



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



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**Frequently Asked Questions (FAQs)
Interim Short-Term Residential Therapeutic Programs (STRTP)
Mental Health Program Approval (MHPA)
Regulations Version II
August 25, 2020**

These Frequently Asked Questions (FAQs) were developed to provide additional guidance regarding the requirements specified in the Interim STRTP Regulations Version II (Version II regulations). The Version II regulations were published on the Department of Health Care Services' (DHCS) internet website on March 2, 2020 as an enclosure to Behavioral Health (BH) Information Notice No: 20-005. These regulations apply to every child, including Non-Minor Dependent (NMD), admitted to an STRTP with a MHPA, whether or not they are a Medi-Cal beneficiary.

These FAQs are organized by the pertinent section of the Version II regulations. DHCS has provided responses to questions it received during statewide Webinars conducted on March 15, March 18 and April 15, 2020, as well as questions submitted to DHCS by other individuals.

Section 2: Definition and Terms

1. *What new terms are defined within the Version II regulations?*

The following additional terms have been defined within the Version II regulations, at Section 2:

- **Arrival** (subdivision (f)). Arrival means the point in time when the child physically enters the STRTP.
- **Authorized Legal Representative** (subdivision (g)). Authorized Legal Representative means any person or entity authorized by law to act on behalf of the child.
- **Child** (subdivision (h)). Child means an individual under the age of 21. For purposes of these regulations, any reference to child shall also include youth and non-minor dependents.
- **Mental Health Plan** (subdivision (s)). Mental Health Plan means individual counties or counties acting jointly pursuant to Welfare and Institutions Code section 14712.

- **Placing Agency** (subdivision (t)). Placing agency has the same meaning as “placement agency” in subdivision (a) of Section 1536.1 of the Health and Safety Code.
- **STRTP** (subdivision (y)). STRTP means a short-term residential therapeutic program as defined in Section 1502, subdivision (a)(18) of the Health and Safety Code.
- **STRTP Licensing Standards** (subdivision (z)). STRTP licensing standards means the standards and/or regulations adopted by the California Department of Social Services governing the licensing of STRTPs.
- **STRTP mental health program statement** (subdivision (cc)). STRTP mental health program statement means written policies, procedures, and documentation describing the manner in which the STRTP shall provide medically necessary mental health treatment services to children in accordance with these regulations.
- **Trauma** (subdivision (dd)). Trauma means the result of an event, series of events, or set of circumstance that is experienced by the child as physically or emotionally harmful or threatening and is expected to have adverse effects on the child’s functioning and physical, social, emotional or spiritual well-being.
- **Treatment Plan** (subdivision (ee)). Treatment Plan means the written plan of all therapeutic, behavioral, and other interventions that are to be provided to the child during the child’s stay in the STRTP, and that are necessary to achieve the desired outcomes or goals for the child.

Section 3: STRTP MHPA Application Content

2. Is there a new MHPA application form that shall be used?

Yes. DHCS 3131, titled “Application for Mental Health Program Approval,” was revised and shall be used to apply for a MHPA. The revised DHCS 3131 form is included as an enclosure to Behavioral Health Information Notice Number: 20-005 and is located on the [DHCS Behavioral information Notices](#) webpage, as well as the [DHCS Mental Health forms](#) webpage. (See Section 3(a) of the Version II regulations.)

3. How long, on average, does it take for DHCS to approve a STRTP mental health program?

If the application that is submitted is complete, DHCS will approve or deny the application within forty five (45) days as required by Welfare and Institutions Code Section 4096.5(d)(1). However, often the application submitted is missing information,

which will extend the timeframe. As of the date of these FAQs, the average length of time from submittal to approval has been approximately 139 days from the date that DHCS receives a provider's initial MHPA application for the mental health program to be approved.

Section 5: STRTP Mental Health Program Statement

4. How should the information in the STRTP mental health program statement be best presented to DHCS for its review?

In order for DHCS to be able to effectively review the STRTP mental health program statement, we recommend that applicants consider the following:

- The program description assists DHCS to understand the overview of the program at an organizational level. The clearer you can be about this description, the better.
- It is helpful if the description is a succinct narrative that contains essential detail to demonstrate compliance with Section 5 of the regulations.
- Specific policies and procedures are easier for DHCS to review if they are independent documents that are referenced and attached, but not woven into the program statement.
- It is useful if policies and procedures are independent documents that address each relevant section in the Version II regulations.
- A table of contents referencing each section of the regulations is also highly recommended for ease of review.

5. What must be included in the staff training plan?

The following is required to be in the staff training plan:

- Mental health program staff orientation procedures,
- In-service education requirements, and
- Required continuing education activities to ensure STRTP mental health program staff complies with procedures contained in the STRTP mental health program statement. (Section 5(a)(2)(D))

The staff training plan may also address matters such as the number of hours the STRTP will require for each training topic listed in Section 18, and how staff training will be documented in order to comply with Sections 18 and 19. (Section 5(a)(3)(R)-(S); see Sections 18(d) and 19(a)(1).)

