

**REGIONAL CENTER OF THE EAST BAY  
PURCHASE OF SERVICE POLICY #3407  
Revised 10/2010  
COUNSELING AND PSYCHOTHERAPY**

**PHILOSOPHY**

The Regional Center of the East Bay (RCEB) believes that general counseling and psychotherapy services may benefit many consumers, parent(s), family members or primary caregivers by enhancing their well-being and quality of life. For some consumers whose health and safety is at risk, counseling and psychotherapy services are necessary and may be provided by RCEB.

**SERVICE DEFINITION**

Counseling and psychotherapy services provided by appropriately licensed professionals include assessment, treatment, evaluation, and follow-up to assist the consumer, parent(s), family members, or primary care givers with the development of coping skills related to, among other things, maintaining the consumer at home. Such services may be warranted, for example, when a consumer's health and safety are at risk and behavioral health services are either not the most suitable solution for the consumer and situation, or general counseling and psychotherapy services are indicated in addition to behavioral intervention. Services may be provided in either an individual or group setting depending upon the consumer's needs and the recommendations of the counselor or psychotherapist.

**BOARD POLICY**

If a Case Manager and Interdisciplinary Team (IDT) recommend and justify counseling and psychotherapy services for a consumer, RCEB will consider funding them if no other resources are available for this purpose. RCEB "shall identify and pursue all possible sources of funding for consumers receiving regional center services. These sources shall include, but not be limited to, both of the following:

(1) Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplemental security income and the state supplementary program.

(2) Private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer. Welf. & Inst. section Code 4659, subd. (a)(2)

RCEB will "not purchase any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance, or a health care service plan when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage."Welf. & Inst. Code section 4659, subd.(c)

RCEB will " not purchase medical...services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance, or a health care service plan denial and the regional center determines that an

appeal by the consumer or family of the denial does not have merit.” Welf. & Inst. Code section 4659, subd. (d)(1))(A)(B)(C).

RCEB “may pay for medical or dental services during the following periods:

(A) While coverage is being pursued, but before a denial is made.

(B) Pending a final administrative decision on the administrative appeal if the family has provided to the regional center a verification that an administrative appeal is being pursued.

(C) Until the commencement of services by Medi-Cal, private insurance, or a health care service plan.” Welf. & Inst. Code section 4659, subd. (d)(1)).

Services will be limited to no more than one session per week with initial approvals valid for up to six months depending upon the needs of the individual consumer. Services for an additional six months may be authorized per the procedures described below. Services beyond one year or at a greater volume may be considered on an “exception” basis if the Interdisciplinary Team determines that unique consumer/family needs exist.

## **PROCEDURES**

Generally, a consumer’s need for general counseling and psychotherapy services will be recognized by the IDT in the initiation, review, or revision of the Individual Program Plan (IPP) and/or by a licensed psychologist or Psychiatrist who may already be providing services to the consumer. Should a situation arise where it is unclear if the situation should be handled by counseling or behavioral intervention, the assigned Case Manager should consult with RCEB’s behavioral psychologist for a determination, which will be conveyed to the IDT.

The Case Manager will:

- Determine the availability of generic resources to offset, in whole or in part, the cost of the services. These resources will include, but not be limited to: county mental health agencies, Assembly Bill 3632 funds for school-age children through Mental Health referral, victim-witness assistance, Medi-Cal, private insurance, Department of Social Services funding for parents in dependency, and family reunification and preservation programs. The Case Manager will enlist the support of those agencies, as appropriate, in locating a provider who will accept Medi-Cal reimbursement or is willing to work on a sliding scale (according to the consumer’s or family’s financial resources).
- Ensure that counseling sessions are provided not more than weekly. If Medi-Cal is paying for biweekly counseling, the Case Manager believes and documents the fact that counseling on a weekly basis would be more effective, and the IDT agrees, RCEB may elect to pay for services during the alternate weeks.
- Document in the IPP through an inter-disciplinary (ID) note, the justification of the services for the consumer based on the issues to be addressed in the counseling. Further, the ID note must indicate that all potential generic providers (for the individual consumer in question) have been contacted and have refused to treat the consumer before an alternative provider (who may or may not use a sliding scale) can be contacted.
- Ensure that the provider furnishing services to the consumer, within the first month, submits an assessment of the consumer’s requirements and a description of the therapeutic methods to be used. If at the end of the initial purchase of service

authorization (not to exceed six months), the purchase is to be renewed, the provider must submit to the Case Manager an evaluation of progress and the rationale for renewal (for review and approval by the IDT and subsequent inclusion in the IPP).

**AUTHORITY**

California Welfare and Institutions Code section 4512(b) and section 4659.