

SHORT-TERM  
RESIDENTIAL  
THERAPEUTIC PROGRAM  
(STRTP)

Draft Interim STRTP  
Regulations

## **§ Section 1. Application of Chapter**

These regulations shall apply to mental health programs operated by short-term residential therapeutic programs licensed pursuant to California Health and Safety Code Section 1502.4 (a). Pursuant to Welfare and Institutions Code Section 4096.5, all short-term residential therapeutic programs that operate mental health programs must obtain and have in good standing a mental health approval issued by the Department of Health Care Services, or its delegate, prior to receiving an Aid to Families with Dependent Children-Foster Care rate pursuant to Section 11462.01.

## **§ Section 2. Definitions and Terms**

(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 32. 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 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 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 under state 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 for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.

### **§ Section 3. Mental Health Program Application Content**

The application shall; at a minimum, contain the following information:

(a) A completed Application for Approval of Short-term Residential Therapeutic Program - Mental Health Program (DHCS Form \_\_\_\_\_ dated \_\_\_\_\_), which contains:

(1) The name or proposed name and address of the short-term residential therapeutic program.

(2) Name, residence, and mailing address of applicant.

(b) A written mental health program statement for the short-term residential therapeutic program that meets the requirements of **Section 5**.

### **§ Section 4. Mental Health Program Approval of Separate Premises**

(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.

**§ Section 5. Mental Health Program Statement**

- (a) The mental health program statement shall be written and include the following:
  - (1) The program description, which shall include the proposed anticipated length of stay.
  - (2) A description of the short-term residential therapeutic program's proposed population including age range, gender, ethnicity, culture, and special needs;
  - (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 **Section 1810.225**,
    - (B) Crisis Intervention as defined in **Section 1810.209**,
    - (C) Mental Health Services as defined in **Section 1810.227**, and
    - (D) Targeted Case Management as defined in **Section 1810.249**
  - (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 **Section 87095.22 of Title 22 of the California Code of Regulations**.
  - (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:

(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.

(B) The name of the proposed head of service and documentation evidencing that he or she is qualified in accordance with these regulations.

(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.

(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.

(7) A procedure for recording progress notes in the child's client record.

(8) A procedure and criteria for admission and transition.

(9) A procedure for medication storage, administration, and monitoring.

(10) A description and true and correct copy of each agreement, contract, or memorandum of understanding with participating private or public mental health providers.

(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.

(b) A short-term residential therapeutic program must operate its mental health program in compliance with the submitted and approved mental health program statement.

(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 **Department or delegate sixty (60) calendar days** prior to the anticipated date of implementing the change.

#### **§ Section 6. Notification to Department and Delegate**

(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.

(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.

## **§ Section 7. Client Record Documentation and Retention**

(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.

(b) The client record shall be confidential and a 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:

- (1) The intake summary;
- (2) A needs and services plan;
- (3) Progress notes;
- (4) Monthly clinical review reports;
- (5) Written informed consent for prescribed psychotropic medication, pursuant to applicable law,
- (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.
- (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.

(8) A transition determination plan, which meets the requirements of **Section 12.**

(b) 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.

#### **§ Section 8. Intake Summary**

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:

- (a) Current diagnosis;
- (b) The reasons for referral;
- (c) Anticipated length of stay;
- (d) Medical history;
- (e) Academic and school history;
- (f) Social history, including the child's strengths and challenges;
- (g) Family history including the child's strengths and challenges;
- (h) Work history, if applicable;

- (i) Medications currently prescribed;
- (j) A statement that the child meets the criteria for admission established in

**California Welfare and Institutions Code section 11462.01(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 Welfare and Institutions Code, as meeting the medical necessity criteria for Medi-Cal specialty mental health services, as provided for in Section 1830.205 or 1830.210 of Title 9 of the California Code of Regulations.
  - (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.

- (C) The child requires emergency placement pursuant to paragraph (3) of subdivision (h).
- (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.
- (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.
- (l) A signed statement by the head of service that he or she has considered the needs of the child established in **(a) – (k)**, 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.

### **§ Section 9. Mental Health Assessment**

A mental health assessment shall be completed by a **licensed mental health professional within five (5) calendar days** 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.

**§ 10. Section 10. Needs and Services Plan**

Each child admitted to a short-term residential therapeutic program shall have Needs and Services Plan as required by **Section 87068.2 of Title 22 of the California Code of Regulations**, reviewed and signed by a licensed mental health professional, or the head of service within ten calendar days of admission. The Needs and Services Plan shall:

(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.