6. What must be included in the emergency intervention policies and procedures required by Section 5(a)(3)(B)?

The emergency intervention policies and procedures required in Section 5(a)(3)(B) are the same policies and procedures included within the emergency intervention plan required by California Department of Social Services (CDSS) Interim Licensing Standards v.3, Article 10, section 87095.22 and pursuant to Health and Safety Code, Division 1.5, Sections 1180 – 1180.6. A STRTP should submit its emergency intervention plan to satisfy Section 5(a)(3)(B)'s requirements. DHCS expects that the emergency intervention plan for each STRTP will be in compliance with CDSS regulations and applicable statutes.

7. *How are newly established time frames to be addressed in the program statement?*

The policies and procedures included in the program statement should describe how the STRTP will meet the new timeframes included in the Version II regulations regarding the receipt of documents, assessments, provision of services and notifications to DHCS or its delegates.

Section 6: Notification to the Department and Delegate

8. *Are there any changes to notification timeframes?*

Yes. STRTPs have ten (10) calendar days to notify DHCS and its delegate in writing or email of changes to the STRTP's name, location, mailing address, or Head of Service (HOS). In addition, if a STRTP's certification to provide specialty mental health services (SMHS) expires or is terminated, the STRTP shall notify DHCS and its delegate within seventy-two (72) hours of expiration or termination that it is no longer certified to provide onsite SMHS.

Section 7: Client Record Documentation and Retention

9. *Are there additional requirements for what must be included in the client record and, if so, what are they?*

Yes. Section 7(c) lists what the client record must include. The client record shall now include a signed informed consent for treatment to demonstrate that the child or NMD, or Authorized Legal Representative, has consented to treatment. If applicable, physician's orders related to mental health care and medication reviews should also be included. Although a mental health assessment was required to be completed under the prior set of regulations, the assessment is now included as part of the client record. Additionally, Child and Family Team meeting notes pertaining to the child and NMD are required to be included.

DHCS encourages providers to carefully review Section 7(c)'s requirements to ensure that every client record is complete.

Section 8: Mental Health Assessment

10. What must to be included in the mental health assessment?

The Version II regulations clarify what shall be included in the mental health assessment. The requirements are listed in Section 8(c)(1)-(12). In addition, Section 8(f) also now states what shall be addressed in the written determination for emergency placements made pursuant to Welfare and Institutions Code section 11462.01(h)(3).

11. Who is responsible for determining if a child is at risk to themselves or others?

Upon admission, the HOS is required to consider the needs and safety of the child, and the needs and safety of the children who are currently residing at the STRTP pursuant to Section 9. The HOS is also required to determine that the child is not in need of inpatient care and that the level of services offered at the STRTP are needed for the child.

So, initially the HOS is responsible for making the determination that the child will be appropriately served at the STRTP. However, every member of the mental health program staff is required to complete a progress note when there is a significant change in condition or behavior of the child. (See Section 11(b).) Furthermore, the STRTP is required to have an emergency intervention plan that includes interventions for children who present an imminent danger of harming themselves or others. (See Section 5(a)(3)(B).) As such, all STRTP mental health program staff have a responsibility to report their observations, and the STRTP is required to ensure that appropriate actions are taken, if a child appears to be a risk to themselves or others.

Section 9: Admission Statement

12. What information shall be included in the admission statement?

The HOS shall sign an admission statement within five (5) calendar days of the child's arrival to the STRTP. The admission statement includes several affirmations. Section 9(a) lists what needs to be affirmed, including that the HOS has read the child's referral documentation and any previous mental health assessments, if available; considered the needs and safety of the child; considered the needs and safety of the children already admitted to the STRTP; and concluded that admitting the child is appropriate. The HOS shall also affirm that the child meets the criteria for admission established in

Welfare and Institutions Code section 11462.01(b), which are listed in Section 9(a)(1)-(3).

Section 10: Treatment Plan

13. What information shall be documented in the client's Treatment Plan?

Section 10(a) of the Version II regulations lists what must be included in each child's Treatment Plan. For any child who will be receiving SMHS, the Treatment Plan shall also meet any documentation standards that are required by the STRTP's contract with the county MHP. An STRTP may consult with its contracted MHP to obtain more specific details on Treatment Plan documentation.

14. In the developed Treatment Plan, should transitional goals be specific for each child?

Yes. Per Section 10(a)(3), the Treatment Plan shall include "one or more transition goals that support the rapid and successful transition of the child back to community based mental health care." Transition goals are individualized and specific to each child, and can include goals such as the child returning to the family and becoming capable to independently perform activities of daily living, and ensuring the child has access to appropriate community based mental health care.

15. What is the difference between the Needs and Services Plan and the Treatment Plan?

The Treatment Plan is specific to the mental health services that are provided by the STRTP. The Needs and Services plan (NSP) is required by CDSS licensing standards as specified in regulation. Information regarding mental health services necessary to meet a child's needs is required in the NSP. The Treatment Plan may be incorporated into the NSP for efficiency purposes. However, the STRTP is still responsible for ensuring that the NSP satisfies all necessary CDSS requirements.

