

California Department of Health Care Services

Short-Term Residential Therapeutic Program Mental Health Program Approval Interim Regulations Version III

May 2025

DRAFT

Contents

§ Section 1. Application of Chapter	3
§ Section 2. Definitions and Terms.....	3
§ Section 3. Mental Health Program Approval Application	7
§ Section 4. Mental Health Program Approval of Separate Premises	8
§ Section 5. Mental Health Program Statement	9
§ Section 6. Notification to Department and the Delegate	11
§ Section 7. Mental Health Treatment Services	12
§ Section 8. Admission Statement.....	14
§ Section 9. Mental Health Assessment.....	15
§ Section 10. Mental Health Treatment and Service Planning Documentation	18
§ Section 11. Discharge Planning	20
§ Section 12. Client Mental Health Record.....	21
§ Section 13. Medication Assistance, Control, and Monitoring.....	22
§ Section 14. Clinical Reviews	23
§ Section 15. Head of Service	24
§ Section 16. Staff Characteristics, Qualifications, Duties, and Adequacy	27
§ Section 17. In-Service Education	31
§ Section 18. Personnel Records.....	32
§ Section 19. Application Review Process for Mental Health Program Approval	33
§ Section 20. Duration of Mental Health Program Approval.....	34
§ Section 21. Requirement to Post Mental Health Program Approval	34
§ Section 22. Renewal of Mental Health Program Approval	34
§ Section 23. Delegation of Mental Health Program Approval	35
§ Section 24. Oversight	37
§ Section 25. Complaints	37
§ Section 26. Noncompliance.....	38
§ Section 27. Written Notice of Action to California Department of Social Services	39
§ Section 28. Notice and Review Procedures	39
§ Section 29. Program Flexibility Requirements and Procedures	40
§ Section 30. Delegate Program Flexibility Determinations-Specific Additional Requirements	41
§ Section 31. Record of Compliance	43
§ Section 32. Record Retention Requirements	43

DRAFT

§ Section 1. Application of Chapter

These regulations shall apply to mental health programs operated by short-term residential therapeutic programs as defined in subdivision (a)(18) of Health and Safety Code Section 1502 and licensed by the California Department of Social Services (CDSS) pursuant to Health and Safety Code Section 1562.01.

§ Section 2. Definitions and Terms

Meaning of words. A word or phrase shall have its usual meaning unless the context or a definition clearly indicates a different meaning. Words and phrases used in their present tense include the future tense. Words and phrases in the singular form include the plural form. The use of the word “shall” denote mandatory conduct and the use of the word “may” denotes permissive conduct.

- (a) “Administrator” means the individual who holds the administrator’s certificate issued by the California Department of Social Services pursuant to Health and Safety Code Section 1522.41.
- (b) “Applicant” means the firm, association, corporation, county, city, public agency, or other entity that has submitted an application as a short-term residential therapeutic program seeking a mental health program approval.
- (c) “Approval holder” means the firm, association, corporation, county, city, public agency, or other entity that operates as a short-term residential therapeutic program and has an approved mental health program documented by a certificate issued to them by the Department or delegate.
- (d) “Approval task” means the actions taken by the Department or delegate to approve or deny applications for mental health program approval and renewal, provide oversight, and enforce mental health program approval standards by taking actions against non-compliant short-term residential therapeutic programs in accordance with Section 4096.5 of the Welfare and Institutions Code and these interim regulations.
- (e) “Arrival” means the point in time when the child physically enters the short-term residential therapeutic program facility.
- (f) “Authorized Legal Representative” means any person or entity authorized by law to act on behalf of the child.
- (g) “Child” means an individual under the age of 21, including minors and non-minor dependents.

DRAFT

- (h) “Child and Family Team” means a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being. Welfare and Institutions Code Section 16501(a)(4).
- (i) “Client Mental Health record” means the documents related to the child’s admission, treatment, and discharge determination in the short-term residential therapeutic mental health program, including assessments, progress notes, and clinical reviews reflecting the services the short-term residential therapeutic program provides to the child.
- (j) “Delegate” means a county Mental Health Plan to which the Department has delegated the approval task. References to the “Department or delegate” shall mean the delegate when the short-term residential therapeutic program is located in a county that has accepted delegation.
- (k) “Department” means the State Department of Health Care Services. References to the “Department or delegate” shall mean the Department when the short-term residential therapeutic program is located in a county that has not accepted delegation of the approval task or when the short-term residential therapeutic program is county owned and operated.
- (l) “Direct care staff” means personnel at a short-term residential therapeutic program who are the primary caregivers of children, who provide direct care and supervision, facilitate activities, and provide support services.
- (m) “Duty statement” means a description of the purpose of the position, the duties, and tasks to be performed, the manner in which they are to be performed that is signed and dated by the personnel and head of service.
- (n) “Full-time equivalent” means one individual employed a minimum of forty hours per week or a combination of individuals who each do not work full-time, but in combination work a total of at least forty hours per week.
- (o) “Half-time equivalent” means one individual employed a minimum of twenty hours per week or a combination of individuals who each do not work half-time, but in combination work a total of at least twenty hours per week.
- (p) “Head of Service” means a person who oversees and implements the mental health program.
- (q) “Licensed Mental Health Professional” means any of the following providers who are licensed in accordance with applicable State of California licensure requirements: licensed physicians; licensed psychologists (includes waived psychologists); licensed clinical social workers (includes waived or registered

DRAFT

clinical social workers); licensed professional clinical counselors (includes waived or registered professional clinical counselors); licensed marriage and family therapists (includes waived or registered marriage and family therapists); registered nurses (includes certified nurse specialists and nurse practitioners); licensed vocational nurses; and licensed psychiatric technicians.

- (1) For a psychologist candidate, “waivered” means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.
- (2) For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, “registered” means a candidate for licensure who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations and “waivered” means a candidate who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.
- (r) “Medi-Cal Mental Health Certification” means the authorization and approval to provide reimbursable Medi-Cal specialty mental health services, as described in Section 1810.435 of Title 9 of the California Code of Regulations.
- (s) “Mental Health Plan” means individual counties, counties acting jointly, or organizations or nongovernmental entities determined by the Department to meet mental health plan standards, pursuant to Welfare and Institutions Code Section 14712.
- (t) “Mental Health Program” means the administration and provision of the non-hospital, outpatient mental health services and supports, that are structured to be provided onsite during a set of core hours when admitted youth are available. Mental health services are evidenced-based and or community informed practices that maintain or improve the mental health of children and youth admitted into a licensed short-term residential therapeutic program.
- (u) “Mental Health Program Approval” or “MHPA” means the approval granted to a short-term residential therapeutic program by the Department or delegate pursuant to Welfare and Institutions Code Section 4096.5, and is a condition for permanent licensure, receipt of the Aid to Families and Independent Children foster care rate, and for onsite provision of Medi-Cal specialty mental health services.

DRAFT

- (v) "Mental Health Program Statement" means written policies and procedures for the mental health program to provide mental health services in accordance with these regulations.
- (w) "Mental Health Program Staff" means the personnel, including but not limited to the employees or contractors, who meet the mental health program staffing characteristics and qualifications specified in these regulations and whose duties include the assessment and provision of mental health services to children admitted.
- (x) "Needs and Services Plan" means the time-limited, goal-oriented written plan implemented by the short-term residential therapeutic program that identifies the specific needs of an individual child and delineates those services necessary to meet the child's identified needs.
- (y) "Onsite review" is an in-person, physical inspection of the physical site and required documentation conducted by the Department or delegate of a short-term residential therapeutic program facility for the purposes of determining a mental health program's compliance with applicable state and federal requirements and to monitor the quality of treatment being provided.
- (z) "Personnel" means all staff working in the mental health program, including but not limited to employees and contractors.
- (aa) "Policies and procedures" mean the guidelines the short-term residential therapeutic program mental health program shall implement and follow to achieve compliance with state and federal regulatory and statutory requirements. Policies shall include a description of the requirement and what employees or contractors will do to meet the requirement. Procedures shall detail the tasks and activities the short-term residential therapeutic program, and its personnel will conduct to carry out the policy.
- (bb) "Psychotropic medication" means those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.
- (cc) "Qualified individual" means a trained professional or licensed clinician responsible for conducting the assessment and determination described in subdivision (g) of Section 4096 of the Welfare and Institutions Code and determining the most effective, appropriate, least restrictive environment and level of care placement for a child, as defined in subdivision (l)(1) of Section 16501 of the Welfare and Institutions Code. In the case of an Indian child as defined in Section 224.1 of the Welfare and Institutions Code, the qualified individual shall have specialized knowledge of, training about, or experience with tribes, as

DRAFT

specified in subdivision (l)(1) of Section 16501 of the Welfare and Institutions Code.

- (dd) "Short-Term Residential Therapeutic Program" means a children's residential program licensed by the California Department of Social Services, as defined in subdivision (a)(18) of Section 1502 of the Health and Safety Code.
- (ee) "Therapeutic Milieu" means a therapeutic program structured by process groups and skill building groups that has activities performed by identified staff; takes place for the continuous scheduled hours of program operation; includes staff and activities that teach, model, and reinforce constructive interactions; includes peer and staff feedback to clients on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress. It includes behavioral management interventions that focus on teaching self-management skills that children and youth may use to control their own lives, to deal effectively with present and future problems, and to function well with minimal or no additional therapeutic intervention.
- (ff) "Trauma" means the result of an event, series of events, or set of circumstances that is experienced by the child as physically or emotionally harmful or threatening and that is expected to have adverse effects on the child's stay in the short-term residential therapeutic program, and that are necessary to achieve the desired outcomes and goals for the child.
- (gg) "Trauma informed care" means an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all kinds of trauma.
- (hh) "Under the direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery, or reviewing, approving needs and services. An individual directing a service is not required to be physically present at the service site to exercise direction.

§ Section 3. Mental Health Program Approval Application

- (a) The Mental Health Program Approval (MHPA) granted to a short-term residential therapeutic program by the Department or delegate pursuant to Welfare and Institutions Code Section 4096.5, is a condition for permanent licensure, receipt of the Aid to Families and Independent Children foster care rate, and a requirement for the assessment, provision, and reimbursement of onsite Medi-Cal specialty mental health services. To obtain a mental health program approval (MHPA), an applicant shall submit all the following:
- (b) A completed application for MHPA, on the Department's Form 3131, which shall contain:

DRAFT

- (1) The Legal Entity Name and address of the licensed short-term residential therapeutic program.
- (2) The Facility name and physical address.
- (c) A written mental health program statement and supporting documentation that contains the required information identified on the DHCS 3131 form, including policies and procedures, specified in Mental Health Program Statement Section 5.
- (d) Copy of signed county mental health plan contract(s) and evidence of Medi-Cal mental health certification.
- (e) Copy of signed contract(s) with county mental health plans and contracted county organizational providers, or mental health providers that are responsible for the provision of Medi-Cal specialty mental health services or provide adjunctive services to children and youth while in placement, as applicable.
- (f) Copy of a valid license issued by the California Department of Social Services.
- (g) When a short-term residential therapeutic program applies for a MHPA from a delegate, the delegate may accept an application that does not include the mental health plan contract or evidence of Medi-Cal mental health certification if the delegate is the mental health plan responsible for contracting with the provider and performing the Medi-Cal mental health certification.
 - (1) If a delegate accepts an application for MHPA without the completed contract or evidence of Medi-Cal mental health certification, the delegate shall not approve the mental health program until the short-term residential therapeutic program's contract with the mental health plan is finalized and the Medi-Cal mental health certification is issued.
 - (2) The delegate must notify the Community Care Licensing Division of CDSS when the MHPA, contract, and Medi-Cal mental health certification are completed and approved for the short-term residential therapeutic program's MHPA to be final and the short-term residential therapeutic program to be licensed permanently.

§ Section 4. Mental Health Program Approval of Separate Premises

A separate MHPA is required for each short-term residential therapeutic program facility located on separate premises. The Department or delegate may issue a single MHPA for separate residential units on the same lot or adjoining lots, when the residential units operate as one program using the same administrator and head of service.

§ Section 5. Mental Health Program Statement

- (a) The short-term residential therapeutic program shall operate a mental health program in accordance with a mental health program statement that is approved by the Department or delegate. The mental health program statement shall include the following:
 - (1) A description of the mental health program shall be included in the mental health program statement, including:
 - (A) A statement summarizing the goals and objectives of the short-term residential therapeutic program;
 - (B) The population served including demographics, such as age range, gender, languages, and special needs;
 - (C) Policies and procedures that identify how children and non-minor dependents admitted will reside in physically separated areas of the short-term residential therapeutic program and how services will be provided to distinct age groups, where applicable.
 - (D) The assessment or related documentation used to determine initial length of stay; and
 - (E) The mental health treatment services, including specialty mental health services for Medi-Cal beneficiaries, that shall be made available to meet the needs of an admitted child. These services shall be provided through a structured delivery of services, that are culturally competent, trauma informed, available onsite, and provided directly by short-term residential therapeutic program mental health program personnel.
 - (2) Staffing policies, which shall include:
 - (A) Job descriptions that include signed duty statements for the head of service, licensed mental health professionals, and all other mental health program staff.
 - (B) Documentation verifying that the head of service, licensed mental health program professionals and other mental health program staff are qualified to provide mental health services required in these regulations.
 - (C) A staffing organizational chart and supporting documentation that shall include:

DRAFT

- (i) Job titles;
 - (ii) Staffing schedule demonstrating the required staff-to-child ratios will be met;
 - (iii) Reporting structure of mental health program staff and supervisors;
 - (iv) Copy of the professional license, certification and/or educational requirements for each of the licensed mental health program staff providing mental health treatment services to children admitted to the short-term residential therapeutic program;
- (D) A staff training plan that complies with these regulations; and
- (E) A copy of each signed agreement, contract, or memorandum of understanding with participating private or public mental health providers.
- (3) The written, specific, and detailed policies and procedures that demonstrate how the mental health program will comply with the following requirements:
- (A) Orienting new children to the mental health services available and procedures the short-term residential therapeutic program will perform to meet the cultural and language needs for children admitted.
 - (B) Policies and procedures the California Department of Social Services approved regarding:
 - (i) Documenting and reporting emergency interventions, including interventions for children who present an imminent danger or risk of injury to self or others.
 - (ii) The “Use of Behavioral Restraints in Facilities” pursuant to Division 1.5 of the Health and Safety Code (commencing with Section 1180).
 - (C) Suicide prevention, which includes at a minimum: suicide risk assessments, safety precautions, the use of visual observation levels, staffing necessary to maintain compliance with visual observation policies, and documentation requirements. The suicide prevention policies and procedures shall require a brief crisis evaluation and based on the recommendation of the clinician to provide constant visual observation of children with passive suicidal ideation.
 - (D) Details as to how the short-term residential therapeutic program facilitates Child and Family Team collaboration to make decisions in the child’s treatment and discharge plans, including the integration and participation of the child, parent, family members including siblings, conservator, tribal

DRAFT

representative, other identified members of the Child and Family Team and/or person(s) identified by the court as authorized to make decisions.

- (E) Confidentiality requirements, which shall include privacy protections for information contained in the client record and information communicated between short-term residential therapeutic program mental health program staff, direct service staff, and children.
- (F) Notification requirements in Section 6.
- (G) Mental Health Treatment Services requirements in Section 7.
- (H) Admission Statement requirements in Section 8.
- (I) Mental Health Assessment requirements in Section 9.
- (J) Mental Health Treatment Service Planning Documentation requirements in Section 10.
- (K) Discharge planning in Section 11
- (L) Client Mental Health record requirements in Section 12.
- (M) Medication Assistance, Control and Monitoring requirements in Section 13.
- (N) Clinical Review requirements in Section 14.
- (O) Head of Service requirements in Section 15.
- (P) Staff, Characteristics, Qualifications, Duties and Adequacy requirements in Section 16.
- (Q) In-Service Education requirements in in Section 17.
- (R) Personnel Record requirements in Section 18.
- (b) The Department or the delegate may deny a mental health program statement and the included policies and procedures that does not comply with these regulations or fails to establish a safe, healthy, and therapeutic milieu for the children admitted to the short-term residential therapeutic program.

§ Section 6. Notification to Department and the Delegate

DRAFT

- (a) The short-term residential therapeutic program shall notify the Department and the delegate via e-mail within seventy-two (72) hours of any changes to the following:
 - 1) Legal name;
 - 2) Physical location;
 - 3) Mailing address;
 - 4) Head of service transition or leave of absence;
 - 5) Licensed bed capacity; and
 - 6) Licensure status with California Department of Social Services.
- (b) Any notice related to changes will include all supporting documentation necessary to verify the change. In the instance of a change in head of service, head of service documentation shall verify that the new head of service meets qualifications, as specified in these regulations.
- (c) The short-term residential therapeutic program shall notify the Department and the delegate via e-mail within twenty-four (24) hours when any of the short-term residential therapeutic program facilities are no longer Medi-Cal certified or contracted with a county mental health plan to provide specialty mental health services pursuant to California Code of Regulations, Title 9, Section 1810.435, subdivision (d).
- (d) The short-term residential therapeutic program shall submit to the Department or the delegate via e-mail a request for approval for any changes to the mental health program statement, including a proposed timeframe for changes. The Department or delegate must provide an approval of the requested changes prior to implementation. The Department or delegate shall notify an applicant of the Department's or the delegate's decision to approve or deny the proposed change(s) within thirty (30) calendar days of receiving the request.

§ Section 7. Mental Health Treatment Services

- (a) The short-term residential therapeutic program shall operate an onsite structured mental health program during identified core hours of at least 40 hours per week when youth are present and available and make available access to mental health treatment services 24 hours per day, seven (7) days per week, according to the child's individual needs.

DRAFT

- (b) The mental health program shall directly provide onsite the following Medi-Cal specialty mental health services, as defined in the mental health program's contract with a county mental health plan(s):
 - (1) Crisis Intervention for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (2) Mental Health Services for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (3) Targeted Case Management for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
- (c) The short-term residential therapeutic program mental health program shall make available the following Medi-Cal specialty mental health services, as defined by the mental health program's contract with the county mental health plan(s), and in accordance with a child's needs:
 - (1) Day Treatment Intensive for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (2) Day Rehabilitation for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (3) Medication Support Services for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
- (d) The short-term residential therapeutic program mental health program shall provide or make available the following services in accordance with a child's needs:
 - (1) For Medi-Cal beneficiaries, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) specialty mental health services, as defined by section 1810.215 of Title 9 of the California Code of Regulations, that are necessary to correct or ameliorate a child's mental health condition.
 - (2) Psychiatric Nursing Services, which shall include, but not be limited to, nursing assessments, measuring, and monitoring vital signs, coordinating medical care, administering, dispensing, and furnishing medication (including medications for substance use disorder), and other services described in Section 2725 of the Business & Professions Code. The psychiatric nursing services shall be provided by a registered nurse, licensed, or vocational nurse, licensed psychiatric technician, or another licensed professional acting within the scope of their practice.

DRAFT

- (3) Qualifying community-based mobile crisis intervention services, as defined in State Plan Amendment 22-0043, that meet the training and implementation requirements set forth in Behavioral Health Information Notice: 23-025.

§ Section 8. Admission Statement

- (a) The head of service shall sign an admission statement within five (5) calendar days of the child's admission to the short-term residential therapeutic program. In the statement, the head of service shall affirm:
 - (1) They have read the child's referral documentation from the placing agency and a copy of this documentation is in the child's client record;
 - (2) If a referral is made through an interagency placement committee, the head of service has read the materials provided by interagency placement committee; including any assessments and recommendations related to the child's mental health treatment and placement;
 - (3) They have read previously conducted mental health assessments, if available;
 - (4) They have read the child's most recent Qualified Individual Assessment Report, including assessment and recommendations related to services and supports needed to achieve the child's short-and long-term goals.
 - (5) Documentation related to and detailing the considered needs and safety of the child;
 - (6) Physician medication orders, signed by a physician;
 - (7) Written informed consent for prescribed medication, pursuant to applicable law; and
 - (8) Recommendations from the mental health program staff regarding the needs and safety of the children already admitted to the short-term residential therapeutic program.
- (b) The admission statement shall affirm that admitting the child is appropriate and:
 - (1) The child has been assessed by a licensed, registered, or waived mental health professional as requiring the level of services provided in and made available by the short-term residential therapeutic program in order to maintain the safety and well-being of the child and others due to behaviors, including those resulting from trauma, that render the child or those around the child unsafe or at risk of harm, or that prevent the effective delivery of needed services and supports provided in the child's own home or in other family

DRAFT

settings, such as with a relative, guardian, foster family, resource family, or adoptive family;

- (2) The child does not require inpatient level of care;
- (3) The child meets at least one of the following conditions:
 - (A) The child has been assessed as meeting criteria for the provision of Medi-Cal specialty mental health services.
 - (B) The child has been assessed as seriously emotionally disturbed, as defined in Welfare and Institutions Code Section 5600.3 subdivision (a).
 - (C) The child requires an emergency placement, pursuant to Welfare and Institutions Code Section 11462.01(h)(3).
 - (D) The child has been assessed as requiring the level of care provided by the short-term residential therapeutic program to meet their behavioral health needs.

§ Section 9. Mental Health Assessment

- (a) The short-term residential therapeutic program mental health program shall ensure that the child has a complete written and signed mental health assessment conducted by a licensed mental health professional acting within their scope of practice and pursuant to contracted county mental health plan requirements. This assessment shall include the use of the Child and Adolescents Needs and Strengths (CANS) assessment. This assessment shall be completed as expeditiously as possible and in accordance with generally accepted standards of practice and contracted county mental health plan requirements. Assessments shall be updated as clinically appropriate.
- (b) The mental health assessment shall address each of the following and be documented in the client record.
 - (1) Presenting problem(s), including reason(s) for the child's referral to the short-term residential therapeutic program;
 - (2) Current mental status;
 - (3) History of presenting problem(s);
 - (4) Child-identified impairment(s);
 - (5) Trauma history;

DRAFT

- (6) Behavioral health history;
 - (7) Co-occurring substance use;
 - (8) Medical history;
 - (9) Current medications;
 - (10) Co-occurring conditions (other than substance use);
 - (11) Social and life circumstances, including family history and current family information;
 - (12) Cultural, religious, and spiritual considerations;
 - (13) Strengths, risk behaviors, and safety factors;
 - (14) Clinical summary and recommendations;
 - (15) Diagnostic impression; and
 - (16) Medical necessity determination, level of care, and/or access criteria.
- (c) The assessment shall include a typed or legibly printed name and signature of the service provider, provider title (or credentials), and date of signature.
- (d) The assessment shall include the licensed provider's recommendation for medically necessary services and additional provider referrals, as clinically appropriate.
- (e) To satisfy the mental health assessment requirement in subdivision (a), an existing mental health assessment that was performed within the thirty (30) calendar day period preceding the date of the child's arrival at the short-term residential therapeutic program can be used, subject to the following requirements:
- (1) The mental health assessment was conducted by a licensed, registered, or waived mental health professional, an otherwise recognized individual designated by the county mental health plan or recognized provider of mental health services acting within their scope of practice.
 - (2) A licensed registered, or waived mental health professional reviews the prior assessment within five calendar days of the child's arrival at the short-term residential therapeutic program and accepts the existing mental health assessment as clinically appropriate.

DRAFT

- (3) As part of the review referenced in this subdivision, the licensed, registered, or waived mental health professional shall sign and complete an addendum documenting their acceptance of the existing assessment. The addendum shall include any available information required in subdivision (b) that was missing from the existing assessment, as well as updated information regarding the child's physical and mental condition at the time of arrival, diagnosis, and reason for referral, before signing and accepting.
- (f) In the case of an emergency placement pursuant to Welfare and Institutions Code Section 11462.01(h)(3), a mental health program licensed, registered, or waived mental health professional shall make a written determination in the client mental health record that indicates that the child requires the level of care and supervision provided at the short-term residential therapeutic program. The determination regarding the placement shall occur as soon as possible once the child arrives at the short-term residential therapeutic program, but no later than seventy-two (72) hours from the time the child arrives at the facility.
- (1) The licensed, registered, or waived mental health professional shall consider and address in the written placement determination, the following information:
 - (A) Presenting problem(s), including reason(s) for the child's referral to the short-term residential therapeutic program;
 - (B) History of the presenting problem(s), if available;
 - (C) Medical conditions;
 - (D) Current medications;
 - (E) Strengths, risk behaviors, and safety factors;
 - (F) Prior diagnostic impressions, if any; and
 - (G) Whether the short-term residential therapeutic program meets the specific therapeutic needs of the presenting problem and admission criteria.
- (2) A child who receives a determination for placement no later than seventy-two (72) hours after the child's arrival, shall have a mental health assessment completed as required in subdivision (a) or (d) to document the need for the short-term residential therapeutic program level of care and services provided.
 - (A) If completed within seventy-two (72) hours of a child's admission to the short-term residential therapeutic program, a mental health assessment that complies with requirements specified in subdivisions (b) through (d),

DRAFT

shall satisfy the requirements of the written determination specified in subdivision (f).

- (3) Until a licensed, registered, or waived mental health professional determines that the child requires the level of care and supervision provided at the short-term residential therapeutic program, the child shall continuously have one-on-one observation or be in a physically separate area from the other children in the program. During this time, the child shall receive all services and supports required in these regulations.

§ Section 10. Mental Health Treatment and Service Planning Documentation

- (a) Mental health treatment documentation required for the provision of medically necessary specialty mental health services to meet a child's service goals, shall be documented as a plan for providing mental health care and services in the form of narrative progress notes in the client mental health record. Documentation shall include:
 - (1) Reason for placement;
 - (2) Anticipated duration of treatment and placement;
 - (3) A Problem List, as described by Behavioral Health Information Notice 23-068;
 - (4) A description of the services to be provided or arranged to meet the short-term and long-term behavioral health goals identified in the qualified individual's assessment report and the mental health assessment;
 - (5) A plan for the specific interventions necessary to address these goals, including physical and mental health, substance use services, permanency, and aftercare services;
 - (6) One or more individualized goals to support the child upon discharge in transitioning from residential treatment to a home-based setting in the community;
 - (7) Recommendations from the youth's needs and services plan that identify specific needs and individual goals while in placement and upon transition, as well as when applicable, the transition and independent living plan that documents programs, services, and activities in which the child or nonminor dependent participates to prepare for the transition from foster care to independent living.
 - (8) For Targeted Case Management, documentation of the assessment, development, and revision of the care plan, referral, and related activities, and

DRAFT

monitoring and follow-up activities, as required by section 440.169 of Title 42 of the Code of Federal Regulations and section 51351 of Title 22 of the California Code of Regulations.

- (b) For each child admitted, the short-term residential therapeutic program shall ensure that a written progress note is documented in the client mental health record when the following occurs:
 - (1) The provision of any specialty mental health service provided to Medi-Cal beneficiaries.
 - (2) The provision of any equivalent mental health service provided to children who are not Medi-Cal beneficiaries.
 - (3) An incident where the short-term residential therapeutic program was unable to provide any specialty mental health service or regularly scheduled mental health programming.
- (c) Progress notes shall include the following information pertaining to the child:
 - (1) The type of service provided;
 - (2) A narrative description of the service, including how the service addressed the child's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factor);
 - (3) The date that the service was provided;
 - (4) Duration of the service;
 - (5) Location of the child at the time of receiving the service;
 - (6) A typed or legibly printed name and signature of the service provider, credential of the service provider, as applicable, and date of the signature;
 - (7) Next steps including, but not limited to, planned action steps by the provider or by the child, collaboration with the child or Child and Family Team members, collaboration with other provider(s), and any update to the child's problem list as appropriate; and
 - (8) If information is located elsewhere in the clinical record (e.g., in a treatment plan template), it does not need to be duplicated in the progress note;
- (d) All mental health program documentation, whether written or electronically submitted, shall contain the date and time of the incident, observation, or service provided. Documentation, including progress notes, shall be completed, signed,

DRAFT

and dated within three (3) business days of the incident, observation, or service provided, with the exception of notes for crisis services, which shall be completed within one (1) calendar day. The day of the incident, observation, or service shall be considered day zero (0).

- (e) As specified in California Department of Social Services Interim Licensing Standards, each child admitted to a short-term residential therapeutic program shall have a needs and services plan developed within thirty (30) calendar days of the child's arrival at the short-term residential therapeutic program. This plan shall be reviewed and signed by a licensed, registered, or waived mental health professional or the head of service.
- (f) If a child is unable to agree or refuses to agree to mental health treatment, services or needs and services plan recommendations, the child's authorized legal representative's participation and agreement shall be sufficient, but the child's inability or refusal shall be documented in the client mental health record.
- (g) In addition to updates and reviews specified in this subdivision, required mental health treatment services and service planning documentation and the child's needs and services plan shall be updated as clinically appropriate when the child's mental health treatment needs change, including any changes to child's goal for transitioning to the community or recommended level of care.
- (h) The short-term residential therapeutic program shall provide a copy of mental health treatment services and care plan documentation and the needs and services plan to the child's placing agency within ten (10) calendar days of the request of the placing agency in accordance with all applicable privacy and confidentiality laws.

§ Section 11. Discharge Planning

- (a) A discharge plan shall be developed upon admission into the short-term residential therapeutic program. The discharge plan shall be completed by a member of the mental health program staff and updated as applicable. Prior to discharge, the discharge plan shall be completed and signed by a member of the mental health program staff. The discharge plan shall be signed and completed no later than the date the child is discharged from the short-term residential therapeutic program. The following shall be included in the discharge plan:
 - (1) The course of treatment during the child's admission, as specified in the client mental health record, including mental health treatment services, medications, and the child's response to medications.
 - (2) The child's aftercare plan, which shall document any required mental or behavioral health follow-up appointments or services based on the child's

DRAFT

- client mental health record and needs and services plan, including referrals to specific providers of mental health or behavioral health aftercare services, specialized services and supports that meet the needs of the child upon discharge. The child specific aftercare plan must be an individualized, family-based aftercare support plan, that in addition to behavioral health needs identifies necessary supports, services, and treatment to be provided to the child and the child's caregivers. The aftercare plan must be inclusive of recommendations from the (CFT), pursuant to guidance specified in Behavioral Health Information Notice 21-061 FFPSA PART IV Aftercare Requirements.
- (3) The services and supports documented in the child's crisis safety plan, pursuant to requirements specified in Behavioral Health Information Notice 23-025, if developed. A copy of the child's crisis safety plan shall be documented in the client record and a copy provided to the youth and their legal representative.
 - (b) The discharge plan shall be maintained in the client mental health record and shall be provided prior to or at the time of the child's discharge, to the following, as applicable: parent, family members including siblings, guardian, conservator, or person identified by the court to participate in placement decisions.
 - (c) If the child's discharge from the short-term residential therapeutic program is unplanned, mental health program staff shall document the date when discharge determinations were initiated regarding the child's transition from the short-term therapeutic program, documentation of attempts made to meet with the child to complete the discharge documentation, and the required information specified in this subdivision, within five (5) calendar days of the client's confirmed exit.

§ Section 12. Client Mental Health Record

- (a) The short-term residential therapeutic program shall ensure that each child admitted has an accurate and complete client mental health record.
- (b) The client mental health record shall be confidential, and a short-term residential therapeutic program shall only disclose the client mental health record if the disclosure is authorized by applicable federal and state privacy laws, including but not limited to, Welfare and Institutions Code Section 5328.
- (c) The client mental health record shall include:
 - (1) The child's court status, if applicable, including a copy of any custody orders and agreements with parent(s) or person(s) having legal custody;

DRAFT

- (2) Documentation of incidents involving the use of seclusion and behavioral restraints, pursuant to California Department of Social Services Interim Licensing Standards and Health and Safety Code, Division 1.5;
- (3) The name and contact information of the child's parent(s) or legal guardian, biological family members of the child, including siblings, and nonrelative extended family members;
- (4) Documentation of how family members are integrated into the mental health services for the child, including post discharge, and how sibling connections are maintained;
- (5) Documentation of mental health program staff efforts to facilitate outreach to the family members of the child, including siblings;
- (6) Admission statement signed by the head of service;
- (7) Mental health assessment;
- (8) Mental health treatment and care plan review(s);
- (9) Physician's and/or psychiatrist's orders related to mental health care, psychotropic medication reviews, if applicable, and written informed consent for prescribed psychotropic medication, pursuant to applicable law;
- (10) Mental health program progress notes;
- (11) Child and Family Team meeting notes;
- (12) Documentation of clinical reviews and recommendations; and
- (13) Discharge plan.

§ Section 13. Medication Assistance, Control, and Monitoring

- (a) A nurse practitioner, physician's assistant or registered, licensed, or vocational nurse acting within their scope of practice, may perform the functions in subdivisions (b), (c), and (d) under the direction of a psychiatrist or a physician. However, each child shall be examined by a psychiatrist or a physician at least one time during the child's stay at the short-term residential therapeutic program.
- (b) A psychiatrist or a physician shall examine each child prior to prescribing any psychotropic medication. The examination shall be noted in the client mental health record.

DRAFT

- (c) The policies and procedures shall be developed for when a psychiatrist or physician shall sign a written medication review for each child prescribed psychotropic medication. This review shall be completed as often as clinically appropriate, but at least every forty-five (45) calendar days. This review may be prepared by a short-term residential therapeutic program mental health program staff member acting within the scope of their practice and shall be included in the client mental health record. The medication procedures shall include when and how the following will be documented:
- (1) The recorded date and time a prescription or non-prescription medication was taken, the dosage taken or refused, and the child's response to medication;
 - (2) Observations of any side effects and review of any side effects reported by the child or noted in the client mental health record;
 - (3) The child's response to each psychotropic medication currently prescribed and the child's perspective on the effectiveness of these medications;
 - (4) The child's compliance with taking the prescribed psychotropic medication;
and
 - (5) Justification for continuing to prescribe psychotropic medication and/or changing the child's medication plan.
- (d) Psychotropic medications for a child residing in a short-term residential therapeutic program shall be administered and dispensed in accordance with state and federal laws, which include but are not limited to, laws related to authorization, administering and dispensing medication, psychotropic medication, storage and disposal, informed consent, and documentation of informed consent.

§ Section 14. Clinical Reviews

- (a) At least every ninety (90) calendar days, a licensed, registered, or waived mental health professional shall complete a clinical review of the child's current mental health status, progress in treatment, needs and services planning, and discharge planning for the child.
- (1) As part of the review, the licensed, registered, or waived mental health professional shall collaborate with direct care staff, the head of service, and all other mental health program staff that provide mental health services to the child or that have been active in the child's mental health treatment. Additionally, this review shall incorporate information obtained from Child and Family Team, any collaborative meetings, and activities relevant to the course of the child's treatment. This review shall consider:

DRAFT

- (A) Direct care staff observations of the child, including the child's achievement of goals outlined in the child's needs and services plan.
 - (B) The type and frequency of mental health services provided and made available to the child and the impact of these services on the child's achievement of the goals outlined in the child's plan of care documented in the client mental health record.
 - (C) Whether the short-term residential therapeutic program continues to meet the specific therapeutic needs of the child and the child's self-identified strengths, needs, and goals.
 - (D) Justification for the decision for continued stay or discharge of the child based on the client record and licensed mental health professional's clinical opinion.
 - (E) Any information provided by the child or youth on their perspective on the effectiveness of the mental health services provided.
- (b) The clinical review, including any changes to treatment or post discharge activities resulting from the clinical review meeting, shall be documented in the client record.

§ Section 15. Head of Service

- (a) The mental health program shall have a dedicated head of service employed, onsite, and available forty (40) hours per week.
- (b) The head of service shall meet the requirements of one of the professional disciplines in Sections 623 through 630 of Title 9 of the California Code of Regulations. The short-term residential therapeutic program shall submit to the Department or the delegate, documentation establishing that the head of service satisfies the requirements of the applicable regulation in Sections 623 through 630 of Title 9 of the California Code of Regulations.
- (c) If the head of service is not a physician or psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed professional clinical counselor, or registered nurse, the head of service shall perform the required duties under the direction of one or more of the following professionals:
 - (1) Physician or psychiatrist who meets the education and experience requirements in Section 623 of Title 9 of the California Code of Regulations.

DRAFT

- (2) Psychologist who meets the education and experience requirements in Section 624 of Title 9 of the California Code of Regulations.
- (3) Licensed Clinical Social Worker who meets the education and experience requirements in Section 625 of Title 9 of the California Code of Regulations.
- (4) Licensed Marriage and Family Therapist who meets the education and experience requirements in Section 626 of Title 9 of the California Code of Regulations.
- (5) Licensed Professional Clinical Counselor who meets the education and experience requirements in Section 626 of Title 9 of the California Code of Regulations.
- (6) Nurse who meets the education and experience requirements in Sections 627 or 628 of Title 9 of the California Code of Regulations.
- (d) A head of service that is the head of service for more than one short-term residential therapeutic program shall not serve as an administrator.
- (e) A head of service who is also the administrator shall not hold any other position.
- (f) A head of service who is an administrator for the short-term residential therapeutic program shall not be counted as part of the staffing ratio.
- (g) The head of service is responsible for the short-term residential therapeutic program mental health program's compliance with these regulations and applicable laws.
- (h) The head of service shall manage the clinical and administrative components of the short-term residential therapeutic program mental health program. The head of service responsibilities shall include, but are not limited to, the following specific tasks:
 - (1) Maintaining a safe, healthy, and therapeutic milieu for staff working at and children admitted to the short-term residential therapeutic program.
 - (2) Ensuring that each child admitted to the program has a mental health assessment.
 - (3) Ensuring that each child's presence in the short-term residential therapeutic program is not averse to the safety or mental health needs of the child or other admitted children.

DRAFT

- (4) Ensuring the mental health services identified in the client mental health record and on each needs and services plan, are provided and appropriate to meet the individual needs of the child.
- (5) Monitoring the quality of the mental health services provided to the children.
- (6) Arrangements, including transportation, for children to receive mental health services that cannot be provided onsite or offered directly by the short-term residential therapeutic program mental health program.
- (7) Arrangements for special provision of mental health services to children with disabilities including visual and auditory impairment and intellectual, cognitive, or developmental disabilities.
- (8) Ensuring that documentation and recordkeeping requirements are in compliance with federal and state requirements, including these regulatory requirements and the short-term residential therapeutic program mental health programs submitted and approved policies and procedures.
- (9) Development of mental health staff schedules, training schedules, mental health treatment service schedules, medication schedules, and any other schedules for the operation of the short-term residential therapeutic program mental health program in compliance with these regulations.
- (i) The Department or the delegate may approve program flexibility for head of service and staffing requirements pursuant to the following requirements:
 - (1) A single legal entity operating more than one short-term residential therapeutic program may request program flexibility to have a single head of service, employed forty (40) hours per week, to manage a maximum of sixteen (16) beds split among a maximum of four (4) short-term residential therapeutic program facilities in good standing that are located on separate premises. To receive and maintain program flexibility approval under this subdivision:
 - (A) The head of service shall have a designated primary office at one of the short-term residential therapeutic programs;
 - (B) No facility shall be more than thirty (30) minutes travel time from the head of service's primary office;
 - (C) The head of service shall always be reachable during their scheduled shift;
 - (D) Each facility shall have a designated individual in an acting capacity when the head of service is not onsite;

DRAFT

- (E) The head of service for multiple sites shall be onsite at each facility for equivalent increments of time. The total of amount of time spent at all facilities can be no less than 80% of the required 40 hours per week; and
 - (F) The head of service shall maintain a time study, which indicates specific time spent at each facility, allocated to supervision of mental health program staff and provision of direct services.
- (2) A facility that is unable to meet the head of service time requirements specified in subdivision (a) of this section, despite a demonstrated effort to comply, the short-term residential therapeutic program may submit via e-mail a justification to the Department or delegate directly for program flexibility. The program flexibility regarding time requirements, shall be approved on a case-by-case basis.
 - (3) The Department or delegate shall consider the short-term residential therapeutic program facility's special circumstances if unable to meet requirements that result in a flexibility request, which may include, but are not limited to the following:
 - (A) Difficulty obtaining suitable premises within the time requirement;
 - (B) Financial hardship; or
 - (C) An absence of qualified candidates.
 - (4) All program flexibility requests, approvals, renewals, denials, and revocations under this subdivision shall comply with the applicable program flexibility requirements.

§ Section 16. Staff Characteristics, Qualifications, Duties, and Adequacy

- (a) All licensed, waived, or registered mental health professionals providing services in a short-term residential therapeutic program shall meet all legal requirements for professional licensing, waiver, or registration, as applicable.
- (b) A short-term residential therapeutic program shall have at least one full-time equivalent short-term residential therapeutic program mental health program staff employed for each six children, or fraction thereof, admitted to the program. The following list of licensed and or certified disciplines can be employed as mental health program staff:
 - (1) Physicians.
 - (2) Licensed or waived psychologists.

DRAFT

- (3) Licensed, registered, or waived Clinical Social Workers.
 - (4) Licensed, registered, or waived Marriage and Family Therapists.
 - (5) Licensed, registered, or waived Professional Clinical Counselors.
 - (6) Licensed Vocational Nurses.
 - (7) Psychiatric Technicians.
 - (8) Registered Nurses.
 - (9) Advanced Practice Nurses.
 - (10) Occupational Therapists.
 - (11) Mental Health Rehabilitation Specialists as defined in Section 630 of Title 9 of the California Code of Regulations.
- (c) A short-term residential therapeutic program shall have one half-time equivalent licensed, registered, or waived mental health professional employed for each six children, or fraction thereof, admitted to the program. A licensed, registered, or waived mental health professional who is employed to meet this requirement, may also be the head of service if employed at least forty (40) hours per week. Licensed mental health professionals are the following disciplines:
- (1) Psychiatrist.
 - (2) Licensed Psychologist.
 - (3) Licensed Clinical Social Worker.
 - (4) Licensed Marriage and Family Therapist.
 - (5) Licensed Professional Clinical Counselor.
- (d) The short-term residential therapeutic program shall have adequate numbers of mental health program staff scheduled, present, awake, and on duty during the operating business hours of the mental health program no less than forty (40) hours per week, seven (7) days per week. The short-term residential therapeutic program shall have mental health program staff available for additional hours as needed, to ensure children have twenty-four (24) hours seven (7) days a week access to specialty mental health services, or equivalent mental health services to children admitted who are non-Medi-Cal beneficiaries. This subdivision shall not be construed to prohibit the short-term residential therapeutic program from

DRAFT

providing services that are appropriately provided without the child present, such as collateral services and targeted case management.

- (e) The mental health program shall have a daily mental health program staff schedule based on the number of children physically present at the short-term residential therapeutic program. The development of the mental health program staff schedule shall consider the children's availability for the provision of services and mental health programming.
- (f) The mental health program staffing schedule requirements in this section shall be satisfied at all times of operation. Staff shall only be counted towards meeting ratio requirements during their assigned scheduled shifts. Staff assigned to cover multiple shifts during hours of operation will only be counted towards meeting one ratio requirement for a single specified shift.
 - (1) A short-term residential therapeutic program may schedule member(s) of the direct care staff, as defined in Section 87001(d)(1) of the Short-Term Residential Therapeutic Program Licensing Standards, to meet the staffing requirements of subdivision (b), if the direct care staff members are from the list of individuals described in subdivision (b)(1)-(11).
 - (2) A short-term residential therapeutic program may schedule member(s) of the direct care staff to meet the licensed, registered, or waived mental health professional requirement of subdivision (c), if the direct care staff members are licensed, registered, or waived mental health professionals.
 - (3) The staff schedule shall specify each time a member of the direct care staff is assigned to a short-term residential therapeutic program mental health program staff shift.
- (g) The Department or the delegate may require a short-term residential therapeutic program to provide additional mental health program staff, if the Department or the delegate determines that additional staff are needed to provide for the mental health treatment services needs of the children residing at the short-term residential therapeutic program. In making this determination, the Department or the delegate may consider the following:
 - (1) The short-term residential therapeutic program's census;
 - (2) Experience and education of current short-term residential therapeutic program mental health program staff;
 - (3) Frequency and severity of deficiencies; and

DRAFT

- (4) Other relevant considerations, including but not limited to the mental health diagnoses, acuity, and needs of the children in the short-term residential therapeutic program.
- (h) The Department or the delegate shall notify the short-term residential therapeutic program in writing when additional staff are required.
- (i) The short-term residential therapeutic program shall have a psychiatrist available to provide psychiatric services, as specified in these regulations.
- (j) A short-term residential therapeutic program may request program flexibility pursuant to these regulations regarding the staff qualifications for prospective or existing personnel, subject to the following requirements:
 - (1) The request shall include: the prospective or existing personnel's resume, degree, registration for a licensing examination, and the scheduled date of the licensing examination. The Department or the delegate may request additional information as appropriate.
 - (2) No prospective or existing personnel who is the subject of a program flexibility request shall commence duties requiring flexibility approval until the Department or the delegate approves the program flexibility request.
 - (3) Every prospective or existing personnel is responsible for ensuring their own compliance with their professional licensing board statutes, regulations, and rules.
 - (4) No program flexibility approval shall serve to permit the unauthorized practice of a profession that requires licensure.
 - (5) Every program flexibility request, approval, renewal, denial, and revocation under this subdivision shall comply with the applicable program flexibility requirements.
 - (6) The Department or the delegate may consider the personnel's experience and education, the duration of the program flexibility, and any other reasons or factors relevant to the program flexibility request.
 - (7) When the Department or the delegate approves a program flexibility request for staff qualifications under this subdivision, the approval notice shall specify a date upon which the approval shall expire.
 - (8) At least five (5) business days prior to the expiration of the program flexibility approval, the short-term residential therapeutic program shall submit to the Department or the delegate evidence that the staff member(s) who was the subject of the program flexibility request satisfies all qualification requirements,

DRAFT

evidence that the staff member is no longer employed in a capacity requiring program flexibility, or a written request for an extension with justifications and supporting documents.

- (9) The Department or delegate shall only consider one request for an extension and no extension shall exceed one calendar year.

§ Section 17. In-Service Education

- (a) All full-time short-term residential therapeutic program mental health program staff shall receive a minimum of thirty-two (32) hours per calendar year of ongoing, planned academic and on-the-job in-service education. This thirty-two (32) hour requirement may be prorated for new staff in their first calendar year of employment. Short-term residential therapeutic program mental health program staff who work twenty (20) hours per week or less shall be required to receive sixteen (16) hours per calendar year of in-service education.
- (1) For all staff that have direct contact with children onsite, at least eight (8) hours of the in-service education shall focus specifically on preventing and managing assaultive and self-injurious behavior or other similar crisis services annually.
- (2) In addition to the eight (8) hours of annual training on preventing and managing assaultive and self-injurious behavior, the short term residential therapeutic program shall provide the following minimum subjects for in service education that shall be completed by all mental health program staff:
- (A) Trauma-informed approach to address the needs and goals of children admitted to the short-term residential therapeutic program;
 - (B) Confidentiality of client information;
 - (C) Client rights and civil rights;
 - (D) Monitoring and documenting responses to psychotropic medications and/or other medications to treat mental illness and recognizing possible side effects in children;
 - (E) Mental health services provided onsite, made available through county mental health programs, and all other services made available to children admitted;
 - (F) Suicide prevention services and/or techniques;

DRAFT

- (G) Cultural competence or cultural humility as defined in California Department of Social Services Licensing Standards, Section 8700 (c) (17); and;
 - (H) Collaboration between mental health program and direct care staff to promote integrated delivery of short-term residential therapeutic program services.
- (b) Short-term therapeutic residential programs may provide in-service education through both asynchronous and synchronous distance education and training modalities. Short-term residential therapeutic programs are not required to have all staff physically present at a physical site for in-service education.
 - (c) The short-term residential therapeutic program shall verify and document all trainings provided to mental health program staff by maintaining a record of all trainings. The records shall include the title, date, syllabus or curriculum, sign-in sheets for all attendees and certificate of completion when applicable.
 - (d) Subdivisions (a), (b), and (c) shall only apply to a psychiatrists or physicians, who are the head of service or mental health program staff that have direct contact with children admitted.
 - (e) Short-term residential therapeutic program mental health program staff shall comply with all training requirements in the California Department of Social Services Short-Term Residential Therapeutic Program Interim Licensing Standards Section 87065.1.

§ Section 18. Personnel Records

- (a) Each short-term residential therapeutic program mental health program staff member's personnel file, shall contain the following:
 - (1) A copy of their valid license, waiver, registration, and any other documentation establishing that the individual meets the staff requirements of the short-term residential therapeutic program mental health program.
 - (2) A record of their in-service education, which shall include documentation of attendance for each in-service education activity completed, the date the education occurred, the number of hours, and the subjects covered;
 - (3) A statement signed by the staff member certifying that the staff member has read, understood, and shall comply with these regulations; and
 - (4) A statement signed by the staff member certifying that they have read, understood, and shall comply with their duty statement.

DRAFT

- (b) The short-term residential therapeutic program shall retain mental health program staff personnel records for either: (1) a minimum of ten (10) years from the last date the staff member was employed by the short-term residential therapeutic program; (2) the timeframe outlined in the terms of the provider's contract with the county mental health plan; or (3) until the date of completion of any audit, whichever is later.
- (c) The short-term residential therapeutic program shall ensure that personnel records are available for any requested onsite record review or audit. For the purposes of this section "audit" refers to any investigation of complaints and unusual occurrences, chart reviews, and financial audits. Audits can be conducted by the state, delegate, or federal agencies.
- (d) The record retention period required in this section shall be extended if a short-term residential therapeutic program mental health program staff member's provision of service is subject to any due process proceeding including administrative review and litigation until all appeals have been exhausted.

§ Section 19. Application Review Process for Mental Health Program Approval

- (a) An applicant shall submit a completed application for a MHPA to the Department or to the delegate via e-mail.
- (b) The Department or the delegate shall process an application pursuant to these regulations.
- (c) The Department or the delegate shall provide notice via e-mail to an applicant if the application is determined to be incomplete upon submission.
- (d) An applicant shall provide any missing information within ten (10) business days of the date of the Department's or the delegate's notice provided pursuant to subdivision (c). If the applicant fails to provide the missing information within ten (10) business days, the application shall be denied, and the applicant does not have a right to notice and review. Nothing in this subdivision shall prevent the applicant from submitting a new application.
- (e) The Department or the delegate shall notify an applicant, in writing, of the Department's or the delegate's decision to approve or deny the application within forty-five (45) calendar days of receiving the complete application.
- (f) The Department or the delegate may conduct an onsite review to verify that the applicant meets the requirements of these regulations and related statutes. When deciding if an onsite review for the mental health program approval is required, the Department or the delegate may consider the status and standing of the short-

DRAFT

term residential therapeutic program licensure with California Department of Social Services and the completed Medi-Cal mental health certification.

- (1) The onsite review shall include a review of the client records for children admitted to the program at the time of the review, if at least one child is admitted.
- (2) If the applicant has not admitted any children, in the application, the applicant shall notify the Department or the delegate of the date it intends to begin admissions. The Department or delegate may require a preliminary onsite review of the short-term residential therapeutic program before the mental health program may begin to provide onsite services to admit children.
 - (A) The applicant shall notify the Department or the delegate in writing within twenty-four (24) hours of the admission of the first child.
 - (B) The Department or delegate shall conduct an onsite review within forty-five (45) calendar days of receiving notice of the first admission.
- (g) Except when an application is denied for having missing information, an applicant shall have the right to notice and review pursuant to Section 28, when the Department or the delegate has denied an application.

§ Section 20. Duration of Mental Health Program Approval

MHPA shall be for one (1) calendar year from the date of issuance.

§ Section 21. Requirement to Post Mental Health Program Approval

The MHPA, or a true and correct copy thereof, shall be posted in a conspicuous location in the facility.

§ Section 22. Renewal of Mental Health Program Approval

- (a) The Department or the delegate shall conduct an annual onsite review to determine whether the short-term residential therapeutic program continues to meet all requirements of these regulations and related statutes. This onsite review shall include a review of program compliance, a sample review of the client records of children who have been admitted to the short-term residential therapeutic program, and personnel records of mental health program staff.
- (b) If the results of this onsite review indicate that the short-term residential therapeutic program continues to meet the requirements of these regulations and related statutes, the mental health program approval shall be renewed. The

DRAFT

Department or delegate shall notify the short-term residential therapeutic program, in writing of the renewal within sixty (60) calendar days of the onsite review.

- (c) If the results of the onsite review indicate that the short-term residential therapeutic program does not meet the requirements of these regulations and related statutes, a notice of non-compliance of the mental health program approval will be issued. The Department or delegate shall notify the short-term residential therapeutic program, in writing of non-compliance with an explanation of the reasons within sixty (60) calendar days of the onsite review, unless the Department or delegate determines that additional time to come into compliance is warranted. A short-term residential therapeutic program that receives notice of non-renewal may request review pursuant to Section 28 of these regulations.
- (d) The Department or delegate shall notify the California Department of Social Services of the renewal or non-renewal of the mental health program approval for each licensed short-term residential therapeutic program facility.
- (e) Pending the issuance of a renewal pursuant to subdivision (b) or the notification of non-renewal pursuant to subdivision (c), the current MHPA shall remain in effect.

§ Section 23. Delegation of Mental Health Program Approval

- (a) If the Department has delegated approval tasks to the county mental health plan, the county mental health plan is deemed the delegate for all purposes related to short-term residential therapeutic programs within its county or county's' borders and is subject to these delegation regulations for short-term residential therapeutic programs.
 - (1) The delegate shall process all applications for short-term residential therapeutic program mental health program approval from licensed short-term residential therapeutic programs within its county or county's' borders, whether the delegate has a contract with the short-term residential therapeutic program to serve the delegate's Medi-Cal beneficiaries.
 - (2) A county mental health plan shall not have delegate authority over short-term residential therapeutic program mental health programs located outside of its county or county's' borders.
- (b) The delegate shall oversee and enforce compliance with all short-term residential therapeutic program mental health program standards, except through the imposition of monetary penalties.
- (c) The delegate shall comply with the following requirements:
 - (1) Within five (5) business days of issuance, send via email to the Department and to the California Department of Social Services, a copy of the short-term

DRAFT

residential therapeutic program MHPA, denial, renewal, non-renewal, or revocation of approval, notice of noncompliance, and onsite review report.

- (2) Submit documents or any other official communication upon request by the Department.
- (3) Maintain a file for each short-term residential therapeutic program. The file shall contain all documents submitted to the delegate by the short-term residential therapeutic program pursuant to these regulations. The file shall contain all documents issued to the short-term residential therapeutic program by the delegate, pursuant to these regulations. The file shall contain all documents to and from the Department related to the short-term residential therapeutic program. The delegate shall:
 - (A) Retain a complete file for all facilities with an active short-term residential therapeutic program MHPA.
 - (B) Retain complete files for denied applications and closed short-term residential therapeutic programs for a period of ten (10) years.
- (4) The delegate shall consult telephonically or in writing with the Department prior to denying an application or imposing a corrective action plan.
- (5) Upon request, the delegate shall provide the Department with a current tracking log of all approved, denied, and, and noncompliance reports for short-term residential therapeutic program mental health programs within thirty (30) calendar days.
- (d) The Department may inspect or audit the delegate at any time to ensure compliance with state and federal laws and regulations applicable to the short-term residential therapeutic program mental health program. The delegate shall submit any records, documents, and information requested by the Department within thirty (30) calendar days of the request.
- (e) The Department shall have authority at any time to override a decision by a delegate, provide technical assistance, and direct a particular delegate action consistent with policy guidance, regulations, and statutes.
 - (1) The delegate may request technical assistance and direction from the Department at any time.
 - (2) In delegate counties, the short-term residential therapeutic program shall direct questions to the delegate. When responding, the delegate shall provide the answer in writing.

DRAFT

- (f) All counties shall satisfy inquiries of applicants regarding whether the approval task has been delegated or remains with the Department.
- (g) If a county that is not a delegate receives a short-term residential therapeutic program mental health program approval application, the county shall notify the short-term residential therapeutic program that it is not a delegate, return the application to the applicant, and refer the applicant to the Department.

§ Section 24. Oversight

- (a) At any time, the Department and/or delegate may conduct onsite reviews, with or without notice, for the purpose of determining that the short-term residential therapeutic mental health program is in compliance with the provisions of these regulations, including investigation of complaints. The short-term residential therapeutic program must preserve and provide documented evidence that it is meeting the requirements set forth in these regulations, which shall include, but not be limited to, personnel records of attendance, personnel qualifications, in-service education records, policies and procedures, client records, any video and audio surveillance, and written agreements with any providers of mental health services. This onsite review shall include a review of the client records for children admitted to the program at the time of the review. Documents requested must be made available to the reviewer conducting the onsite review.
- (b) The Department or delegate, whichever conducts the onsite review, shall prepare a written onsite review report, and identify any corrective actions that are required, and shall provide the short-term residential therapeutic program with a copy.
- (c) The short-term residential therapeutic program shall make available onsite, a distinct space that is separate and apart from common areas for the Department or delegate to conduct interviews of children and staff and examine records.

§ Section 25. Complaints

- (a) Any person may submit a complaint to the Department or delegate concerning the short-term residential therapeutic program mental health program. The Department or delegate shall investigate the complaint to determine whether the short-term residential therapeutic program's mental health program is out of compliance with the requirements of these regulations or related statutes.
- (b) The California Department of Social Services shall report to the Department and delegate when there is reasonable cause to believe that a short-term residential therapeutic program is not in compliance with these regulations or related statutes.

DRAFT

- (c) A complaint may be made to the Department or delegate either orally or in writing.
- (d) The delegate shall provide the Department with a copy of any written complaint related to the short-term residential therapeutic program mental health program within twenty-four (24) hours of receipt, excluding weekends and holidays. The delegate shall provide the Department with a written summary of any oral complaint related to the short-term residential therapeutic program mental health program within twenty-four (24) hours of receipt, excluding weekends and holidays. For any complaint received on a weekend or holiday, the delegate shall provide the Department with a copy or written summary on the next business day.

§ Section 26. Noncompliance

- (a) When the Department or the delegate determines that a short-term residential therapeutic program is not in compliance with provisions of these regulations or the provisions of its approved short-term residential therapeutic program mental health program statement, the Department or the delegate shall issue a notice of noncompliance. This notice shall include details of the noncompliance, a date by which the short-term residential therapeutic program must correct the noncompliance, and a requirement that the short-term residential therapeutic program submit and comply with a corrective action plan, which is subject to the Department's or the delegate's approval.
- (b) The date for correcting the noncompliance shall be:
 - (1) Twenty-four (24) hours or less from the date the Department or delegate discovered the noncompliance if there is an immediate threat to the physical health, mental health, or safety of the children.
 - (2) No more than thirty (30) calendar days following issuance of the notice of noncompliance, unless the Department or delegate determines that the deficiency cannot be completely corrected in thirty (30) calendar days.
- (c) If the Department or delegate does not approve the short-term residential therapeutic program's corrective action plan, the Department or the delegate may require the short-term residential therapeutic program to comply with a specific corrective action and timeline for completion.
- (d) The Department or the delegate may revoke the approval of a short-term residential therapeutic program mental health program for noncompliance with any applicable laws or any provision within the program statement. The Department or delegate may revoke a short-term residential therapeutic program mental health program approval in the event that California Department of Social Services institutes proceedings to revoke the short-term residential therapeutic program's licensure.

DRAFT

- (e) The Department or delegate shall revoke the short-term residential therapeutic program mental health program approval when short-term residential therapeutic program's licensure has expired or has been revoked.

§ Section 27. Written Notice of Action to California Department of Social Services

Within five (5) business days, the Department or the delegate shall provide via email to the California Department of Social Services, a notice of action regarding a revocation or non-renewal of a short-term residential therapeutic program mental health program approval.

§ Section 28. Notice and Review Procedures

- (a) When the Department or delegate takes action to revoke or not renew the short-term residential therapeutic program MHPA certification, the short-term residential therapeutic program shall be given written notice via e-mail. The notice shall be accompanied by a statement setting forth the reasons and justifications for the action including any documents or information relied upon.
- (b) Department or delegate shall inform the short-term residential therapeutic program of the right to an appeal and the procedure for requesting an appeal, and the review of the action to revoke or not renew MHPA.
- (c) A short-term residential therapeutic program may request review of an action to revoke or not renew the short-term residential therapeutic MHPA certification by sending a written request for review via e-mail. An appeal request for review must be submitted no later than fifteen (15) calendar days after receipt of the notification required by subsection (a).
- (d) A short-term residential therapeutic program requesting review in accordance with this section, shall be responsible for submitting in writing all documents, information, and arguments which the short-term residential therapeutic program wishes to be considered during the review. The documents, information, and arguments which the short-term residential therapeutic program wishes to be considered, may be submitted with the request for review or sent separately by via e-mail, no later than thirty (30) calendar days after receipt of the notice required in subsection (a).
- (e) The Department shall review the notice and written justification for the action required by subsection (a), the request for appeal and review submitted by the short-term residential therapeutic program, and the documents, information, and arguments submitted by the short-term residential therapeutic program required by subsection (c). If deemed necessary for completion of the review, the

DRAFT

Department may request clarification or additional information from the short-term residential therapeutic program.

- (f) A proposed decision to either affirm or modify the action to revoke or not renew the short-term residential therapeutic program's MHPA, shall be prepared.
- (g) The Department may adopt the proposed decision as written, order the proposed decision to be modified, or direct that additional information be obtained.
- (h) A proposed decision shall become final when adopted by the Department. Notice of the decision and a copy of the decision shall be sent to the short-term residential therapeutic program via e-mail. A decision adopted by the Department which affirms the action regarding the action taken to revoke or not renew the certification of the program, shall become effective upon receipt by the short-term residential therapeutic program.
- (i) If the final decision of the Department grants the short-term therapeutic residential program's appeal, the short-term residential therapeutic program must come into compliance with federal and state requirements and resolve all outstanding compliance findings in a timeframe set by the Department.
- (g) If the Department revokes or does not renew the short-term residential therapeutic program's MHPA program, or the short-term therapeutic programs surrenders the facility's MHPA, the licensee of the short-term residential therapeutic program facility may be prohibited from opening, managing, directing, operating, or owning another licensed facility with a MHPA.

§ Section 29. Program Flexibility Requirements and Procedures

- (a) The Department or delegate will only consider program flexibility requests pertaining to head of service and staffing characteristics requirements, as specified in these regulations.
- (b) To request program flexibility, the short-term residential therapeutic program shall submit via e-mail with supporting documentation to the Department or delegate, if the Department has delegated approval authority. The e-mail shall identify the flexibility requested, the regulation authorizing flexibility, and the reasons for the program flexibility request.
- (c) The Department or the delegate may require additional information or documents.
- (d) To reach a decision, the Department or the delegate may consider the reasons for the request, current or prior history of program flexibility, the short-term residential therapeutic program's census, experience and education of staff, frequency of deficiencies, severity of deficiencies, as well as any other relevant considerations,

DRAFT

including the mental health diagnosis, acuity, and needs of the children in the program.

- (e) The Department shall decide program flexibility requests unless the Department has delegated the approval task to the county mental health plan, referred to as the delegate. If the Department has delegated the approval task to the county mental health plan, the delegate shall decide the request for program flexibility in compliance with this section, the authorizing regulation, and the specific additional requirements as specified in these regulations.
- (f) The decision related to the program flexibility request shall be via an e-mail and include an authorized electronic signature. The Department or the delegate may approve a flexibility request for the term of the short-term residential therapeutic program mental health program approval or for a shorter duration. In granting a flexibility request, the Department or the delegate shall impose any additional requirements it deems necessary to ensure safety and to ensure that medically necessary mental health services are provided to children consistent with their individual needs. These additional requirements will be applicable during the time the flexibility request is approved. The additional requirements shall be written, measurable, and enforceable. The Department or delegate's decision to approve or deny the flexibility request is effective the date it is signed. The decision is final and is not subject to notice and review.
- (g) A short-term residential therapeutic program shall post in a conspicuous location at the short-term residential therapeutic program any approval received from the Department or delegate granted under this section, or a true and correct copy thereof.
- (h) A short-term residential therapeutic program that has received flexibility approval shall comply with all conditions specified by the Department or delegate.
- (i) The Department or delegate may revoke an approved flexibility request at any time revocation is final and not subject to notice and review.
- (j) The Department has ultimate authority to revoke or override a delegate's program flexibility approval at any time. The Department's decision is effective the date it is signed. The decision is final and is not subject to notice and review.
- (k) The Department's or delegate's approval of the flexibility request shall not be construed to exempt a provider of Medi-Cal services from compliance with applicable state and federal laws and regulations for Medi-Cal reimbursement.

§ Section 30. Delegate Program Flexibility Determinations-Specific Additional Requirements

DRAFT

- (a) A delegate shall only approve a request for flexibility if the flexibility is specifically authorized in the regulation(s) for which the short-term residential therapeutic program is seeking flexibility.
- (b) A delegate's approval of the flexibility request shall be submitted via e-mail and include any additional requirements the delegate has deemed necessary. The terms of the flexibility request approval shall include the following minimum assurances:
 - (1) The delegate has verified that the short-term residential therapeutic program mental health program approval is in good standing and there are no unresolved incidents of non-compliance, pending revocations, or incomplete corrective actions.
 - (2) The delegate has verified that flexibility is specifically permitted in the regulation(s) for which flexibility is requested and is not a licensing requirement or other mandatory requirement per state statute or federal law.
 - (3) The delegate has verified that the requested flexibility provides equal or better safeguards than the short-term residential therapeutic program mental health program approval regulations to ensure that medically necessary mental health treatment services are provided to children consistent with their individual needs.
 - (4) The delegate has verified that the requested flexibility will not reduce safety or pose an increased risk of harm to children who reside or will reside in the short-term residential therapeutic program.
 - (5) The delegate has verified that the requested flexibility is or would be consistent with other flexibility requests granted by the delegate and the Department.
 - (6) The delegate has verified that the requested flexibility is consistent with the intent of the MHPA regulations.
 - (7) The delegate has verified that the requested flexibility will not conflict with other short-term residential therapeutic program MHPA regulations.
 - (8) The delegate has verified either of the following:
 - (A) No additional requirements are necessary to ensure children's safety nor to ensure that medically necessary mental health treatment services are provided to children consistent with their individual needs; or
 - (B) Additional requirements are necessary to ensure children's safety or to ensure that medically necessary mental health treatment services are

DRAFT

provided to children consistent with their individual needs and the delegate has imposed these additional requirements in its written approval.

- (c) The delegate shall provide a copy of its approval and assurances, denial, and revocation of a flexibility request to the Department and to the short-term residential therapeutic program that has requested flexibility.
- (d) If the delegate is unable to verify that the flexibility will be safe and consistent with the intent of these regulations and therefore cannot provide the required assurances, the delegate shall deny the flexibility request. The delegate shall issue a written denial of a flexibility request that includes the basis for the denial and may include program recommendations. The delegate's denial is effective the date it is signed by the delegate and the delegate shall send a copy of the written denial to the Department and to the short-term residential therapeutic program that has requested flexibility.
- (e) If the delegate determines it is unclear whether the program flexibility request should be approved or denied, the delegate may deny the request or may submit the program flexibility request and all supporting documentation to the Department for the Department to make a final determination. The Department shall issue a written decision to approve or deny the program flexibility to the delegate and the short-term residential therapeutic program that has requested flexibility. The Department's decision is effective the date the Department signs the decision. The decision is final and is not subject to notice and review.

§ Section 31. Record of Compliance

The short-term residential therapeutic program shall keep a record, including written documentation, of its compliance with regulations and statutes applicable to the mental health program. The short-term residential therapeutic program shall keep the written documentation and other records onsite.

§ Section 32. Record Retention Requirements

- (a) The short-term residential therapeutic program shall retain each client record for a minimum of ten (10) years from the child's discharge from the short-term residential therapeutic program. Short-term residential therapeutic programs shall ensure that client records are available for any requested onsite record review or audit. For purposes of this section, "audit" refers to any investigation of complaints and unusual occurrences, chart reviews, and financial audits. Audits can be conducted by the state, delegate, or federal agencies.
- (b) The client and personnel record retention periods required in this section shall be extended if a short-term residential therapeutic program mental health program

DRAFT

staff member's provision of service is subject to any due process proceeding including administrative review and litigation until all appeals have been exhausted.

CONFIDENTIAL