum amount claimable for Crisis Intervention in a 24-hour period is 8 hours."

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 this service.
- 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.

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.

Medication Support

- 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 to be 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 not to take medications.
- The service includes one or more of the following service components: Evaluation of the need for medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education including instruction in the use, risks, and benefits of and alternatives for medication, collateral and plan development.
- Title 9, CCR, § 1840.372 states that “the maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.

Peer Support Services Codes

- 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

Plan Development

Plan Development is 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.

Referral

Referral means linkage to other needed services and supports, including Targeted Case Management.

Rehabilitation

- Rehabilitation is 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.

Therapeutic Behavioral Services (TBS)

- 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 outcomes.

- TBS is an adjunctive program that supports other services patients are currently receiving and is covered as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.

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).

Therapy

- Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments.
- Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal 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.

24-Hour and Day Services

- 24-hour services are services that provide a therapeutic environment of care and treatment within a 24-hour setting.
- They include general psychiatric inpatient services, psychiatric hospital inpatient services, general psychiatric administrative day services, psychiatric health facility services, therapeutic foster care, adult crisis residential services, and adult residential services. Day services include crisis stabilization services, day treatment intensive services, and day rehabilitation services.

- Except for case management services, day, 24-hour, inpatient and outpatient services are locked out against each other except for the day of admission.
- Note that outpatient services are not locked out against therapeutic foster care (S5145).
- Title 9, CCR, § 1840.368 states that “the maximum number of hours claimable for Crisis Stabilization in a 24-hour period is 20 hours.”