



DAVID MAXWELL-JOLLY  
Director

State of California—Health and Human Services Agency  
Department of Health Care Services



ARNOLD SCHWARZENEGGER  
Governor

Margo D. Kerrigan, M.P.H.  
Area Director  
California Indian Health Service  
650 Capitol Mall, 7-100  
Sacramento, CA 95814

Dear Ms. Kerrigan:

The Department of Health Care Services (DHCS) is preparing to submit a renewal application to the Centers for Medicare and Medicaid Services (CMS) for the “Medi-Cal Specialty Mental Health Services” (SMHS) Waiver. Pursuant to the State Medicaid (Medi-Cal in California) Director Letter (SMDL) issued on July 17, 2001, CMS requires states to ensure access to all federally recognized Tribal governments to the decision-making process regarding all Medicaid programs. To meet this requirement DHCS is requesting the assistance of the California Area Indian Health Service and its Advisory Committee in the dissemination of this information, by publication of these documents on its Internet web site.

The waiver program covers the period from July 1, 2009 through June 30, 2011. The SMHS waiver provides mental health services to Medi-Cal eligible beneficiaries with specified diagnosis when mental health-related conditions/impairments resulting from these diagnoses are not amenable to physical healthcare and require the services of a licensed mental health specialist (e.g. psychiatrist, psychologist, licensed clinical social worker (LCSW), Marriage and Family Therapist (MFT) or a registered nurse (RN) with a master’s degree within their scope of practice). Medical necessity consists of clearly identified diagnoses, functional impairments, and intervention criteria as described in the enclosed summary.

Tribal members who are Medi-Cal eligible and are not otherwise covered for specialty mental health services through enrollment in another health care program or provider including a Medi-Cal managed care program, Federally Qualified Health Center (FQHC), Indian Health Clinic (IHC), or Rural Health

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Clinic (RHC), may be eligible for services under the Medi-Cal Specialty Mental Health Services Waiver.

DHCS is requesting that Tribal governments review this letter and the enclosed summary and provide written comments no later than 30-days from the date of this letter to Teresa Castillo via e-mail at [teresa.castillo@dhcs.ca.gov](mailto:teresa.castillo@dhcs.ca.gov) or by mail to:

Teresa Castillo  
Specialty Mental Health Waiver Unit  
Department of Health Care Services  
1501 Capitol Avenue, Suite 71.4001, MS 4601  
P. O. Box 997417  
Sacramento, CA 95899-7417

Any questions prior to submittal of comments may be addressed to Teresa Castillo at (916) 552-9669.

The assistance of the California Area Indian Health Service in soliciting comments and publicizing the Medi-Cal Waiver program combined with the DHCS notification letters to the Tribal governments and organizations has been very effective in assisting DHCS in meeting the intent of the CMS' SMDL.

Thank you for your assistance in this effort.

Sincerely,

  
Dina Kokkos-Gonzales, Chief  
Waiver Analysis Section

Enclosure

# Medi-Cal Specialty Mental Health Services (SMHS) Waiver Summary

**Type of Waiver: 1915 (b) Freedom of Choice Waiver**  
**Renewal Term: July 1, 2009 – June 30, 2011**

## **Waiver Eligibility Requirements**

All Medi-Cal beneficiaries are eligible to receive specialty mental health services under the Medi-Cal Specialty Mental Health waiver if they meet all three of the diagnosis, impairment, and intervention criteria listed in “A” through “C” below.

**A. Included Diagnoses** – Medi-Cal beneficiaries must have one or more of the following DSM IV diagnoses (or comparable ICD-9 diagnoses):

- Pervasive Developmental Disorders (*except autistic disorder*);
- Attention Deficit and Disruptive Behavior Disorders;
- Feeding & Eating Disorders of Infancy or Early Childhood;
- Elimination Disorders;
- Other Disorders of Infancy, Childhood, or Adolescence;
- Schizophrenia & Other Psychotic Disorders;
- Mood Disorders;
- Anxiety Disorders;
- Somatoform Disorders;
- Factitious Disorders;
- Dissociative Disorders;
- Paraphilias;
- Gender Identity Disorders;
- Eating Disorders;
- Impulse-Control Disorders Not Elsewhere Classified;
- Adjustment Disorders;
- Personality Disorders (*excluding Antisocial Personality Disorder*);
- Medication-Induced Movement Disorders.

## **Excluded Diagnoses:**

- Mental Retardation
- Learning Disorder
- Communication Disorders
- Autistic Disorder
- Tic Disorders
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders due to a general medical condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Other conditions that may be a focus of clinical attention (except medication induced movement disorders which are included)

**B. Impairment Criteria** – Medi-Cal beneficiaries must have one of the following conditions resulting from the disorder(s) in “A”:

1. A significant impairment in an important area of life functioning, **or**
2. A reasonable probability of significant deterioration in an important area of life functioning, **or**
3. For children (*under age 21*), a probability that the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated (current DHCS EPSDT regulations apply).

**C. Intervention Related Criteria** – Medi-Cal beneficiaries are only eligible to receive services if:

1. The service is to address the condition identified in “B”; and
2. It is expected that the service will significantly improve the condition identified in “B”; and
3. The condition would not be responsive to physical healthcare based treatment.

**Services Provided:**

- Acute psychiatric inpatient hospital services
- Individual, group and family therapy and other therapeutic interventions in outpatient or clinic settings or in the community
- Professional services by a psychiatrist, psychologist, licensed clinical social worker (LCSW), Marriage and Family Therapist (MFT), or Registered Nurse (RN) with a master’s degree within their scope of practice
- Crisis intervention and stabilization services, and Crisis residential treatment for adults
- Day treatment programs
- Adult residential treatment service
- Psychiatric health facility services
- Targeted case management
- EPSDT supplemental specialty mental health services including therapeutic behavioral services for EPSDT eligible beneficiaries