



Policy & Procedure Number: BHSD #PRR-03

Primary Category	Impacts
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service <input type="checkbox"/> AMT <input checked="" type="checkbox"/> AOA <input checked="" type="checkbox"/> CJS <input checked="" type="checkbox"/> CYF <input type="checkbox"/> OSH <input type="checkbox"/> SUTS <input checked="" type="checkbox"/> TAY
Effected Parties	<input checked="" type="checkbox"/> All Workforce Members <input checked="" type="checkbox"/> Practitioners <input checked="" type="checkbox"/> BHSD <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers <input type="checkbox"/> Quality Managers

BHSD POLICY & PROCEDURE APPROVAL REQUEST

I. BHSD P&P INFORMATION

Assigned Policy Name: Mental Health Rehabilitation Specialist (MHRS) Certification and Services

Assigned Policy Number: PRR-03

Policy Owner: Quality Management Director

Impacted Managed Care Policy Area(s): Mark All That Apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Administration (ADM) | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical, Medical & Pharmacy (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input checked="" type="checkbox"/> Fiscal (Claims, Billing) (FIS) | <input checked="" type="checkbox"/> General Operations (GEO) |
| <input checked="" type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Member Services & Materials (MSM) |
| <input checked="" type="checkbox"/> Personnel (PER) | <input checked="" type="checkbox"/> Provider Relations (PRR) |
| <input checked="" type="checkbox"/> Quality Management (QAM) | <input type="checkbox"/> Reporting (RPT) |
| <input checked="" type="checkbox"/> Service Delivery (SDM) | <input type="checkbox"/> Utilization Management (UMR) |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance:

Date:

County Counsel:

Date:

Section B: BHSD Director

BHSD Director:

DocuSigned by:
Sherrri Terao
DAB699BA2A1544D...

Date: 7/31/2023

Approved/Issue Date: 5/24/2022	Behavioral Health Services Director:	Sherrri Terao
Last Review/Revision Date:	Next Review Date: 5/23/2025	Inactive Date:

III. REPLACES	<ul style="list-style-type: none">• BHSD Policy #412-413 Mental Health Rehabilitation Specialist (MHRS)• BHSD Policy #185 Mental Health Rehabilitation Specialist (MHRS)
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IV. REFERENCES: <ul style="list-style-type: none">• CA CCR Title 9 § 532.6. Staff Characteristics, Qualifications and Duty Requirements.• CA CCR Title 9 §630 Mental Health Rehabilitation Specialist.• CA CCR Title 9 §1810.435. MHP Individual, Group and Organizational Provider Selection Criteria

V. PURPOSE: <p>To describe the requirements to provide mental health services as a Mental Health Rehabilitation Specialist (MHRS).</p>

<u>POLICY:</u> <p>This policy explains how the Santa Clara County Mental Health Plan (MHP) credentials Mental Health Rehabilitation Specialists (MHRS). Under Title 9, the MHP is the designated body within Santa Clara County authorized to evaluate materials for applicants who request to be identified as MHRS and to credential applicants who qualify.</p> <p>In order to qualify for a MHRS certificate, an individual must have one (1) of the following:</p> <ul style="list-style-type: none">• A master’s degree in a mental health related field plus two (2) years of clinical experience in mental health setting.• A bachelor’s degree plus four (4) years of clinical experience of clinical experience in a mental health setting. Up to two (2) years of graduate professional education in a mental health or related field may be substituted for the experience requirement on year – for-year basis.• An associate degree and six (6) years of clinical experience in a mental health setting. <p>Clinical experience includes, but is not limited to, the following activities:</p> <ul style="list-style-type: none">• Case management• Counseling• Crisis intervention <p>Practicum and internship experience that is part of the requirement for the baccalaureate or graduate degree will not be counted as clinical experience.</p> <p>In any instance where regulatory guidance/authority is vague, the Plan will provide clarification to ensure providers meet compliance and quality standards.</p> <p style="text-align: center;">This applies to all Specialty Mental Health Service (SMHS) staff employed by and contracted with the Plan.</p>



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VI. DEFINITIONS:

Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

County Contracted Providers. BHSD internal programs and Community Based Organizations (CBOs) that agree to provide covered specialty mental health services and/or substance use treatment services to Beneficiaries, or any other organization or person who agrees to perform any administrative function or service for Behavioral Health Services Department specifically related to securing or fulfilling its obligations to the Department Health Care Services under the terms of their existing contracts.

