

**SHORT-TERM
RESIDENTIAL
THERAPEUTIC
PROGRAM (STRTP)**

Interim STRTP Regulations

(Version II)

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§ Section 1. Application of Chapter

These regulations shall apply to mental health programs operated by STRTPs. STRTPs are licensed by California Department of Social Services pursuant to California Health and Safety Code Section 1562.01.

§ 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 pursuant to Section 1522.41 of the Health and Safety Code.
- (c)** “Applicant” means any firm, association, corporation, county, city, public agency or other entity that has submitted an application for an initial STRTP mental health program approval.
- (d)** “Approval holder” means the, firm, association, corporation, county, city, public agency or other entity that has an approved STRTP mental health program documented by a certificate issued to them by the Department or delegate.
- (e)** “Approval task” means the processes of approving or denying an application submitted by an applicant, oversight, annual renewal, imposing sanctions, revocation, notice and review, and all other duties necessary to carry out the delegate responsibilities identified in Welfare and Institutions Code 4096.5 and these regulations. The approval task shall include an initial onsite inspection, investigation of complaints, annual onsite inspections, ongoing verification that the STRTP continues to meet the requirements set forth in these regulations, and imposition of sanctions (excluding imposition of monetary penalties) or revocation of approval if the STRTP does not meet the requirements set forth in these regulations.
- (f)** “Arrival” means the point in time when the child physically enters the STRTP.
- (g)** “Authorized Legal Representative” means any person or entity authorized by law to act on behalf of the child.
- (h)** “Child” means an individual under the age of 21. For purposes of these regulations, any reference to child shall also include youth and non-minor dependents.

- (i) "Client record" means the documents related to the child's admission, treatment, and transition determination in the STRTP, including assessments, treatment plan, STRTP mental health program progress notes, and clinical reviews reflecting the services the STRTP provides to the child.
- (j) "Delegate" means a county Mental Health Plan to which the Department has delegated the approval task. References to the "Department or delegate" shall mean the delegate when the STRTP is located in a county that has accepted delegation.
- (k) "Department" means the State Department of Health Care Services. References to the "Department or delegate" shall mean the Department when the STRTP is located in a county that has not accepted delegation of the approval task or when the STRTP is county owned and operated.
- (l) "Full-time equivalent" means one individual employed a minimum of forty (40) 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.
- (m) "Half-time equivalent" means one individual employed a minimum of twenty (20) 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.
- (n) "Head of Service" means a person who oversees and implements the STRTP mental health program.
- (o) "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.
- (p) "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.
- (q) "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. For purposes of these regulations, licensed mental health professionals shall have a minimum of one year of professional experience in a mental health setting.
- (r) "Licensed Professional Clinical Counselor" means a licensed professional clinical counselor within the meaning of subdivision (e) of Section 4999.12.

- (s)** “Mental Health Plan” means individual counties or counties acting jointly pursuant to Welfare and Institutions Code section 14712.
- (t)** “Placing Agency” has the same meaning as “placement agency” in subdivision (a) of Section 1536.1 of the Health and Safety Code.
- (u)** “Physician” means a physician licensed under Section 2050 of the Business and Professions Code.
- (v)** “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.
- (w)** “Psychologist” means a licensed psychologist within the meaning of subdivision (a) of Section 2902 of the Business and Professions Code.
- (x)** “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.
- (y)** “STRTP” means a short-term residential therapeutic program as defined in Section 1502, subdivision (a)(18) of the Health and Safety Code.
- (z)** “STRTP Licensing Standards” means the standards and/or regulations adopted by the California Department of Social Services governing the licensing of STRTPs.
- (aa)** “STRTP mental health program progress notes” are written notes in the client record of a child's condition and the child's participation and response to mental health treatment provided by the STRTP.

(bb) “STRTP mental health program staff” means employees or contractors of the STRTP whose duties include but are not limited to the mental health treatment of the children admitted to the STRTP. A member of the STRTP mental health 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 therapist 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.”

(cc) “STRTP mental health program statement” means written policies, procedures, and documentation describing the manner in which the STRTP shall provide medically necessary mental health treatment services to children in accordance with these regulations.

(dd) “Trauma” the result of an event, series of events, or set of circumstances that is experienced by the child as physically or emotionally harmful or threatening and that is expected to have adverse effects on the child’s functioning and physical, social, emotional, or spiritual well-being.

(ee) “Treatment Plan” means the written plan of all therapeutic, behavioral, and other interventions that are to be provided to the child during the child’s stay in the STRTP, and that are necessary to achieve the desired outcomes or goals for the child.

(ff) “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 treatment plans. An individual directing a service is not required to be physically present at the service site to exercise direction.

(gg) “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 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 to the extent authorized under state law.

§ Section 3. STRTP Mental Health Program Approval Application Content

To be considered for STRTP Mental Health Program Approval, an applicant shall submit the following:

- (a) A completed Application for Mental Health Program Approval of the STRTP Mental Health Program DHCS Form 3131, which shall contain:
 - (1) The name or proposed name and address of the STRTP.
 - (2) Name, residence, and mailing address of applicant.
- (b) A written STRTP mental health program statement and supporting documentation that contains the required information in Section 5.

§ Section 4. STRTP Mental Health Program Approval of Separate Premises

- (a) A separate STRTP Mental Health Program Approval is required for each STRTP on separate premises. A separate STRTP Mental Health Program Approval is not required for separate residential units on the same lot or adjoining lots, provided that the residential units operate as one program using the same administrator and head of service.

§ Section 5. STRTP Mental Health Program Statement

- (a) The STRTP shall operate in accordance with a STRTP mental health program statement that is approved by the Department or delegate. The STRTP mental health program statement shall include the following:
- (1) A description of the STRTP mental health program, including:
 - (A) The anticipated length of stay.
 - (B) The expected population including age range, gender, demographics, languages, and special needs.
 - (C) Each of the mental health treatment services that the applicant will directly provide onsite to admitted children during their stay in the STRTP including any specialty mental health services, as medically necessary.
 - (2) Staffing policies, including:
 - (A) Job descriptions for the head of service, licensed mental health professionals, and other STRTP mental health program staff.
 - (B) The name of the proposed head of service and documentation evidencing that they are 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 STRTP mental health program staff providing mental health treatment services to children in the STRTP.
 - (D) A staff training plan describing STRTP mental health program staff orientation procedures, in-service education requirements, and required continuing education activities to ensure STRTP mental health program staff complies with procedures contained in the STRTP mental health program statement.
 - (E) A description and true and correct copy of each agreement, contract, or memorandum of understanding with participating private or public mental health providers.
 - (3) The written, specific, and detailed policies and procedures the STRTP will follow, including policies and procedures for:
 - (A) Orienting new children to the mental health services available at the STRTP and for meeting the cultural and language needs for children admitted to the STRTP.

- (B) Emergency intervention that includes interventions for children who present an imminent danger for injuring or endangering self or others pursuant to STRTP Licensing Standards and Health and Safety Code, Division 1.5, concerning the “Use of Seclusion and Behavioral Restraints in Facilities.”
- (C) Suicide prevention, which includes at a minimum: suicide risk assessments, safety precautions, visual observation levels, staffing to maintain compliance with visual observation policies, and documentation requirements. The suicide prevention policy shall require constant visual observation of children with passive suicidal ideation.
- (D) Involving the child, parent, conservator, tribal representative, and/or person identified by the court as authorized to make decisions about the child, and child and family team, if applicable, in the child’s treatment and/or transition plan.
- (E) Confidentiality, which shall include privacy protections for information contained in a child’s record and communications between STRTP mental health program staff members and children.
- (F) Complying with the notification requirements in Section 6.
- (G) Complying with the Client record documentation and retention requirements in Section 7.
 - (i) The policies and procedures shall ensure secure client record storage in a locked room or container to protect confidentiality and prevent loss, defacement, tampering or use by unauthorized persons.
- (H) Complying with the Mental Health Assessment requirements in Section 8.
- (I) Complying with the Admission Statement requirements in Section 9.
- (J) Complying with the Treatment Plan requirements in Section 10.
- (K) Complying with the STRTP Mental Health Program Progress Notes requirements in Section 11.
- (L) Complying with the Medication Assistance, Control and Monitoring requirements in Section 12 and for securing, storing, and administering medication.

- (M) Complying with the Mental Health Treatment Services requirement in Section 13, including policies and procedures the STRTP will utilize to make available mental health services that the STRTP does not directly provide. The policies and procedure shall include the STRTP's process to refer children to outside mental health service providers and include the location mental health services will occur and method of transportation for any mental health services provided offsite. True and correct copies of all Medi-Cal certifications to provide Medi-Cal services and any contracts with outside mental health service providers shall be included with the program statement.
 - (N) Complying with the Clinical Reviews, Collaboration, and Transition Determination requirements in Section 14.
 - (O) Complying with the Transition Determination Plan requirements in Section 15.
 - (P) Complying with the Head of Services requirements in Section 16.
 - (Q) Complying with the staff, characteristics, qualifications, duties and adequacy requirements in Section 17.
 - (R) Complying with the in-service education requirements in in Section 18.
 - (S) Complying with the personnel record requirements in Section 19.
 - (T) Complying with the documentation and recordkeeping requirements in Sections 26 and 34.
- (b)** The Department or delegate may disapprove a STRTP mental health program statement that does not comply with these regulations or fails to establish a safe, healthy, and/or therapeutic environment for the children admitted to the STRTP.
- (c)** Any changes to the STRTP mental health program statement are subject to Department or delegate approval. The STRTP shall submit any requests for approval of changes to the STRTP mental health program statement in writing, mailed or e-mailed to the Department and delegate sixty (60) calendar days prior to the anticipated date of implementing the change.

§ Section 6. Notification to Department and Delegate

- (a)** The STRTP shall notify the Department and delegate in writing within ten (10) calendar days of changes to its name, location, mailing address, or head of service. If there is a change to the head of service, the notification shall include documentation that the new head of service meets all of the qualifications required for the position.
- (b)** The STRTP shall notify the Department and delegate in writing prior to any increases or decreases in licensed bed capacity.
- (c)** The STRTP shall notify the Department and delegate in writing when the STRTP is no longer certified to provide specialty mental health services pursuant to section 1810.435, subdivision (d) within seventy-two (72) hours from the date the certification expires or is terminated.

§ Section 7. Client Record Documentation and Retention

- (a)** The STRTP shall ensure that each child residing in the STRTP has an accurate and complete client record.
- (b)** The client record shall be confidential and a STRTP 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) Signed informed consent for treatment;
 - (2) Mental health assessment;
 - (3) Admission statement;
 - (4) Treatment Plan;
 - (5) STRTP Mental health program progress notes;
 - (6) Child and Family Team meeting notes;
 - (7) Clinical review report and transition determination;
 - (8) Physician's orders related to mental health care, medication reviews, if applicable, and written informed consent for prescribed medication, pursuant to applicable law;

- (9) A copy of any available court orders or judgments regarding: physical or legal custody of the child, conservatorship or guardianship of the child, the child's probation, or the child's juvenile court dependency or wardship;
 - (10) Documentation indicating each date and name(s) of individuals or groups of individuals who have participated in the development of the treatment plan, or transition, including, but not limited to, the child, parent, guardian, conservator, tribal representative, child and family team members, and/or authorized representative;
 - (11) A transition determination plan, which meets the requirements of Sections 15 and 16;
- (d) The STRTP shall retain each client record for a minimum of ten (10) years from the child's transition, or whichever is later. For purposes of this section "audit" refers to any investigation of complaints and unusual occurrences, chart reviews, and financial audits. Audits can be conducted by the state, delegate, or federal agencies. 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. Mental Health Assessment

- (a) The STRTP shall ensure that within five (5) calendar days of the child's arrival, the child has a completed and signed mental health assessment.
- (b) The mental health assessment shall be completed by a licensed mental health professional or waived/registered professional. Other STRTP mental health program staff acting within their scope of practice may assist the licensed mental health professional or waived/registered professional in gathering information required to complete the assessment.
- (c) The mental health assessment shall address the following:
 - (1) Presenting problem, including the history of the presenting problem(s), family history, and current family information.
 - (A) The presenting problem shall include the reason(s) for the child's referral to the STRTP.
 - (2) A mental status examination.

- (3) Mental Health History, including previous treatment, inpatient admissions, therapeutic modalities, such as medications and psychosocial treatments, and response. If available, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports.
- (4) Medical History, including physical health conditions, name and address of current source of medical treatment, prenatal and perinatal events, developmental, and other medical information from medical records or consultation reports.
 - (A) The medical history shall include all present medical condition(s).
- (5) Medications, including information about medications the child has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment, the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications.
 - (A) Medication information shall include all medications currently prescribed and dosage.
- (6) Risks to the child and/or others.
- (7) Substance Exposure/Substance Use, including past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications), over-the-counter, and illicit drugs.
- (8) Psychosocial factors and conditions affecting the child's physical and mental health, including living situation, daily activities, social support, sexual orientation, gender identity, cultural and linguistic factors, academics, school enrollment, and employment.
- (9) History of trauma.
- (10) Child Strengths, including the child's strengths in achieving needs and services plan goals related to the child's mental health needs, challenges, and functional impairments as a result of the mental health diagnosis.
- (11) A complete diagnosis shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data.
- (12) Any additional clarifying information.

- (d)** To satisfy the mental health assessment requirement in subdivision (a), the STRTP may use an existing mental health assessment that was performed within the sixty (60) day period preceding the date of the child's arrival at the STRTP, subject to all of the following requirements:
- (1) The mental health assessment was conducted or certified by an interagency placement committee, a licensed mental health professional, or waived/registered professional or an otherwise recognized provider of mental health services acting within their scope of practice.
 - (2) A licensed mental health professional or waived/registered professional shall review the prior assessment within five calendar days of the child's arrival at the STRTP program and determine whether to accept the existing mental health assessment or whether conducting a new assessment is more clinically appropriate.
 - (3) As part of the review referenced in paragraph (2) of this subdivision, the licensed mental health professional or waived/registered professional shall sign and complete an addendum documenting their acceptance of the existing assessment. The addendum shall include any available information required in subdivision (c) that was missing from the existing assessment, as well as updated information regarding the child's physical and mental condition at the time of arrival, diagnosis, and reason for referral, before signing and accepting.
- (e)** A mental health assessment that meets the requirements of this section shall be deemed to satisfy assessment documentation requirements for Medi-Cal beneficiaries.
- (f)** In the case of an emergency placement pursuant to Welfare and Institutions Code section 11462.01(h)(3), a licensed mental health professional or waived/registered professional shall make a written determination that the child requires the level of services and supervision provided at the STRTP to meet their behavioral and mental health service needs. The determination shall occur as soon as possible after the child arrives at the STRTP, but no later than 72 hours from the time the child arrives at the facility.
- (1) The licensed mental health professional or waived/registered professional shall consider and address, in the written determination the following information:
 - (A) The child's presenting problem, including the history if it is available;
 - (B) Whether the STRTP meets the specific therapeutic needs of the presenting problem.
 - (C) The child's prior mental health diagnosis, if any.

- (D) The child's current prescription and non-prescription medications, including dosages.
 - (E) The child's current medical conditions, including any prescribed treatment and medications.
 - (F) A risk assessment that addresses the child's likelihood of danger to self or others.
 - (G) Commonality of need with other children at the STRTP.
 - (H) Any other information necessary to determine whether the child requires the level of services provided at the STRTP.
- (2) A child who receives a determination pursuant to paragraph (1) shall also have a mental health assessment as required in subdivision (a) to document the need for the STRTP level of care
 - (3) A mental health assessment that complies with subdivision (b), if completed within 72 hours of a child's arrival at the STRTP, shall satisfy the requirements of this subdivision.
 - (4) Until a licensed mental health professional or waived/registered professional determines that the child requires the level of services and supervision provided at the STRTP, the child shall have one-on-one observation at all times or be in a physically separate area from the other children in the program. During this time, the child shall receive all services and programming required in these regulations.

§ Section 9. Admission Statement

- (a) The head of service shall sign an admission statement within five calendar days of the child's arrival at the STRTP. In the statement, the head of service shall affirm that they have: read the child's referral documentation and any previous mental health assessments, if available; considered the needs and safety of the child; considered the needs and safety of the children already admitted to the STRTP; and concluded that admitting the child is appropriate. The admission statement shall affirm the following are reviewed and will ensure, if a referral for placement is made through the Interagency Placement Committee (IPC), the materials included in the IPC referral information has also reviewed:

- (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 STRTP 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 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 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.
 - (D) The child has been assessed as requiring the level of services provided by the STRTP in order to meet their behavioral or therapeutic needs.