(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.

(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 **Section 1810.440(c)(2)(B) of the California Code of Regulations.**

(d) Be reviewed by a member of the direct service program staff at least every thirty-calendar days.

(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.

#### **§ 11. Section 11. Progress Notes**

(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.

(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.



## § 12. Section 12. Transition Determination Plan

(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:

(1) The reason for admission;

(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.

(3) The course of treatment during the child's admission, including mental health treatment services, medications, and the child's response.

(4) The child's diagnosis at the time of transition.

(5) Non-mental health medical and dental services provided to the child during the time he or she was admitted.

(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.

### **§ 13. Section 13. Medication Control and Monitoring**

(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, which may contribute to the child's mental health condition. This examination shall be noted in the child's client record.

(b) The prescribing physician shall sign a written medication review for each child prescribed psychotropic medication as clinically appropriate, but at **least every six weeks**. 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:

(1) Observations of any side effects and review of any side effects reported by the child or noted in the child's client record.

(2) The child's response to each psychotropic medication currently prescribed and the child's perspective on the effectiveness of the medications.

(3) The child's compliance with the medication plan.

(4) Justification for continued medication use or any changes to the medication plan.

(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.

(c) A psychiatrist shall review the course of treatment for all children who are not on psychotropic medication at least **every ninety (90) days** and include the results of this review in a progress note signed by the psychiatrist at the time the review is completed.

(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 consent, and **California Welfare and Institutions Code Sections 369.5 and 739.5**.

(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.

#### **§14. Section 14. Mental Health Treatment Services**

(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.

(b) The short-term residential therapeutic program shall ensure that the following minimum mental health treatment services are available to children as medically necessary:

(1) Mental health services as defined in **Section 1810.227 of Title 9 of the California Code of Regulations**.

(2) Medication support services as defined in **Section 1810.225 of Title 9 of the California Code of Regulations.**

(3) Day treatment intensive as defined in **Section 1810.213 of Title 9 of the California Code of Regulations.**

(4) Day rehabilitation as defined in **Section 1810.212 of Title 9 of the California Code of Regulations.**

(5) Crisis intervention as defined in **Section 1810.209 of Title 9 of the California Code of Regulations.**

(6) Therapy as defined in **Section 1810.250 of Title 9 of the California Code of Regulations.**

(7) Targeted Case Management as defined in **Section 1810.249 of Title 9 of the California Code of Regulations.**

(8) Psychiatrist Services;

(9) Psychologist Services as defined in **Section 1810.241 of Title 9 of the California Code of Regulations.**

(10) EPSDT Supplemental Specialty Mental Health Services as defined in **Section 1810.215 of Title 9 of the California Code of Regulations.**

#### **§15. Section 15. Clinical Review Report and Transition Determination**

A licensed mental health professional shall perform a clinical review **every ninety (90) days** 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:

(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.

(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.

(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.

#### **§16. Section 16. Head of Service**

(a) The short-term residential therapeutic program shall have a head of service employed **forty hours per week** and responsible for managing the short-term residential therapeutic program in compliance with these regulations and applicable laws.

(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.

(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**.

(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 these regulations.

(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, and provide Specialty Mental Health Services under the direction of one or more of the following:

(1) Physician

(2) Psychologist

(3) Licensed Clinical Social Worker

(4) Marriage and Family Therapist

(5) Registered Nurse

(6) Waivered/Registered Professional if the waived/registered professional is supervised by a licensed mental health professional in accordance with applicable laws and regulations.

#### **§ 17. Section 17. Staff Characteristics, Qualifications and Duties**

(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.

(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 **seven days per week**.

(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 **six children** or fraction thereof admitted to the program:

(1) Physicians

(2) Psychologists or psychologists who have received a waiver pursuant to

**Welfare and Institutions Code Section 5751.2.**

(3) Licensed Clinical Social Workers or registered professionals pursuant to

**Welfare and Institutions Code Section 5751.2.**

(4) Marriage, Family and Child Counselors or registered professionals pursuant to **Welfare and Institutions Code Section 5751.2.**

(5) Registered Nurses

(6) Licensed Professional Clinical Counselor or registered professionals pursuant to **Welfare and Institutions Code Section 5751.2.**

(7) Licensed Vocational Nurses

(8) Psychiatric Technicians

(9) Occupational Therapists

(10) Mental Health Rehabilitation Specialists as defined in **Section 630 of Title 9 of the California Code of Regulations.**

(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 **six children** 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 **forty hours per week**.