Department of Health Care Services (DHCS). Department within the California Health and Human Services Agency that finances and administers a number of individual health care service delivery programs, including Medi-Cal, which provides health care services to low-income people.

Mental Health Rehabilitation Specialist (MHRS). A MHRS must have the combined education and mental health experience required by state law. In all cases the experience must be: “in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment.” (CCR Title 9, §630) There are three (3) ways that education and experience add up to qualify certification as an MHRS. The MHRS must have any the following:

- A master’s degree in a mental health related field plus two (2) years of clinical experience in mental health setting.
- A bachelor’s degree plus four (4) years of clinical experience of clinical experience in a mental health setting. Up to two (2) years of graduate professional education in a mental health or related field may be substituted for the experience requirement on year – for-year basis.
- An associate degree and six (6) years of clinical experience in a mental health setting. Please note that an AA is the bare educational minimum required; two (2) years of college is not sufficient.

MHRS may provide mental health services, targeted case management, day rehabilitative services, day treatment intensive services, crisis intervention, crisis stabilization, adult residential, and crisis residential treatment services. MHRS’s may not provide therapy.

The Plan. Provides oversight to behavioral health Medi-Cal carve out programs. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Workforce Member. Employees, residents, students, volunteers, interns, and other persons whose conduct, in performance of work for a covered entity, is under the direct control of the covered entity, whether or not they are paid by the covered entity.

VII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Selection Criteria	<ol style="list-style-type: none"> 1. BHSD has established individual, group, and organizational provider selection criteria that comply with the regulatory requirements. <ol style="list-style-type: none"> a. Each individual or group provider will: <ol style="list-style-type: none"> i. Each individual practicing as part of a group provider shall possess the necessary license or certification. ii. Meet Santa Clara County MHP's Quality Management Program standards. iii. Meet any additional requirements established by the MHP as part of a credentialing or other evaluation process.
Supervision	<p>When selecting organizational providers, BHSD requires that each County or Certified Contracted Provider (CCP):</p> <ol style="list-style-type: none"> a. Provides for appropriate supervision of staff to ensure that the MHRS practice is effective and paves the way for greater accountability to the practice and profession. b. Supervisors will meet with and document encounters with an MHRS a weekly basis to ensure services are being provided within the scope of practice.

VIII. WORKFLOW PROCEDURE

Responsible Party	Action Required
County or Certified Contracting Provider or Designee(s)	<ol style="list-style-type: none"> 1. For Workforce Members who qualify, complete the MHRS Application Form (Attachment A), and email it to the Business Office with proof of education and/or experience and identification to: BHSBusinessOffice@hhs.sccgov.org 2. County or Certified Contracting Provider are responsible for verifying the accuracy of and maintaining evidence of each provider's qualifying experience and education and must ensure the form is accurate prior to submitting it to the Business Office. 3. If unsure of whether a workforce member qualify, consult with the Business Office. 4. Please note that in all cases, the applicant must have a combined total of eight (8) years of education and experience in mental health as outlined above and in Attachment A.
Business Office	<ol style="list-style-type: none"> 1. Reviews, approves, or denies or requests completion of



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	<p>MHRS application.</p> <p>2. If an application is incomplete or the applicant is not qualified, notifies the applicant in writing.</p> <p>3. If the Plan determines that the applicant meets the requirements to be an MHRS, the applicant will receive a written notification and the following rights and responsibilities apply:</p> <ul style="list-style-type: none"> a. The MHRS will sign all documents using the title “Mental Health Rehab Specialist (MHRS)”. b. If your agency is 5150 certified, the MHRS can apply for 5150 certification by completing and passing the 5150 training on the Plan website. c. The MHRS may be designated as the “head-of-service” in an agency providing behavioral health services. d. The MHRS may co-sign adult residential weekly progress notes. e. Please refer to the Plan documentation manual for additional information.
IX. ATTACHMENTS	A. MHRS Application

X. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes