



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



**INTERIM MENTAL HEALTH PROGRAM APPROVAL  
FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS**

<b>NAME OF FACILITY:</b>		<b>PROGRAM APPROVAL NUMBER:</b>		<b>LICENSE NUMBER:</b>
		<b>EXPIRATION DATE:</b>		<b>DATE ISSUED:</b>
		<b>REVIEW DATE:</b>		<input type="checkbox"/> <b>INITIAL REVIEW</b> <input type="checkbox"/> <b>ANNUAL REVIEW</b>
<b>STREET ADDRESS:</b>		<b>BED CAPACITY:</b>		<b>CURRENT CENSUS:</b>
<b>CITY:</b>	<b>ZIP CODE:</b>	<b>COUNTY:</b>	<b>TELEPHONE NUMBER:</b>	
<b>HEAD OF SERVICE AND PROFESSIONAL LICENSE:</b>				
<b>REVIEWERS:</b>			<b>REVIEWERS' PROFESSIONAL TITLES:</b>	

YES	NO	N/A		Comments
			<b>Section 1. Mental Health Program Application Content</b>	
			The application shall, at a minimum, contain the following information:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) A completed Application for Approval of Short-term Residential Therapeutic Program - Mental Health Program (DHCS Form _____ dated _____), which contains:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) The name or proposed name and address of the short-term residential therapeutic program	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Name, residence, and mailing address of applicant.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) A written mental health program statement for the Short-term Residential Therapeutic Program that meets the requirements of <b>Section 3</b> .	
			<b>Section 2. Mental Health Program Approval of Separate Premises</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) A separate mental health approval is required for each short-term residential therapeutic program located on separate premises. A separate mental health approval is not required for separate residential units on adjoining lots provided that the short-term residential therapeutic program operates as one program using the same administrator and head of service.	
			<b>Section 3. Mental Health Program Statement</b>	
			(a) The mental health program statement shall be written and include the following:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) The program description, which shall include the proposed anticipated length of stay and transition determination that meets the requirements of <b>Section 13</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) A description of the short-term residential therapeutic program's proposed population including age range, gender, ethnicity, culture, and special needs;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) A description of each of the mental health treatment services that the applicant will be certified to directly provide to children as medically necessary during their stay in the short-term residential therapeutic program. These services shall include at minimum: (A) Medication Support Services as defined in <b>Section 1810.225</b> ,	

YES	NO	N/A		Comments
			(B) Crisis Intervention as defined in <b>Section 1810.209</b> , (C) Mental Health Services as defined in <b>Section 1810.227</b> , and (D) Targeted Case Management as defined in <b>Section 1810.249</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) An emergency intervention plan that includes policies for interventions for children who present an imminent danger for injuring or endangering self or others pursuant to <b>Section 87095.22 of Title 22 of the California Code of Regulations</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Staffing policies and procedures demonstrating the short-term residential therapeutic program's capability to provide medically necessary mental health treatment services to children. Such policies and procedures shall include the following, at minimum:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Job descriptions and staffing patterns for the head of service, licensed mental health professionals, and other direct service program staff who will provide medically necessary mental health treatment services to children in the short-term residential therapeutic program.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) The name of the proposed head of service and documentation evidencing that he or she is qualified in accordance with this protocol.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) A staffing organizational chart, which lists job descriptions, staff-to-child ratios, and professional licenses, if applicable, of the direct service program staff providing mental health treatment services to children in the short-term residential therapeutic program.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) A detailed staff training plan describing direct service program staff orientation procedures, in-service education requirements, and required continuing education activities, to ensure compliance with procedures contained in the mental health program statement.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) A procedure for recording progress notes in the child's client record.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) A procedure and criteria for admission and transition.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) A procedure for medication storage, administration, and monitoring.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) A description and true and correct copy of each agreement, contract, or memorandum of understanding with participating private or public mental health providers.	

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11) A procedure for involving the child, parent, conservator, tribal representative, and/or person identified by the court to participate in the decision to place the child in the short-term residential therapeutic program, and child and family team, if applicable, in the development of the child's needs and services plan and transition determination.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) A short-term residential therapeutic program must operate its mental health program in compliance with the submitted and approved mental health program statement.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Any changes to the mental health program statement are subject to Department or delegate approval and shall be submitted in writing, mailed, e-mailed, or faxed to the <b>Department or delegate sixty (60) calendar days</b> prior to the anticipated date of implementing the change.	
			<b>Section 4. Notification to Department and Delegate</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) The short-term residential therapeutic program shall notify the Department and delegate of any of the following: a change in the head of service, change of the name of the short-term residential therapeutic program, change of location of the short-term residential therapeutic program, and change of the mailing address of the short-term residential therapeutic program.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) The short-term residential therapeutic program shall obtain Department or delegate approval prior to any increases in licensed bed capacity and notify the Department and delegate of any decreases to the licensed bed capacity of the short-term residential therapeutic program.	
			<b>Section 5. Client Record Documentation and Retention</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) The short-term residential therapeutic program shall ensure that each child residing in the short-term residential therapeutic program has an accurate and complete client record.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) The client record shall be confidential and the short term residential therapeutic program shall only disclose the client 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 record shall include:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) The intake summary;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) A needs and services plan;	

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Progress notes;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Monthly clinical review reports;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Written informed consent for prescribed psychotropic medication, pursuant to applicable law;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) A copy of any court orders or judgments regarding physical or legal custody of the child, conservatorship or guardianship of the child, the child's probation, or establishing the child is a ward or dependent of the court.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Documentation indicating each date and name(s) of individuals or groups of individuals who have participated in the development of the needs and services plan and the transition determination: the child, parent, guardian, conservator, tribal representative, child and family team, and/or person identified by the court to participate in the decision to place the child in the short-term residential therapeutic program.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) A transition determination plan, which meets the requirements of <b>Section 13.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) The short-term residential therapeutic program shall retain each child's client record for a minimum of ten years from the child's transition, final date of the contract period, or until the date of completion of any audit, whichever is later. For the purposes of this section, "contract period" refers to the mental health plan contract between the state and the mental health plan that is responsible to arrange and pay for specialty mental health services for the child. 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. The retention period required in this section shall be extended if the child's treatment is subject to any due process proceeding including administrative review and litigation until all appeals have been exhausted.	
			<b>Section 6. Intake Summary</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The intake summary shall be completed and signed by a member of the direct service program staff within five calendar days of admission. The intake summary shall include:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Current diagnosis;	

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) The reasons for referral;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Anticipated length of stay;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Medical history;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Academic and school history;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Social history, including the child's strengths and challenges;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Family history including the child's strengths and challenges;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Work history, if applicable;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i) Medications currently prescribed;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j) A statement that the child meets the criteria for admission established in <b>California Welfare and Institutions Code Section 11462.01(b)</b> : (1) The child does not require inpatient care in a licensed health facility, (2) The child has been assessed as requiring the level of services provided in a short-term residential therapeutic program in order to maintain the safety and well-being of the child or others due to behaviors, including those resulting from traumas, 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 settings, such as with a relative, guardian, foster family, resource family, or adoptive family. (3) The child meets at least one of the following conditions: (A) The child has been assessed, pursuant to Section 4096 of the Welfare and Institutions Code, as meeting the medical necessity criteria for Medi-Cal specialty mental health services, as provided	

YES	NO	N/A		Comments
			<p>for in Section 1830.205 or 1830.210 of Title 9 of the California Code of Regulations.</p> <p>(B) The child has been assessed, pursuant to Section 4096 of the Welfare and Institutions Code, as seriously emotionally disturbed, as defined in subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.</p> <p>(C) The child requires emergency placement pursuant to paragraph (3) of subdivision (h).</p> <p>(D) The child has been assessed, pursuant to Section 4096 of the Welfare and Institutions Code, as requiring the level of services provided by the short-term residential therapeutic program in order to meet his or her behavioral or therapeutic needs.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(k) A plan for the short-term residential therapeutic program to ensure that the child receives any medically necessary mental health services that the short-term residential therapeutic program is not certified or qualified to provide to children directly. If the child is a Medi-Cal beneficiary, this plan shall include how the short-term residential therapeutic program will ensure that the child receives medically necessary Medi-Cal specialty mental health services.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(l) A signed statement by the head of service that he or she has considered the needs of the child established in <b>(a) – (k)</b> , has considered the safety of the child and of the children already admitted to the short-term residential therapeutic program, and based on these considerations affirms that admitting the child is appropriate.	
			<b>Section 7. Mental Health Assessment</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A mental health assessment shall be completed by a <b>licensed mental health professional within five (5) calendar days</b> of a child's admission. To meet this requirement, the short-term residential therapeutic program may rely on a mental health assessment that was performed by a licensed mental health professional or interagency placement committee or an assessment that was certified by a licensed mental health professional or an otherwise recognized provider of mental health services acting within his or her scope of practice up to sixty (60) calendar days prior to admission unless a licensed mental health professional determines it is more clinically appropriate to complete a more current mental health assessment. The mental health assessment shall include a mental status examination.	

YES	NO	N/A		Comments
			<b>Section 8. Needs and Services Plan</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each child admitted to a short-term residential therapeutic program shall have Needs and Services Plan as required by <b>Section 87068.2 of Title 22 of the California Code of Regulations</b> , reviewed and signed by a licensed mental health professional or the head of service or any other related discipline designated by the head of service within ten calendar days of admission. The Needs and Services Plan shall:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Include identified specific behavioral goals for the child and specific mental health treatment services the short-term residential therapeutic program will provide to assist the child in accomplishing these goals within a defined period of time.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Include transition goals that are general indicators of the child's readiness for transition to alternative treatment settings, which may include returning to the child's home.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Include the child's participation and agreement and when applicable, include participation of the child and family team, parent, guardian, conservator, tribal representative and/or person identified by the court to participate in the decision to place the child in the short-term residential therapeutic program. If the child is a Medi-Cal beneficiary and is unable to agree or refuses to agree to the needs and services plan, that refusal shall be documented in accordance with <b>Section 1810.440(c)(2)(B) of the California Code of Regulations</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Be reviewed by a member of the direct service program staff at least every thirty calendar days.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) If the child is a Medi-Cal beneficiary and the short-term residential therapeutic program will use the needs and services plan to meet the Medi-Cal requirements for a client plan, defined in 1810.205.2 of Title 9 of the California Code of Regulations, the needs and services plan shall also meet the Medi-Cal requirements for a client plan, which may include a requirement for co-signature of a professional directing services.	
			<b>Section 9. Progress Notes</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Progress notes shall be written to document a child's participation and responses to mental health treatment services. The progress notes shall be maintained in the child's client record.	
			(b) On the same day as the mental health treatment service(s), the progress note(s) shall be signed and dated by the direct service program staff member(s) who provided the service.	



YES	NO	N/A		Comments
			(c) A licensed mental health professional or head of service shall review the progress notes on a regular basis, but not less than every seven calendar days. The licensed mental health professional or head of service who has reviewed the progress notes shall notate this review in a progress note that shall be signed and dated at the time of the review.	
			<b>Section 10. Transition Determination Plan</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) A transition determination plan shall be developed, completed, and signed by a member of the direct care program staff prior to the date the child transitions out of the short-term residential therapeutic program. A copy shall be provided, as applicable, to the parent, guardian, conservator, or person identified by the court to participate in the decision to place the child in the short-term residential therapeutic program. The transition determination plan shall include:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) The reason for admission;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) The reason for transition, referencing the child's transition planning goals, or another the reason for the child's transition to an alternative treatment setting.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) The course of treatment during the child's admission, including mental health treatment services, medications, and the child's response.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) The child's diagnosis at the time of transition.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Non-mental health medical and dental services provided to the child during the time he or she was admitted.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) The child's aftercare plan, which shall include, the following components: (a) The nature of the child's diagnosis and follow-up required. (b) Medications, including side effects and dosage schedules. (c) Expected course of recovery. (d) Recommendations regarding treatment that are relevant to the child's care. (e) Educational information, including grade level functioning, and any special education needs. (f) Referrals to providers of medical and mental health services. (g) Other relevant information.	

YES	NO	N/A		Comments
			<b>Section 11. Medication Control and Monitoring</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) A prescribing physician shall examine each child prior to prescribing any psychotropic medication and include a screening to determine whether there are potential medical complications that may contribute to the child's mental health condition. This examination shall be noted in the child's client record.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) The prescribing physician shall sign a written medication review for each child prescribed psychotropic medication as clinically appropriate, but at <b>least every six weeks</b> . This review may be prepared by a direct service program staff member acting within the scope of his or her practice and shall be included in the child's client record. The medication review shall include:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Observations of any side effects and review of any side effects reported by the child or noted in the child's client record.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) The child's response to each psychotropic medication currently prescribed and the child's perspective on the effectiveness of the medications.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) The child's compliance with the medication plan.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Justification for continued medication use or any changes to the medication plan.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) A statement that the prescribing physician has considered the goals and objectives of the child as listed in the child's needs and services plan and that the medication prescribed is consistent with those goals and objectives.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) A psychiatrist shall review the course of treatment for all children who are not on psychotropic medication at <b>least every ninety (90) days</b> and include the results of this review in a progress note signed by the psychiatrist at the time the review is completed.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Psychotropic medications for a child placed in a short-term residential therapeutic program shall be administered in accordance with all applicable state and federal laws, which include but are not limited to laws related to informed consent, documentation of informed <b>consent, and California Welfare and Institutions Code Sections 369.5 and 739.5.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) A member of the direct service program staff shall document the following in the child's client record: the date and time the child has ingested any prescribed or non-prescription medication and any side-effects that the child has experienced either reported by the child or as observed by the direct service program staff member.	

YES	NO	N/A		Comments
			<b>Section 12. Mental Health Treatment Services</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) The short-term residential therapeutic program shall make available for each child structured mental health treatment services in the day and evening, seven days per week, according to the child's needs as indicated on the child's needs and services plan.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) The short-term residential therapeutic program shall ensure that the following minimum mental health treatment services are available to children as medically necessary:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Mental health services as defined in <b>Section 1810.227 of Title 9 of the California Code of Regulations.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Medication support services as defined in <b>Section 1810.225 of Title 9 of the California Code of Regulations.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Day treatment intensive as defined in <b>Section 1810.213 of Title 9 of the California Code of Regulations.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Day rehabilitation as defined in <b>Section 1810.212 of Title 9 of the California Code of Regulations.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Crisis intervention as defined in <b>Section 1810.209 of Title 9 of the California Code of Regulations.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Therapy as defined in <b>Section 1810.250 of Title 9 of the California Code of Regulations.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Targeted Case Management as defined in <b>Section 1810.249 of Title 9 of the California Code of Regulations.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Psychiatrist Services;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Psychologist Services as defined in <b>Section 1810.241 of Title 9 of the California Code of Regulations.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) EPSDT Supplemental Specialty Mental Health Services as defined in <b>Section 1810.215 of Title 9 of the California Code of Regulations.</b>	
			<b>Section 13. Clinical Review Report and Transition Determination</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A licensed mental health professional shall perform a clinical review <b>every ninety (90) days</b> of the child's status and progress in treatment to determine whether the child should continue admission in the program or be transitioned to a different level of care. The licensed mental health professional shall make the determination in consultation with the placing agency or agencies, if applicable. A report documenting this clinical review shall be maintained in the child's client record. The clinical review report shall include the following:	

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) A summary of the types and frequency of services provided to the child and the impact of these services on the child's achievement of the goals outlined in the child's needs and services plan.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Consideration of input from the child and any outside information regarding the child's mental health status from other sources, including but not limited to the child's family, probation department, county welfare department, county mental health department, education department, and the child's child and family team, if applicable.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Justification for the decision for continued stay or transition of the child based on the child's client record and licensed mental health professional's clinical opinion.	
			<b>Section 14. Head of Service</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) The short-term residential therapeutic program shall have a head of service employed <b>forty hours per week</b> and responsible for managing the short-term residential therapeutic program in compliance with this protocol and applicable laws and regulations.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) The head of service may also serve as the administrator of a short-term residential therapeutic program, but may not serve as the head of service or administrator for more than one short-term residential therapeutic program.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) 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.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) The head of service shall be responsible for ensuring that children receive appropriate mental health treatment services and that the mental health treatment services are documented and reports are completed timely as required by this protocol.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) If the head of service is not a physician, psychologist, licensed clinical social worker, marriage and family therapist, registered nurse, or waived/registered professional, the head of service shall perform the head of service duties under the direction of one or more of the following: <ol style="list-style-type: none"> <li>1) Physician</li> <li>2) Psychologist</li> <li>3) Licensed Clinical Social Worker</li> <li>4) Marriage and Family Therapist</li> <li>5) Registered Nurse</li> <li>6) Waivered/Registered Professional if the waived/registered professional is supervised by a licensed mental health professional in accordance with applicable laws and regulations.</li> </ol>	

YES	NO	N/A		Comments
			<b>Section 15. Staff Characteristics, Qualifications and Duties</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) All licensed, waived, and 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.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Adequate numbers and qualifications of direct service program staff shall be employed, present in the short-term residential therapeutic program, awake, and on duty <b>seven days per week</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) A short-term residential therapeutic program shall have at least one full-time equivalent direct service program staff from the following list employed for each <b>six children</b> or fraction thereof admitted to the program:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Physicians	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Psychologists or psychologists who have received a waiver pursuant to <b>Welfare and Institutions Code Section 5751.2</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Licensed Clinical Social Workers or registered professionals pursuant to <b>Welfare and Institutions Code Section 5751.2</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Marriage, Family and Child Counselors or registered professionals pursuant to <b>Welfare and Institutions Code Section 5751.2</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Registered Nurses	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Licensed Professional Clinical Counselor or registered professionals pursuant to <b>Welfare and Institutions Code Section 5751.2</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Licensed Vocational Nurses	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Psychiatric Technicians	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Occupational Therapists	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) Mental Health Rehabilitation Specialists as defined in <b>Section 630 of Title 9 of the California Code of Regulations</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Of the direct service program staff required in subdivision (c), a short-term residential therapeutic program shall have one half-time equivalent licensed mental health professional employed for each <b>six children</b> or fraction thereof admitted to the program. A licensed mental health professional who is employed to meet this requirement may also be the head of service, if employed at least <b>forty hours per week</b> .	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) The short-term residential therapeutic program shall have a psychiatrist on the premises or available 24 hours per day.	
			(f) Nothing in this section shall be construed to prohibit short-term residential therapeutic programs from utilizing direct care staff as defined in <b>Section</b>	

YES	NO	N/A		Comments
			<p><b>87001 of Title 22</b> to meet the staffing requirements of subdivision (c) if the direct care staff members are from the list of individuals described in subdivision (c)(1) -(10).</p> <p>(g) Nothing in this section shall be construed to prohibit short-term residential therapeutic programs from utilizing direct care staff as defined in Section 87001 of Title 22 to meet the licensed mental health professional requirement of subdivision (d) if the direct care staff members are licensed mental health professionals.</p>	
			<p>(h) The Department, or delegate if the approval task has been delegated, may require a short-term residential therapeutic program to provide additional direct service program staff if the Department or delegate determines that additional staff are needed to provide for the health, safety, and mental health treatment services needs of the children residing at the short-term residential therapeutic program. The Department or delegate will notify the short-term residential therapeutic program in writing when additional direct service program staff are required.</p>	
			<b>Section 16. In-Service Education</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(a) All direct service program staff shall receive <b>twenty (20) hours per year</b> of ongoing, planned academic and on-the-job in-service education. This twenty-hour requirement may be prorated for part-time direct service program staff. For example, a direct care program staff member who works <b>twenty (20) hours per week</b> will be required to receive <b>ten hours</b> per year of in-service education. The education shall include, but not be limited to, the following:</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Client-centered and trauma-informed approach to addressing the needs and goals of children admitted to the short-term residential therapeutic program;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Suicide prevention techniques;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Preventing and managing assaultive and self-injurious behavior;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Cultural competence;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Interpersonal relationship and communication skills;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Confidentiality of client information;	

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Client rights and civil rights;	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Monitoring and documenting responses to psychotropic medications and recognizing possible side effects in children and adolescents.	
			<b>Section 17. Personnel Records</b>	
			<p>(a) Each direct service program staff member's personnel file shall contain the following:</p> <ul style="list-style-type: none"> <li>(1) a record of his or her in-service education, which shall include the signature of the staff member for each in-service education activity completed, the date the education occurred, the number of hours, and the subjects covered.</li> <li>(2) a copy of his or her valid license, waiver, registration, and any other documentation establishing that the individual meets the requirements of being included as a member of the direct service program staff.</li> </ul> <p>(b) The short-term residential therapeutic program mental health program shall retain direct service program staff personnel records for a minimum of ten years from the contract period in which the direct service program staff member provided mental health treatment services or until the date of completion of any audit, whichever is later. For the purposes of this section, "contract period" refers to the mental health plan contract between the state and the mental health plan that is responsible to arrange and pay for specialty mental health services. 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. The retention period required in this section shall be extended if the direct service 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.</p>	
			<b>Section 18. Medi-Cal Certification Required Every 3 Years</b>	
			<b>Beneficiary Informing Materials</b>	

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(a) Regarding written information in English and the threshold languages to assist beneficiaries in accessing specialty mental health services, at a minimum, does the provider have the following information available:</p> <p>a. The beneficiary brochure per MHP policies and procedures?</p>	<p><b>CCR, Title 9, Section 1810.360 (b) (3), (d) and (e)</b></p> <p>(b) Prior to the date the MHP begins operation, the Department shall mail a notice to all beneficiaries in a county containing the following information:</p> <p>(3) The availability of a booklet and provider list that contain the information required by Title 42, Code of Federal Regulations, Section 438.10(f)(6) and (g).</p> <p>(d) The Department shall provide an annual written notice to all Medi-Cal beneficiaries informing them of their right to request and obtain a booklet and provider list from the MHP that contains the information required by Title 42, Code of Federal Regulations, Section 438.10 (f) (6) and (g).</p> <p>(e) The MHP of the beneficiary shall provide its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contract providers. This responsibility applies to the beneficiary's receipt of any specialty mental health services, including but not limited to an assessment to determine whether medical necessity criteria pursuant to Section 1830.205 are met.</p> <p><b>CCR, Title 9, Section 1810.410 (e) (4)</b></p> <p>General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c) materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>b. The provider list per MHP policies and procedures?</p>	<p>Please refer to the Title 9 regulations referenced) above.</p>



## Short-Term Residential Therapeutic Program

YES	NO	N/A		Comments
				The provider list must be available onsite upon intake and upon request in English and in threshold languages (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. The posted notice explaining grievance, appeal, expedited appeal, and fair hearings processes?	<p><b>CCR, Title 9, Section 1850.205 (c) (1) (B)</b>  Posting notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. The posted notice shall also explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether or not the beneficiary has received a notice of action pursuant to Section 1850.210. For the purposes of this Section, an MHP provider site means any office or facility owned or operated by the MHP or a provider contracting with the MHP at which beneficiaries may obtain specialty mental health services.</p> <p><b>CCR, Title 9, Section 1810.410 (e) (4)</b>  General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c) materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. The grievance forms, appeal forms, expedited appeal forms, and self-addressed envelopes?	<p><b>CCR Title 9, Section 1850.205 (c)(1)(C)</b>  Making forms that may be used to file grievances, appeals, and expedited appeals, and self-addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone.</p> <p><b>CCR, Title 9, Section 1810.410 (e) (4)</b>  General Program literature used by the MHP to assist beneficiaries in accessing services</p>

YES	NO	N/A		Comments
				<p><i>including, but not limited to, the beneficiary brochure required by Section 1810.360(c), materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205 (c) (1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</i></p> <p><b>Note:</b> Check for grievance appeal forms in English and the threshold languages (if applicable). Also, check for envelopes addressed to the MHP. These documents should be available to beneficiaries without the need to make a verbal or written request.</p>
			<b>FACILITY INSPECTION</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Is the facility and its property clean, sanitary, and in good repair? <ul style="list-style-type: none"> <li>Free from hazards that might pose a danger to the beneficiary?</li> <li>Fire exits clear and unobstructed?</li> </ul>	<p><b>CCR, Title 9, Section 1810.435 (c) (2)</b></p> <p><i>(c) In selecting organizational providers with which to contract, the MHP shall require that each organizational provider:</i></p> <p><i>(5) Maintain a safe facility. <b>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</b></i></p> <p><i>(1) The Contractor and/or the Department shall each verify through an on-site review that:</i></p> <p><i>(3) The physical plan of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.</i></p> <p>Tour the facility:</p> <ul style="list-style-type: none"> <li>Observe the building and grounds for actual and potential hazards (e.g. loose or torn carpeting, electrical cords that might pose a hazard).</li> </ul>
			<b>HIPAA / CONFIDENTIALITY</b>	

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Are all confidential and protected health information (PHI) secure?	<p><b>CCR, Title 9, Section 1810.435 (b) (4)</b>  <i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i>  <b>(4) Maintain client records in a manner that meets state and federal standards.</b></p> <p>Inspect Client Records Room</p> <ul style="list-style-type: none"> <li>• Verify client records are maintained confidentially. Client records shall not be located where the public can view them or located in any place to which the public has physical access.</li> <li>• Identify who has access to the client records room during and after business hours.</li> </ul>
			<b>POLICIES AND PROCEDURES</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Does the provider have the following policies and procedures and are they being implemented: a. Confidentiality and Protected Health Information.	<p>Ensure the MHP's policies and procedures match the actual process.</p> <p><b>CCR, Title 9, Section 1810.310 (a) (10)</b>  <i>(10) A description of policies and procedures that assure beneficiary confidentiality in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Emergency evacuation.	<p><b>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</b></p> <p><i>(I) The Contractor and/or the Department shall each verify through an on-site review that:</i>  <b>(5) The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, any required state or federal notices (DRA), and procedures for reporting unusual occurrences relating to health and safety issues.</b></p>

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Personnel policies and procedures specific to screening licensed personnel/providers and checking the excluded provider lists.	<p><b>Social Security Act, Sections 1128 and 1128A CFR, Title 42, Sections 438.214, 438.610, and 455.436</b>  <b>DMH Letter No. 10-05</b>  <b>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</b>  <i>(I) The Contractor and/or the Department shall each verify through an on-site review that:</i>  <i>(5) The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, any required state or federal notices (DRA), and procedures for reporting unusual occurrences relating to health and safety issues.</i>  Review the written policy and procedures to verify that the MHPs hire and contract only with individuals or direct service providers who:</p> <ul style="list-style-type: none"> <li>(e) Are eligible to claim for and receive state and federal funds;</li> <li>(f) Have the required licensures that are valid and current; and</li> <li>(g) Are not on any excluded provider lists.</li> </ul> <p><b>NOTE:</b> The MHP cannot employ or contract with individuals or providers excluded from participation in Federal health care programs under either CCR, Title 42, Section 1128 or Section 1128A of the Social Security Act and CFR, Title 42, Section 438.214  <b>NOTE:</b> Verify that MHP has conducted required screening of individuals and providers per 42 C.F.R. § 455.436:  (a) Confirm the identity and determine the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through routine checks of Federal databases.  (b) Check the Social Security Administration's Death Master File, the National Plan and</p>

YES	NO	N/A		Comments
				<p>Provider Enumeration System (NPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS), and any such other databases as the Secretary may prescribe.</p> <p><a href="http://oig.hhs.gov/exclusions/exclusions_list.asp">http://oig.hhs.gov/exclusions/exclusions_list.asp</a>  <a href="https://www.sam.gov/portal/SAM/?portal:componentId=93cb3275-7b7f-4b70-8f2b-e481c50c376b&amp;interactionstate=JBPNS_r00ABXc0ABBfanNmQnJpZGdlVmld0kAAAAAQATL2pzZi9mdW5jdGlvbmlkLmpzcAAHX19FT0ZfXw**&amp;portal:type=action#1">https://www.sam.gov/portal/SAM/?portal:componentId=93cb3275-7b7f-4b70-8f2b-e481c50c376b&amp;interactionstate=JBPNS_r00ABXc0ABBfanNmQnJpZGdlVmld0kAAAAAQATL2pzZi9mdW5jdGlvbmlkLmpzcAAHX19FT0ZfXw**&amp;portal:type=action#1</a></p> <p>NOTE: The Excluded Parties List System (EPLS) has been integrated into the System Award Management (SAM) database.</p> <p>NOTE: Verify the screening has been conducted prior to hire/contracting and ongoing per the frequency required in <b>42 C.F.R. § 455.436</b>:  (c)(1) Consult appropriate databases to confirm identity upon enrollment and re-enrollment; and,  (2) Check the LEIE and EPLS no less frequently than monthly.</p> <p>NOTE: Verify the MHP has checked the DHCS Medi-Cal List of Suspended and Ineligible Providers upon enrollment and monthly thereafter.</p> <p><a href="https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp">https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp</a>  (h)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General operating procedures.	<p><b><i>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</i></b></p> <p><i>(I) The Contractor and/or the Department shall each verify through an on-site review that:</i></p> <p><i>(5) The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, any required state or federal notices (DRA), and procedures for reporting unusual occurrences relating to health and safety issues.</i></p>

YES	NO	N/A		Comments
				Check that the provider has a current administrative manual, which includes: general operating procedures (e.g., hours of operation, disaster procedures, emergency evacuation procedures, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Maintenance policy to ensure the safety and well-being of beneficiaries and staff.	<p><b>CCR, Title 9, Section 1810.435 (b) (2)</b>  <i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i>  <b>(2) Maintain a safe facility.</b>  <b>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</b>  <i>(1) The Contractor and/or the Department shall each verify through an on-site review that:</i>  <i>(4) The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.</i>            Is the building county-owned or leased?            Review the building maintenance policy or the maintenance agreement between the MHP and owner of the building where services are provided.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Unusual occurrence reporting (UOR) procedures relating to health and safety issues.	<p><b>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</b>  <i>(1) The Contractor and/or the Department shall each verify through an on-site review that:</i>  <i>(5) The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, any required state or federal notices (DRA), and procedures for reporting unusual occurrences relating to health and safety issues.</i>            Review the written policies and procedures for the UOR processes.</p>