(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 **Section 87001 of Title 22** 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).

(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.

(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.

### **§ Section 18. In-Service Education**

(a) All direct service program staff shall receive **twenty (20) hours per year** 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 **twenty (20) hours per week** will be required to receive **ten hours** per year of in-service education. The education shall include, but not be limited to, the following: Mental health treatment services available for a child shall include, but not be limited to:

- (1) Client-centered and trauma-informed approach to address the needs and goals of children admitted to the short-term residential therapeutic program,
- (2) Suicide prevention techniques;
- (3) Preventing and managing assaultive and self-injurious behavior;
- (4) Cultural competence;
- (5) Interpersonal relationship and communication skills;
- (6) Confidentiality of client information;
- (7) Client rights and civil rights;
- (8) Monitoring and documenting responses to psychotropic medications and recognizing possible side effects in children and adolescents.

#### **§ 19. Section 19. Personnel Records**

(a) Each direct service program staff member's personnel file shall contain the following:

(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.

(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.

(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.

**§ 20. Section 20. Application Process for Mental Health Program Approval**

(a) An applicant shall mail a completed application for approval to the Department and to the delegate, if the approval task has been delegated.

(b) The application shall be mailed by certified mail.

(c) The Department, or delegate if the approval task has been delegated, shall provide written notice to an applicant that the application is complete or if the application is deficient, the notice shall specify the missing information required to complete the application. This written notice shall be issued to the applicant by email or by certified mail within thirty calendar days of the receipt of the application for approval.

(d) An applicant shall provide missing information within thirty (30) calendar days of the date the Department or delegate issued the notice that missing information was required to complete the application.

(e) The Department, or delegate if the approval task has been delegated, shall notify an applicant, in writing, of the Department's or delegate's decision to approve or deny the application within 45 calendar days of receiving all information required to complete the application. Between January 1, 2017 and December 31, 2017, the State Department of Health Care Services, or a county mental health plan to which the department has delegated mental health program approval authority, shall approve or deny a mental health program approval request within 90 days of receiving all of the information required to complete the application.

(f) After the application is complete and the Department or delegate has determined that the submitted application and supporting documentation demonstrates that the applicant meets the requirements of these regulations and related statutes, the Department or delegate shall conduct an onsite review to verify that the applicant meets the requirements of these regulations and related statutes. If the Department or delegate determines that the submitted information demonstrates that the applicant does not meet the requirements of these regulations and related statutes, the Department or delegate may deny the application for mental health program approval prior to conducting an onsite review.

(g) If no children are admitted at the time of the onsite review, the Department or delegate shall not provide mental health program approval other than provisional approval pursuant to section 21. If one or more child is admitted at the time of the

onsite review, the onsite review shall include review of the child client records of at least twenty percent of children residing in the short-term residential therapeutic program on the day of the onsite review.

(h) An applicant shall have the right to notice and review pursuant to Section 32 when the Department or delegate has denied an application for mental health program approval.

**§ Section 21. Provisional Approvals.**

(a) From January 1, 2017 until December 31, 2017, for applicants that are group homes that are certified for rate classification levels of 13 or 14, the Department or delegate may issue provisional approvals without conducting an onsite review if the submitted application and supporting documentation demonstrates that the applicant meets the requirements of these regulations and related statutes. The provisional approval period shall not exceed 180 calendar days. The Department or delegate shall conduct an onsite review prior to issuing a subsequent approval. This onsite review shall include a review of the child client records of at least twenty percent of children residing in the short-term residential therapeutic program on the day of the onsite review.

(b) If no children are admitted at the time of the Department or delegate's initial onsite review conducted pursuant to Section 20(g), the Department or delegate may issue provisional approvals for a period of up to 120 calendar days if the submitted application, supporting documentation, and initial onsite review demonstrates that the applicant meets the requirements of these regulations and related statutes. The Department or delegate shall conduct a subsequent onsite review after the applicant

begins to accept children for admission and has at least one child residing in the short-term residential therapeutic program at the time of the onsite review. This subsequent onsite review shall include a review of child client records of at least twenty percent of children residing in the short-term residential therapeutic program on the day of the onsite review.