Section 11: STRTP Mental Health Progress Notes

16. What information should be included in the daily mental health progress note?

At a minimum, an STRTP shall ensure that at least one (1) written daily mental health progress note is completed for each child. Section 11(a)(1)-(6) identifies what types of information or events should be documented in a daily mental health progress note. Each progress note need not include all of the information listed in Section 11(a)(1)-(6).

Only information or events that are applicable should be included in that particular day's progress note.

In addition to the events and information identified in Section 11(a)(1)-(6), a STRTP shall include a progress note whenever there is a significant change in condition or behavior, or a significant event involving the child, as specified in Section 11(b). Significant changes or events requiring such a note may include: events requiring crisis intervention; therapy sessions with major breakthroughs on trauma history; or, changes in behavior and symptoms like suicidal ideation or self-harm.

17. What is the difference between a specialty mental health progress note and the daily mental health progress note?

As stated in Section 11(e), if a child is a Medi-Cal beneficiary, the STRTP shall complete a separate progress note for each specialty mental health service it provides to that child. A SMHS progress note should indicate what SMHS was provided to the child on that day and by whom. SMHS are required to be documented in accordance with Medi-Cal documentation requirements as set forth in the MHP's contract with the state.

A daily mental health progress note could document the provision of a SMHS or a non-Medi-Cal mental health service, among other things as listed in Section 11(a).

18. Is the progress note for a significant change in condition or behavior, or a significant event, separate from the daily mental health progress note?

Yes. Section 11(b) of the Version II regulations states that "in addition to the daily mental health progress note," an additional progress note is required when there is a significant change in condition or behavior, or a significant event involving the child.

Section 12: Medication Assistance, Control and Monitoring

19. May licensed professionals who are not physicians and psychiatrists, provide medication services?

Section 12 of the Version II regulations allows a nurse practitioner, physician's assistant or registered, licensed or vocational nurse acting within their scope of practice, under the supervision of a psychiatrist, to perform the medication services listed in Section 12(b)-(d). The previous draft regulations only allowed physicians or psychiatrists to provide these services.

Section 13: Mental Health Treatment Services

20. What mental health services shall be provided and when?

As stated in Section 13(a), a STRTP shall “provide structured mental health treatment services in the day and evening, seven (7) days per week, according to the child’s individual needs as indicated in the child’s treatment plan.” Section 13(b)-(c) lists the type of mental health services, including SMHS that a STRTP shall either directly provide or make available. Mental health services should be provided when they have been determined to be medically necessary pursuant to an assessment of the child by a licensed mental health professional or waived/registered professional.

21. Are only Medi-Cal eligible children in a STRTP entitled to receive mental health services?

No. The STRTP operates a certified mental health program for all children that are placed at the facility. SMHS shall be provided to Medi-Cal beneficiaries and equivalent services shall be provided to children who are not Medi-Cal beneficiaries.

Section 14: Clinical Reviews, Collaboration, and Transition Determination

22. How should providers document clinical reviews now that the clinical report is no longer required in the Version II regulations?

Clinical reviews of the child’s current mental health status and treatment progress are still required, as set forth under Section 14, although a clinical review report is no longer required. If a provider has been using a clinical review report in compliance with the first version of the STRTP interim regulations, it may continue using clinical review reports to meet the updated Section 14 requirements. However, providers should ensure that the report meets the updated clinical review standards as stated in Section 14(a).

Section 16: Head of Services

23. Are there new requirements for the Head of Service?

The HOS’ responsibilities are listed in Section 16(e).

24. Must an STRTP provide the Department of Health Care Services with a copy of the administrator’s certificate issued by the California Department of Social Services?

CDSS requires and verifies that an individual holds an administrator’s certificate where appropriate. DHCS will not request that the STRTP provide it with a copy of the administrator’s certificate.

Section 18: In-Service Education

25. Can a STRTP count hours earned in one training required under the California Department of Social Services licensing standard requirements to meet the training requirements specified in Section 18 of the Version II regulations?

Yes. If there are trainings that meet CDSS licensing training requirements which also cover the topics in Section 18, and in the same time frames required, then those training hours may also be used to meet the Section 18 requirements.

STRTPs will need to confirm if CDSS Community Care Licensing will offer the same equivalency for trainings intended to cover mental health program topics.

26. Are psychiatrists that are not directly employed by the STRTP required to complete in-service training requirements?

Pursuant to Section 18(c), psychiatrists and physicians who are not heads of service are only required to take an annual training that addresses preventing and managing assaultive and self-injurious behavior.

27. What “ST RTP staff” shall complete the eight (8) hours of training on the topic of preventing and managing assaultive and self-injurious behavior required by Section 18(b) of the Version II regulations?

The training requirements in Section 18(b) are specific to only those staff that are directly employed by a STRTP as STRTP mental health program staff, as defined in Sections 2 and 17 of the Version II regulations.