YES	NO	N/A		Comments
			<b>MEDICATION SUPPORT SERVICES</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(i) Are there policies and procedures in place for dispensing, administering, and storing medications for each of the following and do practices match policies and procedures:</p> <p>a. Labeling</p> <p>i. Are all medications obtained by prescription labeled in compliance with federal and state laws? Including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Name of beneficiary</li> <li>2. Name of Prescriber</li> <li>3. Name of the medication</li> <li>4. Dosage/Strength</li> <li>5. Route of administration</li> <li>6. Frequency</li> <li>7. Quantity of contents</li> <li>8. Indications and Usage</li> <li>9. Date of expiration</li> </ol>	<p>This section is applicable if the provider stores or maintains medications onsite. If the provider does not store or maintain medications onsite, the medication support services questions do not apply.</p> <p><b><i>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</i></b></p> <p>(10) For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:</p> <p>a) All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.</p> <p>Ask how the Provider ensures prescriptions are labeled in compliance with federal and state laws.</p> <p>Check the medication labels for compliance. Determine how multi-dose vials are stored. Check the multi-dose vials to see if any opened multi-dose vials are dated, initialed and refrigerated (e.g. insulin, tuberculin). All multi-dose vials must be dated and initialed when opened.</p> <p>NOTE: Prescription labels may be altered only by persons legally authorized to do so.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>b. Incoming (receipt) medication log</p> <p>i. Are all medications entering the facility logged? This includes:</p> <ul style="list-style-type: none"> <li>• Prescriptions for individual patients/clients</li> <li>• House supply</li> <li>• Sample medications</li> </ul>	<p><b><i>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</i></b></p> <p>(10) For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all</p>



YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ii. Does the Incoming (Receipt) medication log include the following information: <ol style="list-style-type: none"> <li>1. Medication name</li> <li>2. Strength and quantity</li> <li>3. Name of the Patient</li> <li>4. Date ordered</li> <li>5. Date received</li> <li>6. Name of issuing pharmacy</li> </ol>	<p><i>pertinent state and federal standards. In particular:</i></p> <p><i>(g) Policies and procedures are in place for dispensing, administering and storing medications.</i></p> <p><i>CCR, Title 22, § 73361 – Pharmaceutical Service – Drug Order Records</i></p> <p><i>Facilities shall maintain a record which includes, for each drug ordered by prescription, the drug name, strength and quantity, the name of the patient, the date ordered, the date received and the name of the issuing pharmacy. The records shall be kept at least one year.</i></p> <p>Review the Incoming (Receipt) medication log.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Medication storage <ol style="list-style-type: none"> <li>i. Are all medications stored at proper temperatures?               <ul style="list-style-type: none"> <li>• Verify room and refrigerator temperatures:                   <ol style="list-style-type: none"> <li>a. Room temperature medications at 59° F – 86° F?</li> <li>b. Refrigerated medications at 36° F – 46° F?</li> </ol> </li> </ul> </li> </ol>	<p><b><i>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</i></b></p> <p><i>(10) For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ii. Verify that food and other items are not stored in the same refrigerator as medications.	<p><i>(b) Drugs intended for external use only and food are stored separately from drugs intended for internal use.</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iii. Are medications intended for external-use-only stored separately from oral and injectable medications?	<p><i>(c) All drugs stored at proper temperatures: room temperature drugs at 59-86 degrees Fahrenheit and refrigerated drugs at 36-46 degrees Fahrenheit.</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iv. Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication?	<p><i>(d) Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.</i></p> <ul style="list-style-type: none"> <li>• Review temperature log – Is it current?</li> <li>• Check room and refrigerator <u>thermometers</u> to verify that they are at the appropriate temperatures.</li> <li>• <u>No food</u> should be stored in the same refrigerator as medications.</li> <li>• Ask to see the medications used for external use only – check the labels and expiration dates. Verify that external medications are</li> </ul>



YES	NO	N/A		Comments
				<p>stored separately from oral and injectable medications.</p> <ul style="list-style-type: none"> <li>• Check the medication storage area and how the area is secured/locked.</li> <li>• Identify who has access to the medication room or ask to see a list of staff who have access.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>d. Medication dispensing log</p> <p>i. All medications dispensed or administered must be logged, regardless of their source. The log should indicate:</p> <ol style="list-style-type: none"> <li>1. The date and time the medication was dispensed or administered</li> <li>2. The source of the medication</li> <li>3. The lot and/or vial number if the medication was administered from a multi-dose container or sample card</li> <li>4. The name of the patient receiving the medication</li> <li>5. The dosage of the medication given</li> <li>6. The route of administration used</li> <li>7. The signature of authorized staff who dispensed or administered the medication</li> </ol>	<p>Review the medication log for the required documentation.</p> <p><b>CCR, Title 22, § 73313(f)</b>  <i>The time and dose of drug administered to the patient shall be properly recorded in each patient's medication record by the person who administered the drug.</i></p> <p><b>CCR, Title 22, § 73351</b>  <i>There shall be written policies and procedures for safe and effective distribution, control, use and disposition of drugs developed by the patient care policy committee. The committee shall monitor implementation of the policies and procedures and make recommendations for improvement.</i></p> <p><b>CCR, Title 22, § 73353</b>  <i>No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness. All such orders shall be in writing and signed by the person giving the order. The name, quantity or duration of therapy, dosage and time of administration of the drug, the route of administration if other than oral and the site of injection when indicated shall be specified. Telephone orders may be given only to a licensed pharmacist or licensed nurse and shall be immediately recorded in the patient's health record and shall be signed by the prescriber within 48 hours. The signing of orders shall be by signature or a personal computer key.</i></p>

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Auditing supplies of controlled substances i. Is a separate log maintained for Scheduled II, III and IV controlled drugs?	Verify which staff the facility has designated access to the Schedule II, III and IV controlled drugs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ii. Are records reconciled at least daily and retained at least one year?	Review the current controlled substances medication log to determine if appropriate licensed staff is reconciling the log at least daily or every shift.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iii. Does the controlled substance record include: 1. Patient Name 2. Prescriber 3. Prescription number 4. Drug Name 5. Strength 6. Dose administered 7. Date and time of administration 8. Signature of person administering the drug  <b>NOTE:</b> If supplied as part of a unit dose medication system, it does not need to be separate from other medication records.	Review the controlled substances medication record and verify the required information is documented.  <b>CCR, Title 22, § 73367(b)</b> <i>Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient and the prescriber, the prescription number, the drug name, strength and dose administered; the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be separate from patient medication records.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iv. Are controlled drugs kept separate from non-controlled drugs?	Verify that controlled drugs are stored separately from non-controlled drugs.

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>f. Medication disposal</p> <p>i. Are medications disposed of after the expiration date?</p>	<p>Ask how expired medications are monitored and checked.</p> <p>Ask how the expired medications are disposed of at the site, the staff involved, and how often this occurs.</p> <p>Verify the location of where the expired medications are stored.</p> <p>Check the expiration dates of the medications stored. For all medications expired and still on the shelf, list the name of the medication and date of the expiration in the POC.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>ii. Is a medication log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws?</p>	<p>Ask how expired, contaminated, deteriorated and abandoned medications are disposed of. Is it in a manner consistent with state and federal laws? Ask to see the medication/dispensing log where the expired, contaminated, deteriorated or abandoned medications are recorded.</p> <p>Ask how Schedule II, III, or IV controlled drugs are handled.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>iii. When medication has reached its expiration date, the disposal of the medication must be logged. The log should include the following information:</p> <ol style="list-style-type: none"> <li>1. The name of the patient</li> <li>2. Medication name and strength</li> <li>3. The prescription number</li> <li>4. Amount destroyed</li> <li>5. Date of destruction</li> <li>6. Name and signatures of witnesses</li> <li>7. Logs are to be retained for at least three years.</li> </ol>	<p>Review the expired medication disposal log and verify the required information is documented.</p> <p><b>CCR, Title 22, Section 73369 Pharmaceutical Service – Disposal of Drugs</b></p> <p><i>(a) Discontinued individual patient's drugs supplied by prescription or those which remain in the facility after discharge shall be destroyed by the facility in the following manner:</i></p> <ol style="list-style-type: none"> <li>1) <i>Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction, and the signatures of the witnesses</i></li> </ol>

## Short-Term Residential Therapeutic Program

YES	NO	N/A		Comments
				<p><i>required above shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.</i></p> <p>2) <i>Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist or registered nurse. The name of the patient, the name and strength of the drug, the prescription number, if applicable, the amount destroyed, the date of destruction and the signatures of two witnesses shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SERVICE COMPONENTS:</b>  (a) Is there evidence that the <u>Day Treatment Intensive</u> (DTI) and <u>Day Rehabilitation</u> (DR) programs include the following required service components?	<p>Documents to review include but are not limited to: Documentation Standards, Written Program Descriptions, Written Weekly Schedules, Mental Health Crisis Protocol, Daily Client Attendance Records, staffing schedules, Duty Statements, and Staff Licensures, medical records and billing records.</p> <p><b>CCR, Title 9, Section 1810.212 Day Rehabilitation</b></p> <p><i>"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not</i></p>

YES	NO	N/A		Comments
				<p><i>limited to, assessment, plan development, therapy, rehabilitation and collateral.</i></p> <p><b>CCR, Title 9, Section 1810.213 Day Treatment Intensive</b></p> <p><i>"Day Treatment Intensive" means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.</i></p> <p><b>NOTE:</b> If the site is requesting both half day and full day of either DTI or DR, then each half day and full day program must have a separate location, separate Written Weekly Schedule, separate Written Program Description and sufficient and qualified staff for each program.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(b) Do the Community Meetings:</p> <p>(1) Occur at least once a day and actively involve the staff and beneficiaries?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p>	<p>Review the <i>Written Weekly Schedules</i> and <i>Written Program Description</i> for daily Community Meetings.</p> <p>If Day Treatment Intensive, also review the Daily Progress Notes.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(2) Address relevant items including, but not limited to, what the schedule for the day will be, any current events, individual issues that beneficiaries or staff wish to discuss to elicit support of the group and conflict resolution?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(3) For <u>Day Treatment Intensive</u>: Does the Community Meeting include a staff whose scope of practice includes psychotherapy?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p>	<p>Review the <i>Written Weekly Schedules</i> to determine if the assigned staff to the Community Meetings is a Psychiatrist, Licensed/ Waivered/ Registered Psychologist, clinical social worker, MFT, or professional clinical counselor</p>

## Short-Term Residential Therapeutic Program

YES	NO	N/A		Comments
				<b>NOTE:</b> LPCCs are <u>not</u> permitted to assess or treat couples or families unless the LPCC has completed <b>ALL</b> the required experience and course work on this subject as specified in CA Business and Professions Code Section 4999.20.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(4) For <u>Day Rehabilitation</u>: Does the Community Meeting include staff who is a physician, a registered nurse, psychiatric technician, licensed vocational nurse, or mental health rehabilitation specialist, or a licensed / waived / registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p>	Review the <i>Written Weekly Schedules</i> to determine if the requirements for assigned staff to the Community Meetings were met.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(c) Does the <b>Therapeutic Milieu</b> include:</p> <p>(1) Process Groups*?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p> <p><b>*NOTE:</b> Day Rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.</p>	<p>Review the <i>Written Weekly Schedules</i> for the type of groups scheduled and <i>Written Program Description</i> to determine if the process groups assist each beneficiary to develop necessary skills to deal with his/her mental health problems and issues.</p> <p><b>Process groups</b> are facilitated by staff and shall assist each beneficiary to develop necessary skills to deal with his/her problems and issues. The group process shall utilize peer interaction and feedback in developing problem-solving strategies to resolve behavioral and emotional problems.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(2) Skill Building Groups?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p>	<p>Review the <i>Written Weekly Schedules</i> for the type of groups scheduled and <i>Written Program Description</i> to determine if the skill-building groups help beneficiaries identify barriers related to their psychiatric and psychological experiences.</p> <p>In <b>skill building groups</b>, staff shall help beneficiaries identify barriers related to their psychiatric and psychological experiences. Through the course of group interaction</p>

YES	NO	N/A		Comments
				beneficiaries identify skills that address symptoms and increase adaptive behaviors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(d) Are there <b>Adjunctive Therapies</b>?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D</i></p>	<p>Review the <i>Written Weekly Schedules</i> for the type of groups scheduled and <i>Written Program Description</i> to determine if the adjunctive therapies (art, recreation, dance or music) are therapeutic interventions.</p> <p><b>Adjunctive therapies</b> assist the beneficiary in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Adjunctive therapies <u>are used in conjunction with other mental health services</u> in order to improve the outcome of those services consistent with the beneficiary's needs identified in the client plan.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(e) In addition, for <u>Day Treatment Intensive</u>: <b>Psychotherapy</b>?</p> <p><b>NOTE:</b> Psychotherapy does not include physiological interventions, including medication intervention.</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.D and E.1.</i></p>	<p>Review the <i>Written Weekly Schedules</i>, <i>Written Program Description</i> and progress notes to determine if psychotherapy is being provided by a licensed, registered, or waived staff practicing within their scope of practice.</p> <p><b>Psychotherapy</b> means the use of psychological methods within a professional relationship to assist the beneficiary or beneficiaries to achieve a better psychosocial adaption, to acquire a greater human realization of psychosocial potential and adaption, to modify internal and external conditions that affect individual, groups, or communities in respect to behavior, emotions and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice.</p>

## Short-Term Residential Therapeutic Program

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Is a detailed <b>Written Weekly Schedule</b> available to beneficiaries and as appropriate to their families, caregivers or significant support persons?  <i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.3</i>	Ask how the <i>Written Weekly Schedule</i> is made available to the beneficiary, family, caregiver or significant support person.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Does the <i>Written Weekly Schedule</i> :  (1) Identify when services will be provided?  <i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.3</i>	Review the <i>Written Weekly Schedule</i> for required service components. (See Sections A - D)  Review the <i>Written Weekly Schedule</i> for the required information in items F. 1-3.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Identify where services will be provided?  <i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.3</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Specify the program staff, their qualifications, and the scope of their services?  <i>MHP Contract, Exhibit A, Attachment 1, Section 8.E.3</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Is there a <b>Written Program Description</b> for the <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> program?  <i>MHP Contract, Exhibit A, Attachment 1, Section 8.J</i>	Review the <i>Written Program Description</i> for content and if all required service components (See Sections A - D) for DTI or DR are described.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Does the <i>Written Program Description</i> describe the specific activities of each service and reflect the required components of the services as described in the MHP contract?  <i>MHP Contract, Exhibit A, Attachment 1, Section 8.J</i>	Compare the program descriptions with the written weekly schedule. Do the activities listed on the <i>Written Weekly Schedule</i> correspond to the written program descriptions?



YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>(a) HOURS OF OPERATION:</b>  Do the scheduled hours of operation for Day Treatment Intensive or Day Rehabilitation Programs :	Review Written Program Description, Written Weekly Schedules, staffing schedules and Daily Attendance Records to verify the hours of operation requirements are met.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Meet the minimum program hours <u>per</u> day requirement?  <b>NOTE:</b> (A) For Half Day: The beneficiary must receive face-to-face services a minimum of three (3) hours each day the program is open. (B) For Full-Day: The beneficiary must receive face-to-face services in a program with services available more than four (4) hours per day.  MHP Contract, Exhibit A, Attachment 1, Section 8.L.1 and L.2 CCR Title 9, §1840.318	<b>CCR, Title 9, Section 1840.318 Claiming for Service Functions on Half Days or Full Days of Time</b> (a) Day treatment intensive and day rehabilitation shall be billed as half days or full days of service (b) The following requirements apply for claiming of services based on half days or full days of time. 1) A half-day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open. 2) A full day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available more than four hours per day. 3) Although the beneficiary must receive face-to-face services on any full day or half-day claimed, not all service activities during that day are required to be face-to-face with the beneficiary.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Are the scheduled hours of operation continuous?  MHP Contract, Exhibit A, Attachment 1, Section 8.L.4	Review the Written Weekly Schedule to verify the required hours are met. Review progress notes in the medical record to verify attendance and continuous hours of operation.  <b>NOTE:</b> Program must be continuous except for lunch and short breaks. Lunch and break time do

YES	NO	N/A		Comments
				<u>not</u> count toward the total continuous hours of operation for purposes of determining minimum hours of service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>(b) BENEFICIARY ATTENDANCE:</b> (1) Is the beneficiary attending all of the scheduled hours of operation? (A) Is the attendance documented in minutes/hours on the progress notes?	Review the progress notes in the medical records for documentation of the beneficiary's attendance in minutes and hours.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) If the beneficiary is unavoidably absent: (A) Is there a separate entry documented for the reason for the unavoidable absence?	<b>NOTE:</b> In cases where absences are frequent, it is the responsibility of the Contractor to ensure that the provider re-evaluates the beneficiary's need for the day treatment intensive program and takes appropriate action.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Is the total time of attendance documented in minutes/hours?	Review a sample of client records for the presence of unavoidable absences.  Verify that there is documentation of the reason for the absence and the hours and minutes the beneficiary attended. Note the frequency of the absences and if the absences are unavoidable or not.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Did the beneficiary attend at least 50% of the scheduled hours of operation for that day? <i>DMH Letter No. 03-03; MHP Contract, Exhibit A, Attachment 1, Section 8.G</i>	When the beneficiary is unavoidably absent, verify the hours and minutes of attendance are more than 50% of the scheduled hours of operation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>(c) DOCUMENTATION STANDARDS:</b> (1) Are the documentation standards being met? (A) Do all entries in the child's program record include: 1. Dates of Service?	Review the medical records to determine if entries are meeting documentation standards and the required and qualified staff are documenting and providing the service.

## Short-Term Residential Therapeutic Program

YES	NO	N/A		Comments
			b. Signature of Person providing the service (or electronic equivalent)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Persons type of degree/licensure/title?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Date of signature?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Total number of minutes/hours the beneficiary actually attended the program?  <i>MHP Contract, Exhibit A, Attachment 1, Section 8.H, 11.C</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) For <u>Day Treatment Intensive</u> , are there: (A) <u>Daily progress notes</u> on activities? <u>AND</u>	Review the medical records for: <ul style="list-style-type: none"> <li>• Required timeliness and frequency of DTI progress notes</li> <li>• The content of the progress note.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) A <u>weekly clinical summary</u> that is reviewed and signed by a physician, a licensed/ waived/ registered psychologist, clinical social worker, marriage family therapist, or professional clinical counselor, or a registered nurse who is either staff to the day treatment intensive program or the person directing the services?  <i>MHP Contract, Exhibit A, Attachment 1, Section 8.H, 11.C</i>	Review the medical records for: <ul style="list-style-type: none"> <li>• Required timeliness and frequency of DTI clinical summary</li> <li>• The content of the clinical summary.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) For <u>Day Rehabilitation</u> , are there: (A) <u>Weekly progress notes</u>  <i>MHP Contract, Exhibit A, Attachment 1, Sections 8.H, 11.C</i>	Review the medical records for: <ul style="list-style-type: none"> <li>• Required timeliness and frequency of DR progress notes.</li> <li>• The content of the progress note.</li> </ul>

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(8) For <u>Day Treatment Intensive &amp; Day Rehabilitation</u>:</p> <p>(A) Is there documentation of at least one contact per month with a family member, caregiver, or other significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.I DMH Information Notice 02-06 and DMH Letter No.03-03</i></p>	<p>Review the medical records for the required timeliness and frequency of contact.</p> <ul style="list-style-type: none"> <li>• This contact may be face-to-face, or by an alternative method (e-mail, telephone, etc.).</li> <li>• The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration.</li> <li>• The Contractor shall ensure that this contact occurs outside the hours of operation and outside the therapeutic program.</li> </ul> <p><b>NOTE:</b> <u>Adult</u> beneficiaries may decline this service component.</p> <p>Review documentation to verify adult beneficiaries have declined.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>(d) STAFFING:</b></p> <p>(1) For <u>Day Treatment Intensive</u>, are the staffing requirements being met?</p> <p>(A) Is there at least one staff person whose scope of practice includes psychotherapy in attendance during all hours of operation?</p> <p><i>CCR, Title 9, §1840.350(a) MHP Contract, Exhibit A, Attachment 1, Section 8.F</i></p>	<p>Review the Written Weekly Schedule, staffing schedules and work hours, staff licensures and qualifications, and Daily Attendance Records or other documentation in order to determine if the staffing requirement is met.</p> <p><b>CCR, Title 9, Chapter 11, Section 1840.350 Day Treatment Intensive Staffing Requirements</b></p> <p><i>(a) At a <u>minimum</u> there must be an average ratio of at least <u>one</u> person from the following list providing Day Treatment Intensive services to <u>eight beneficiaries</u> or other clients in attendance during the period the program is open:</i></p> <ol style="list-style-type: none"> <li><i>(1) Physicians</i></li> <li><i>(2) Psychologists or related waived/registered professionals</i></li> <li><i>(3) Licensed Clinical Social Workers or related waived/registered professionals</i></li> <li><i>(4) Marriage and Family Therapists or related waived/registered professionals</i></li> <li><i>(5) Registered Nurses</i></li> <li><i>(6) Licensed Vocational Nurses</i></li> <li><i>(7) Psychiatric Technicians</i></li> <li><i>(8) Occupational Therapists</i></li> </ol>

YES	NO	N/A		Comments
				<p>(9) <i>Mental Health Rehabilitation Specialists as defined in Section 630.</i></p> <p>(c) <i>Persons providing services in Day Treatment Intensive programs serving more than 12 clients shall include at least one person from two of the following groups:</i></p> <p>(1) <i>Physicians</i>  (2) <i>Psychologists or related waived/registered professionals</i>  (3) <i>Licensed Clinical Social Workers or related waived/registered professionals</i>  (4) <i>Marriage and Family Therapists or related waived/registered professionals</i>  (5) <i>Registered Nurses</i>  (6) <i>Licensed Vocational Nurses</i>  (7) <i>Psychiatric Technicians</i>  (8) <i>Occupational Therapists</i></p> <p>(9) <i>Mental Health Rehabilitation Specialists as defined in Section 630.</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(2) If more than 12 clients are in the <i>Day Rehabilitation</i> program at one time, is there at least one person from two of the following groups listed in item (c) in the right column?  CCR, Title 9, §630, §1810.254, §1840.352(c) MHP Contract, Exhibit A, Attachment 1, Section 8.F</p> <p><b>NOTE: CCR, Title 9, Chapter 3, Section 630. Mental Health Rehabilitation Specialist.</b> <i>A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of restoration, social adjustment, or vocational adjustment. Up to two year of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.</i></p> <p><b>NOTE: CCR, Title 9, Chapter 11, Section 1810.254. Waivered/Registered Professional:</b> <i>"Waivered/Registered Professional" means an individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority for psychologists, marriage and family therapists or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist or clinical social worker licensure.</i></p>	<p><b>CCR, Title 9, Chapter 11, Section 1840.352. Day Rehabilitation Staffing Requirements</b></p> <p>(c) <i>Persons providing services in Day Rehabilitation programs serving more than 12 clients shall include at least two of the following:</i></p> <p>(1) <i>Physicians</i>  (2) <i>Psychologists or related waived/registered professionals</i>  (3) <i>Licensed Clinical Social Workers or related waived / registered professionals</i>  (4) <i>Marriage and Family Therapists or related waived/registered professionals</i>  (5) <i>Registered Nurses</i>  (6) <i>Licensed Vocational Nurses</i>  (7) <i>Psychiatric Technicians</i>  (8) <i>Occupational Therapists</i>  (9) <i>Mental Health Rehabilitation Specialists as defined in Section 630</i></p>

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(3) For both <u>Day Treatment Intensive</u> and <u>Day Rehabilitation</u>:</p> <p>(A) Is there at least one staff person present and available to the group in the therapeutic milieu for all scheduled hours of operation?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.F</i></p>	<p>Review the staff schedules and work hours, and <i>Written Weekly Schedules</i> or other documentation in order to determine if the therapeutic milieu staffing requirement is being met.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(4) If staff have other responsibilities (group home, school), is there documentation of the scope of responsibilities and the specific times in which day treatment activities are being performed exclusive of other activities?</p> <p><i>CCR, Title 9, §1840.350(b), §1840.352(b) MHP Contract, Exhibit A, Attachment 1, Section 8.F</i></p>	<p>Persons who are not solely used to provide day treatment services may be utilized according to program need, but shall not be included as part of the ratio formula.</p> <ul style="list-style-type: none"> <li>Review the provider's staffing pattern, assigned duties and responsibilities of these staff, <u>other</u> assigned duties and responsibilities of these staff, staff work hours and attendance as well as hours of operation of the program.</li> </ul> <p><b>CCR, Title 9, Chapter 11, Section 1840.350. Day Intensive Staffing Requirements</b>  <i>(b) Persons providing Day Treatment Intensive who do not participate in the entire Day Treatment Intensive session, whether full-day or half-day, may be utilized according to program need, but shall only be included as part of the above ratio formula on a pro rata basis based on the percentage of time in which they participated in the session. The MHP shall ensure that there is a clear audit trail of the number and identity of persons who provide Day Treatment Intensive services and function in other capacities</i></p> <p><b>CCR, Title 9, Chapter 11, Section 1840.352. Day Rehabilitation Staffing Requirements</b>  <i>(b) Persons providing Day Rehabilitation who do not participate in the entire Day Rehabilitation session, whether full-day or half-day, may be utilized according to program need, but shall only be included as part of the above ratio formula on a pro rata basis based on the percentage of time in which they participated in the session. The MHP shall ensure that there is a clear audit trail</i></p>

Short-Term Residential Therapeutic Program

YES	NO	N/A		Comments
				<i>of the number and identity of persons who provide Day Rehabilitation services and function in other capacities</i>

INTEGRITY

**Definitions and Terms For Mental Health Program Approval**

(a) 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. Use of the word “shall” denotes mandatory conduct and “may” denotes permissive conduct.

(b) “Administrator” means the individual who holds an administrator’s certificate issued by the Department of Social Services.

(c) “Applicant” means any adult, firm, association, corporation, county, city, public agency or other entity that has made application for an initial short-term residential therapeutic program approval.

(d) “Approval holder” means the adult, firm, association, corporation, county, city, public agency or other entity that has an approved mental health program documented by a certificate issued to them by the Department or delegate.

(e) “Client record” means the documents upon which the child’s admission and transition determination in the short-term residential therapeutic program is based, including progress notes and clinical reports reflecting the services the short-term residential therapeutic program provides to the child.

(f) “Approval task” means the process of approving or denying an application submitted by an applicant, oversight, annual renewal, imposing sanctions, revocation, and notice and review pursuant to **Section 31**. The approval task shall include an initial onsite inspection, investigation of complaints, annual onsite inspections, ongoing verification that the short-



term residential therapeutic program continues to meet the requirements set forth in these regulations, and imposition of sanctions or revocation of approval if the short-term residential therapeutic program does not meet the requirements set forth in these regulations.

(g) “Delegate” means a county mental health plan to which the Department has delegated the approval task.

(h) “Department” means the California State Department of Health Care Services.

(i) “Direct service program staff” means employees or contractors of the short-term residential therapeutic program whose duties include the treatment, training, care and/or supervision of the children admitted to the short-term residential therapeutic program. A member of the direct service program staff must be one of the following: physician, psychologist or psychologist that has received a waiver pursuant to Welfare and Institutions Code Section 5751.2, licensed clinical social worker or registered professional pursuant to Welfare and Institutions Code Section 5751.2, marriage, family and child counselor or registered professional pursuant to Welfare and Institutions Code Section 5751.2, registered nurse, licensed professional clinical counselor or registered professional pursuant to Welfare and Institutions Code Section 5751.2, licensed vocational nurse, psychiatric technician, occupational therapist, or mental health rehabilitation specialist as defined in section 630 of Title 9 of the California Code of Regulations.

(j) “Licensed mental health professional” means a physician licensed under Section 2050 of the Business and Professions Code, a licensed psychologist within the meaning of subdivision (a) of Section 2902 of the Business and Professions Code, a licensed clinical social worker within the meaning of subdivision (a) of Section 4996 of the Business and Professions Code, a licensed marriage and family therapist within the meaning of subdivision (b) of Section 4980 of the

Business and Professions Code, or a licensed professional clinical counselor within the meaning of subdivision (e) of Section 4999.12.

(k) "Licensed Clinical Social Worker" means a licensed clinical social worker within the meaning of subdivision (a) of Section 4996 of the Business and Professions Code.

(l) "Licensed Marriage and Family Therapist" means a licensed marriage and family therapist within the meaning of subdivision (b) of Section 4980 of the Business and Professions Code.

(m) "Licensed Professional Clinical Counselor" means a licensed professional clinical counselor within the meaning of subdivision (e) of Section 4999.12.

(n) "Head of Service" means a person who has been designated by a short-term residential therapeutic program to oversee and implement the overall mental health treatment program.

(o) "Physician" means a physician licensed under Section 2050 of the Business and Professions Code.

(p) "Psychiatrist" means a physician licensed under Section 2050 of the Business and Professions Code who can show evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association, or the American Osteopathic Association.

(q) "Psychologist" means a licensed psychologist within the meaning of subdivision (a) of Section 2902 of the Business and Professions Code.

(r) "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.

(s) "Progress Notes" are written notations in the child's client record of a child's behavior and the child's participation and response to mental health treatment services provided while the child is in the short-term residential therapeutic program.

(t) "Seriously Emotionally Disturbed" has the same definition as in Section 5600.3 of the Welfare and Institutions Code.

(u) "Mental health program statement" means written policies, procedures, and documentation describing the manner in which the short-term residential therapeutic program will provide medically necessary mental health treatment services to children in accordance with these regulations.

(v) "Needs and Services Plan" contains all of the required information pursuant to Section 87068.2 of Title 22 of the California Code of Regulations and shall include a written plan of all therapeutic, behavioral, and other interventions that are to be provided to the child during the child's stay in the short-term residential therapeutic program, and that are necessary to achieve the desired outcomes or goals for the child. The Needs and Services Plan may also contain all of the required information for a client plan, defined in Section 1810.205.2 of Title 9 of the California Code of Regulations.

(w) "Full-time equivalent" means one individual employed a minimum of forty hours per week or a combination of employees who each do not work full-time, but in combination work a total of at least forty hours per week.

(x) “Half-time equivalent” means one individual employed a minimum of twenty hours per week or a combination of employees who each do not work half-time, but in combination work a total of at least twenty hours per week.

(y) “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 review, approval and signing client plans. An individual directing a service is not required to be physically present at the service site to exercise direction.

(z) “Waivered/Registered Professional” means”:

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 by law.

2) For a social worker candidate, a marriage and family therapist candidate or 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 from employment from outside of 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.