**§ Section 22. Duration of Mental Health Program Approval.**

Applicants the Department or county delegate approves to operate a short-term residential therapeutic program shall receive mental health program approval for one year from the date of issuance.

**§ Section 23. Requirement to Post Mental Health Program Approval**

The mental health program approval or a true and correct copy thereof, shall be posted in a conspicuous location in the short-term residential therapeutic program.

**§ Section 24 Application for Renewal of Mental Health Program Approval**

(a) The Department or delegate shall conduct a yearly onsite review to determine that the short-term residential therapeutic program continues to meet all requirements of these regulations and related statutes. If the results of this onsite review indicate that the short-term residential therapeutic program continues to meet the requirements of these regulations and related statutes, the mental health program approval may be renewed.

(b) The Department or delegate shall notify the short-term residential therapeutic program, in writing of the renewal or non-renewal with an explanation of the reasons for non-renewal within sixty (60) calendar days of the onsite review. The short-term

residential therapeutic program that received notice of non-renewal may request notice and review pursuant to Section 32.

(c) The Department or delegate shall notify the California Department of Social Services of the renewal or non-renewal of mental health program approval of each short-term residential therapeutic program.

(d) Pending the issuance of a renewal pursuant to subsection (a) or the notification of non-renewal pursuant to subsection (b), the current mental health program approval shall remain in effect.

### **§ Section 25. Delegation of Approval Task**

Except for mental health program approval of short-term residential therapeutic programs operated by a county, the Department may, upon the request of a county, delegate to that county mental health plan the mental health program approval of short-term residential therapeutic programs within its borders. The delegate must perform all aspects of the mental health program approval task to ensure that applicants and short-term residential therapeutic programs follow the provisions of these regulations and related statutes. The delegate shall satisfy inquiries of applicants regarding whether the mental health program approval task has been delegated or remains with the Department. The delegate is responsible for providing written notice to the Department and to the Department of Social Services upon the mental health program approval, renewal, non-renewal, or revocation of any approval pursuant to these regulations.

The Department will provide written notice to the delegate if the Department no longer delegates the mental health program approval task. This written notice shall include a

timeline for the cessation of the mental health program approval task responsibilities. If a delegate no longer desires to have the mental health program approval task delegated, the delegate shall provide written notice to the Department thirty (30) calendar days prior to the cessation of the mental health program approval task responsibilities.

**§ Section 26. Oversight.**

(a) The Department and/or delegate may conduct onsite reviews, with or without notice, for the purpose of determining that the short-term residential therapeutic program is in compliance with the provisions of these regulations, including investigation of complaints. The short-term residential therapeutic program must provide documentary evidence that it is meeting the requirements set forth in these regulations, which will include, but not be limited to, employee records of attendance, employee qualifications, in-service education records, policies and procedures, child client records, and written agreements with any providers of mental health services.

(b) If the Department or delegate determines that a short-term residential therapeutic program is out of compliance with the requirements of these regulations, the Department or delegate shall provide the short-term residential therapeutic program with a notice of noncompliance.

(c) The Department or delegate shall have authority to interview children residing in the program or staff and to inspect and audit individual child client records or short-term residential therapeutic client records immediately upon requesting to do so at either a regularly scheduled onsite review or at an unscheduled onsite review.

(d) The short-term residential therapeutic program shall make provisions for private interviews with any child or staff at a short-term residential therapeutic program and for the examination of all records.

(e) The Department or delegate shall have the authority to observe the physical condition of any child, including conditions which could indicate abuse, neglect, or inappropriate placement in the short-term residential therapeutic program, and to have any child receive an evaluation or physical examination by a licensed mental health professional or physician operating within his or her scope of practice.

#### **§ Section 27. Complaints.**

(a) Any person may submit a complaint to the Department or delegate concerning the mental health program of a short-term residential therapeutic program. The Department, or delegate if the approval task has been delegated, shall investigate the complaint to determine whether the short-term residential therapeutic program is out of compliance with the requirements of these regulations or related statutes.

(b) The California Department of Social Services shall report to the Department and delegate when there is reasonable cause to believe that a short-term residential therapeutic program is not in compliance with these regulations or related statutes.

(c) A complaint may be made to the Department or delegate either orally or in writing.

