

# Specialty Mental Health Services

San Francisco Specialty Mental Health Services (SMHS) are funded through Medi-Cal and County General Fund. To claim Medi-Cal for reimbursement of qualifying services, counties must meet contractual requirements between the California Department of Health Care Services (DHCS) and the City and County of San Francisco, Department of Public Health, Behavioral Health Services (SFDPH-BHS). That contract is called the "[Mental Health Plan Contract](#)" (MHP Contract) and it conforms to the state regulations that implement SMHS (CCR Title 9, Chapter 11).

DHCS is contracted through California's Medicaid State Plan and State Plan Amendments with the federal CMS. The MHP contract with DHCS is derived from the state plan and state plan amendments. That contract and its amendments are referred to as the California's Medicaid State Plan and [State Plan Amendments](#).

As defined in §1810.247 of CCR Title 9, there are seven categories of Specialty Mental Health Services (SMHS; listed below). Outpatient (non-hospital) providers generally use three of those categories: 1) Mental Health Services, 2) Targeted Case Management and 3) EPSDT Supplemental SMHS (Source: 9 CCR §1810.247).

## What does rehabilitative mental health services mean?

"Rehabilitative Mental Health Services" are services recommended by a physician or other LPHA within the scope their practice under State law both to reduce mental disorders and emotional disturbances and to restore, improve, and/or maintain a client's functional level.

Additional characteristics of Rehabilitative Mental Health Services include:

- Allowing clients 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
- Providing services to enable a child to achieve age-appropriate growth and development.
- Serving clients 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.

## Specialty Mental Health Services Reimbursed by Medi-Cal Include

<ul style="list-style-type: none"> <li>▪ Rehabilitative Mental Health Services:             <ul style="list-style-type: none"> <li>✓ Outpatient Mental Health Services                 <ul style="list-style-type: none"> <li>○ Assessment</li> <li>○ Plan Development</li> <li>○ Collateral</li> <li>○ Rehabilitation</li> <li>○ Therapy</li> </ul> </li> <li>✓ Medication Support Services</li> <li>✓ Mobile Crisis Services</li> <li>✓ Day Treatment Intensive</li> <li>✓ Day Rehabilitation</li> <li>✓ Crisis Intervention</li> <li>✓ Crisis Stabilization</li> <li>✓ Adult Residential Treatment Services</li> <li>✓ Crisis Residential Treatment Services</li> <li>✓ Psychiatric Health Facility Services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Psychiatric Inpatient Hospitalization Services</li> <li>▪ Targeted Case Management Services</li> <li>▪ Peer Support Services</li> <li>▪ Psychologist Services</li> <li>▪ Psychiatric Nursing Facility Services</li> <li>▪ EPSDT Supplemental Services for clients under age 21:             <ul style="list-style-type: none"> <li>✓ Intensive Care Coordination (ICC)</li> <li>✓ Intensive home-based services (IHBS)</li> <li>✓ Therapeutic Foster Care (TFC)</li> <li>✓ Therapeutic Behavioral Services (TBS)</li> </ul> </li> </ul>
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## Services that are not reimbursable by Medi-Cal:

- Academic educational services;
- Vocational services that have as a purpose actual work or work training;
- Recreation;
- Travel time, including traveling to and from meeting with clients and their families
- Documentation time; documenting progress notes/assessment
- Socialization, if generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors of clients involved;
- Services provided outside a person's scope of practice;
- Services where documentation indicates a different service was provided than the service claimed;
- Services already fully reimbursed by other health coverage (e.g. Kaiser);
- Excessive, medically unnecessary or inappropriate services;
- Solely clerical services such as faxing, leaving a message, or filling out applications (e.g. SSI forms);
- Completing and sending Family and Children's Services (FCS) (formerly Child Protection Services) reports
- Completing and sending Adult Protection Service Reports
- Supervision, scheduling appointments, preparing for groups, translation, administrative activities/forms associated with closing a client chart;
- Phone contacts among service providers that do not meet medical necessity;

- Grocery store trips that do not include skill training;
- No shows – missed visit/client not at home.

## Additional Information

The links on this webpage provide additional information on the Mental Health Services, Targeted Case Management and the EPSDT Supplemental Services.

## Sources:

- Definitions can be found in the SMHS Medi-Cal Billing Manual Version 1.4
- [State Plan Amendment \(SPA\) 12-025](#)
- CCR Title 9, § 1810.227
- [CalMHSA Documentation Manual June 2022](#)