#### **§ Section 28. Corrective Action Plan**

(a) When the Department, or delegate if the approval task has been delegated, determines that a short-term residential therapeutic program is not in compliance with provisions of these regulations or the provisions of the short-term residential therapeutic program mental health program's plan, the Department or delegate shall issue a notice



of noncompliance. This notice shall include details of the noncompliance, a date by which the short-term residential therapeutic program must have the noncompliance corrected, and a requirement that the short-term residential therapeutic program prepare and comply with a corrective action plan, which is subject to the Department's or delegate's approval.

(b) The date for correcting the noncompliance shall be:

(1) Twenty-four hours or less from the date the Department or delegate discovered the noncompliance if there is an immediate threat to the physical health, mental health, or safety of the children and youth

(2) No more than thirty (30) calendar days following issuance of the notice of noncompliance, unless the Department or delegate determines that the deficiency cannot be completely corrected in thirty (30) calendar days.

### **§ Section 29. Imposition of Sanctions**

If the Department or delegate determine that the short-term residential therapeutic program is not in compliance with the provisions of these regulations or related statutes, the Department or delegate may take any of the following actions:

(a) The Department or delegate may revoke or suspend the mental health program approval

(b) The Department or delegate may place a short-term residential therapeutic program on probation for a period of not less than thirty (30) or more than sixty (60) calendar days as determined by the Department or delegate. When a short-term residential therapeutic program is placed on probation, the Department or delegate may increase monitoring, which may include requiring frequent submissions of

documentation demonstrating compliance with these regulations and conducting more frequent onsite reviews.

(c) The Department or delegate may impose monetary penalties not less than fifty dollars (\$50) nor more than one hundred dollars (\$100) multiplied by the licensed bed capacity, per day, for each violation. However, the monetary penalties shall not exceed three thousand dollars (\$3,000) per day. A short-term residential therapeutic program that is assessed a monetary penalty and repeats the noncompliance, may be subject to immediate suspension or revocation of its mental health program approval until the noncompliance is corrected.

**§ Section 30. Revocation or Suspension of Mental Health Program Approval if License is Challenged, Expired, or Revoked**

The Department or delegate may suspend the mental health program approval of a short-term residential therapeutic program whenever an allegation or action has been instituted for removal of the short-term residential therapeutic program's licensure. The Department or delegate shall revoke the mental health program approval when licensure has expired or has been revoked. Revocation or suspension made pursuant to this section shall not be subject to Section 32 notice and review procedures.

**§ Section 31. Written Notice of Action to Department of Social Services**

The Department or delegate shall within fifteen (15) calendar days provide the Department of Social Services written notice of any revocation or non-renewal of a short-term therapeutic program approval.

## **§ Section 32. Notice and Review Procedures**

(a) When the Department or a delegate imposes sanctions pursuant to section 29, denies, or does not renew the mental health program approval of a short-term residential therapeutic program, the short-term residential therapeutic program shall receive written notice of the action by certified mail. The notice shall include a statement setting forth the reasons for the action.

(b) A short-term residential therapeutic program may request review of an action specified in (a) by sending a written request for review by certified mail to the Department or delegate if the certification task has been delegated. A request for review must be postmarked no later than fifteen (15) calendar days after the date the Department or delegate sends the notification required by subsection (a).

(c) A short-term residential therapeutic program requesting review in accordance with this section shall be responsible for submitting, in writing, all relevant documents, information, and arguments which the short-term residential therapeutic program wishes the Department or delegate to consider. The documents, information, and arguments shall be postmarked no later than thirty (30) calendar days after the Department or delegate sends the notice required in subsection (a).

(d) If the Department or delegate deems clarification or additional information is necessary to complete the review, it may request further written submissions from the short-term residential therapeutic program.

(g) A decision shall become final when the Department or delegate sends the decision to the short-term residential therapeutic program by certified mail.

### **§ Section 33. Program Flexibility.**

All short-term residential therapeutic programs shall comply with the requirements of these regulations. The requirements of these regulations do not prohibit the use of alternate concepts, methods, procedures, techniques, or personnel qualifications as long as these are carried out in a manner that is safe, consistent with the underlying intent of these requirements, and with the prior written approval of the Department. Any approval of the Department granted under this section, or a true and correct copy thereof, shall be posted in a conspicuous location in the short-term residential therapeutic program. A short-term residential therapeutic program that has received approval to use alternate concepts, methods, procedures, techniques, or personnel qualifications pursuant to this section shall comply with all conditions specified by the Department. The Department's approval shall not be construed to exempt a provider of Medi-Cal services from compliance with applicable state and federal laws and regulations for Medi-Cal reimbursement.