§ Section 10. Treatment Plan

- (a) Each child admitted to a STRTP shall have a Treatment Plan reviewed and signed by a licensed mental health professional, waived/registered professional, or the Head of Service within ten (10) calendar days of the child's arrival at the STRTP. The Treatment Plan shall include:
 - (1) Anticipated length of stay.
 - (2) Specific behavioral goals for the child and specific mental health treatment services the STRTP shall provide to assist the child in accomplishing these goals within a defined period of time.
 - (3) One or more transition goals that support the rapid and successful transition of the child back to community based mental health care.

- (4) The child and authorized legal representative's participation and agreement. The child and the child's authorized legal representative's participation and agreement shall be documented in the client record. If the child is unable to agree or refuses to agree to the treatment plan, the child's authorized legal representative's participation and agreement shall be sufficient, but the child's inability or refusal shall be documented in the Client Record. For a child who is a Medi-Cal beneficiary, the documentation of the refusal shall be in accordance with Section 1810.440(c)(2)(B) of Title 9 of the California Code of Regulations.
 - (5) Include participation of the child and family team, if one exists.
 - (6) Be reviewed by a member of the STRTP mental health program staff at least every thirty (30) calendar days. The member of the STRTP mental health program staff that completes the review shall document the review in the client record and include whether it is necessary to make changes to the treatment plan.
 - (7) A trauma-informed perspective, which includes planned services to promote the child's healing from any history of trauma.
- (b) The child's treatment plan shall be updated as the child's mental health treatment needs change.
- (c) The STRTP shall provide a copy of the treatment plan to the child's placing agency within ten (10) calendar days of the request of the placing agency and in compliance with all applicable privacy laws.

§ Section 11. STRTP Mental Health Program Progress Notes

- (a) For each child, the STRTP shall ensure that there is a minimum of one (1) written daily mental health progress note. The daily progress note shall document the following when applicable:
- (1) The specific service(s) provided to the child.
 - (2) A child's participation and response to each mental health treatment service directly provided to the child.
 - (3) Observations of a child's behavior.
 - (4) Possible side effects of medication.
 - (5) Date and summaries of the child's contact with the child's family, friends, natural supports, child and family team, existing mental health team, authorized legal representative, and public entities involved with the child.

- (6) Descriptions of the child's progress toward the goals identified in the treatment plan.
- (b)** In addition to the daily mental health progress note, the STRTP mental health program staff shall write a progress note whenever there is a significant change in condition or behavior, or a significant event involving the child, including the date and time of the event and the STRTP's response to the event.
 - (1) A significant event involving the child is any unintended or unexpected event, which could or did lead to physical or emotional harm. This includes incidents which did not cause harm but could have caused harm, or where the event should have been prevented.
 - (2) Whenever there is a significant event involving the child, the STRTP shall consider whether the child has a history of trauma and, if so, do the following:
 - (A) Determine whether the child's history of trauma has precipitated the significant event.
 - (B) Determine whether the significant event could be used to promote healing and growth from the child's history of trauma.
 - (C) Determine whether the significant event has created a need for changes to the child's treatment plan.
 - (D) Update the child's treatment plan with any additional services that the child needs, taking into account the significant event, the child's history of trauma, and any other relevant psychosocial factors which may include the child's living situation, daily activities, social support, sexual orientation, gender identity, cultural and linguistic factors, academics, and school enrollment.
- (c)** All mental health progress notes shall be completed, signed and dated (or electronic equivalent) within seventy-two (72) hours of the service provided.
- (d)** The mental health progress notes shall be maintained in the child's record.
- (e)** If the child is a Medi-Cal beneficiary, the STRTP shall complete separate progress notes for each specialty mental health service provided.
- (f)** If a progress note for a specialty mental health service is provided, this replaces the requirement for this daily mental health progress note.

§ Section 12. Medication Assistance, Control, and Monitoring

- (a)** A nurse practitioner, physician's assistant or registered, licensed or vocational nurse acting within their scope of practice; may perform the functions in subdivisions (b), (c), and (d) under the direction of a psychiatrist. However, each child shall be examined by a psychiatrist at least one time during the child's stay at the STRTP.
- (b)** A physician or psychiatrist shall examine each child prior to prescribing any psychotropic medication. The examination shall include a screening to determine whether there are potential medical complications from the medication that could impact the child's mental health condition. The examination shall be noted in the client record.
- (c)** A physician or a psychiatrist, shall sign a written medication review for each child prescribed psychotropic medication. This review shall be completed as often as clinically appropriate, but at least every forty-five (45) days. This review may be prepared by a STRTP mental health program staff member acting within the scope of their practice and shall be included in the 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 client record.
 - (2) The child's response to each psychotropic medication currently prescribed and the child's perspective on the effectiveness of these medications.
 - (3) The child's compliance with taking psychotropic medication prescribed.
 - (4) Justification for continuing to prescribe psychotropic medication and/or changing the child's medication plan.
 - (5) A statement that the physician, psychiatrist has considered the goals and objectives of the child as listed in the child's needs and services plan and the treatment plan, and that the psychotropic medication prescribed is consistent with those goals and objectives.
- (d)** A psychiatrist shall review the course of treatment for all children who are not on psychotropic medication to treat mental health conditions as clinically appropriate, but 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.

- (e) Psychotropic medications for a child residing in a STRTP shall be administered and dispensed in accordance with state and federal laws for pharmaceuticals, which include but are not limited to, laws related to authorization, administering and dispensing medication, psychotropic medication, storage and disposal, informed consent, and documentation of informed consent.
- (f) The STRTP shall ensure the following is documented in the client record: the date and time a prescription or non-prescription medication was taken, the dosage taken or refused, and the child's response to medication.

§ Section 13. Mental Health Treatment Services

- (a) The STRTP shall provide structured mental health treatment services in the day and evening, seven (7) days per week, according to the child's individual needs as indicated in the child's treatment plan.
- (b) The STRTP shall be able to directly provide the following mental health treatment services onsite:
 - (1) Crisis Intervention as defined in Section 1810.209 for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (2) Mental Health Services as defined in Section 1810.227 for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (3) Targeted Case Management as defined in Section 1810.249 for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
- (c) The STRTP shall make available the following mental health treatment services according to the child's treatment plan:
 - (1) Day treatment intensive as defined in Section 1810.213 of Title 9 of the California Code of Regulations for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (2) Day rehabilitation as defined in Section 1810.212 of Title 9 of the California Code of Regulations for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (3) Medication Support Services as defined in Section 1810.225 of Title 9 of the California Code of Regulations for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.

- (4) EPSDT services as defined in Section 1810.215 of Title 9 of the California Code of Regulations for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
 - (5) Psychiatric nursing services, which shall include, but not be limited to, nursing assessments, taking vital signs, monitoring vital signs, coordinating medical care, administering, dispensing, and furnishing medication, and other services described in Business & Professions Code Section 2725. The psychiatric nursing services shall be provided by a registered nurse, licensed, or vocational nurse, licensed psychiatric technician, or another licensed professional acting within the scope of their practice.
- (d) For purposes of this section “make available” means that the STRTP mental health program either directly provides the services or provides access to services provided by other providers. A child may receive services provided offsite by other providers to meet the child’s needs as set forth in the child’s treatment plan.
- (e) If a child is a Medi-Cal beneficiary and the STRTP is not certified to provide a specialty mental health service that is medically necessary for that child, the STRTP shall arrange for the child to receive the service through the mental health plan with responsibility for providing or arranging for specialty mental health services for that child.

§ Section 14. Clinical Reviews, Collaboration, and Transition Determination

- (a) Every ninety (90) days, a licensed mental health professional or waiver/registered professional, shall perform a clinical review of the child’s current mental health status and progress in treatment to determine whether the child should be transitioned to a different level of care. The licensed mental health professional or waived/registered professional shall summarize the reviews and determinations in the client record and update the child’s treatment plan, as needed.
- (1) As part of the review, the licensed mental health professional or waived/registered professional shall consider:
- (A) 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 treatment plan.
 - (B) Whether the STRTP continues to meet the specific therapeutic needs of the child.

- (C) Justification for the decision for continued stay or transition of the child based on the client record and licensed mental health professional's clinical opinion.
- (b) As clinically appropriate (determined by a licensed mental health professional, waived/registered professional, or head of service), the STRTP shall collaborate throughout the course of the child's treatment with the child's existing mental health team, parent, guardian, conservator, tribal representative, child and family team, authorized legal representative, placing agency or agencies, the probation department, county welfare department, and county mental health department, if any of these are applicable. The STRTP shall summarize and document the consultations in the client record.
- (c) The STRTP mental health program staff shall meet at least once every ninety (90) days, or more often if needed, to discuss the diagnosis, mental health progress, treatment planning, and transition planning for the child. Prior to or during each meeting, the STRTP mental health program staff shall obtain information from direct care staff about their observations, if any, for the child. The head of service or a licensed mental health professional or waiver/registered professional shall attend each meeting along with other mental health program staff that provide mental health services to the child. The meeting should include the most active and informed members of the mental health program staff responsible for the child's mental health treatment.

§ Section 15. Transition Determination Plan

- (a) A transition determination plan shall be developed, completed, and signed by a member of the STRTP mental health program staff prior to the date the child transitions out of the STRTP. A copy shall be provided prior to or at the time of the child's transition, to the following, as applicable: parent, guardian, conservator, or person identified by the court to participate in the decision to place the child in the STRTP. 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 reason for the child to be transferred 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) 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) Goals and expected outcomes for any follow up treatment.
 - (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.

§ Section 16. Head of Service

- (a) The STRTP shall have a dedicated head of service employed forty (40) hours per week.
- (b) The head of service shall meet the requirements of one of the professional disciplines in Sections 623 through 630 of Title 9 of the California Code of Regulations. The STRTP shall submit to the Department or delegate documentation establishing that the head of service satisfies the requirements of the applicable regulation in Sections 623 through 630 of Title 9 of the California Code of Regulations.
- (c) If the head of service is not a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed professional clinical counselor, registered nurse, the head of service shall perform the head of service duties under the direction of one or more of the following professionals:
 - (1) Physician or psychiatrist who meets the education and experience requirements in section 623.
 - (2) Psychologist who meets the education and experience requirements in section 624.
 - (3) Licensed Clinical Social Worker who meets the education and experience requirements in section 625.
 - (4) Licensed Marriage and Family Therapist who meets the education and experience requirements in section 626.

- (5) Licensed Professional Clinical Counselor who meets the education and experience requirements in section 626.
- (6) Nurse who meets the education and experience requirements in sections 627 or 628.
- (d)** A head of service that is the head of service for more than one STRTP shall not serve as an administrator. A head of service who is an administrator shall not be counted as part of the staffing ratio. A head of service who is also the administrator shall not hold any other position.
- (e)** The head of service is responsible for the STRTP mental health program's compliance with these regulations and applicable laws. The head of service shall manage the clinical and administrative components of the STRTP mental health program. The head of service's responsibilities shall include, but are not limited to, the following specific tasks:
 - (1) Maintaining a safe, healthy, and therapeutic environment at the STRTP.
 - (2) Ensuring that each child admitted to the program has a mental health assessment.
 - (3) Ensuring that each child in the STRTP has commonality of needs with the other children in the STRTP, including whether the child's presence is adverse to the safety or mental health needs of the child or other children admitted to the STRTP.
 - (4) Ensuring the mental health services identified on each treatment plan are provided and appropriate to meet the individual needs of the child.
 - (5) Monitoring the quality of the mental health services provided to the children.
 - (6) Making arrangements, including transportation, for children to receive mental health services that cannot be provided by the STRTP.
 - (7) Arrangements for special provision of mental health services to children with disabilities including visual and auditory impairment.
 - (8) Ensuring that documentation and recordkeeping requirements are met.
 - (9) Development of mental health staff schedules, training schedules, mental health treatment service schedules, medication schedules, and any other schedules for the operation of the STRTP mental health program.

(f) The Department or delegate may approve program flexibility for subdivision (a) of this section subject to the following requirements:

- (1) A single legal entity operating more than one STRTP may request program flexibility to have a single head of service employed forty (40) hours per week to manage a maximum of thirty (30) beds split among a maximum of five (5) STRTPs in good standing that are located on separate premises. To receive and maintain program flexibility approval under this subdivision:
 - (A) The head of service shall have a designated primary office at one of the STRTPs;
 - (B) No facility shall be more than five (5) miles distance from the head of service's primary office;
 - (C) The head of service shall be reachable at all times during their scheduled shift;
 - (D) Each facility shall have a designated individual in an acting capacity when the head of service is not on-site;
 - (E) The head of service shall be on-site at each facility for a minimum of two (2) hours at least three (3) times per week;
 - (F) The head of service shall maintain a time study, which indicates specific time spent at each facility; and
- (2) Every program flexibility request, approval, renewal, denial, suspension, and revocation under this subdivision shall comply with the applicable program flexibility requirements in sections 33 and 34.
- (3) The purpose of program flexibility for the head of service position is to accommodate the needs of small STRTPs located in close proximity to each other. A facility that is unable to meet the time or distance requirements of (a)(1)(ii) in this section, despite a demonstrated effort to comply, may apply in writing to the Department directly for program flexibility, which shall be approved on a case by case basis. In deciding the application, the Department shall consider whether the delegate, if applicable, supports the time and distance flexibility request. The Department shall consider the facility's special circumstances, which may include, but are not limited to, difficulty obtaining suitable premises within the time and distance area, financial hardship, rural location, and an absence of qualified candidates in the region. A delegate shall not have authority to approve time and distance program flexibility.

§ Section 17. Staff Characteristics, Qualifications, Duties, and Adequacy

- (a)** All licensed, waived, or registered mental health professionals providing services in a STRTP shall meet all legal requirements for professional licensing, waiver, or registration, as applicable.
- (b)** A STRTP shall have at least one full-time equivalent STRTP mental health 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.
- (c)** Of the STRTP mental health program staff required in subdivision (b), a STRTP shall have one half-time equivalent licensed mental health professional or waived/registered professional employed for each six children or fraction thereof admitted to the program. A licensed mental health professional or waived/registered professional who is employed to meet this requirement may also be the head of service, if employed at least forty (40) hours per week.

- (d)** The STRTP shall have adequate numbers of STRTP mental health program staff scheduled, present, awake, and on duty between 9:00 am and 5:00 pm five (5) days per week. The STRTP shall have mental health program staff scheduled for additional hours as needed to ensure children have access to medically necessary specialty mental health services. The STRTP shall develop a daily STRTP mental health program staff schedule based on the number of children physically present at the STRTP and the children's meal times, class schedules, mental health programming, and other scheduled appointments or activities. The STRTP shall ensure that the mental health service schedule maximizes opportunities for service provision when children are present and available to receive the services. This subdivision shall not be construed to prohibit the STRTP from providing services that are appropriately provided without the child present, such as collateral services and targeted case management.
- (e)** The staffing requirements in this section shall be satisfied at all times. No staff members shall be counted in more than one staffing ratio during their assigned shifts. A STRTP may schedule member(s) of the direct care staff as defined in section 87001 of the STRTP Licensing Standards to meet the staffing requirements of subdivision (b), if the direct care staff members are from the list of individuals described in subdivision (b)(1)-(10). A STRTP may schedule member(s) of the direct care staff to meet the licensed mental health professional or waived/registered professional requirement of subdivision (c), if the direct care staff members are licensed mental health professionals or waived/registered professionals. The staff schedule shall specify each time a member of the direct care staff is assigned to a STRTP mental health program staff shift.
- (f)** The Department or delegate may require a STRTP to provide additional STRTP mental health program staff, if the Department or delegate determines that additional staff are needed to provide for the mental health treatment services needs of the children residing at the STRTP. In making this determination, the Department or the delegate may consider the STRTP's census, experience and education of current STRTP mental health program staff, frequency of deficiencies, severity of deficiencies, as well as any other relevant considerations, including the mental health diagnoses, acuity, and needs of the children in the STRTP. The Department or delegate shall notify the STRTP in writing when additional staff are required.
- (g)** The STRTP shall have a psychiatrist available to provide psychiatric services as specified in these regulations.

(h) A STRTP may request program flexibility for subdivision (a) of this section as to the staff qualifications for prospective or existing employee(s) subject to the following requirements:

- (1) The request shall include the supporting documentation for the Department or delegate to make a decision on the request, such as, but not limited to, the employee's resume, degree, registration for a licensing exam, and the employee's scheduled date of examination.
- (2) No prospective or current employee who is the subject of a program flexibility request shall commence duties requiring flexibility approval until the Department or delegate approves the program flexibility request.
- (3) Every prospective or current employee is responsible for ensuring their own compliance with their professional licensing board statutes, regulations, and rules.
- (4) No program flexibility approval shall serve to permit the unauthorized practice of a profession that requires licensure.
- (5) Every program flexibility request, approval, renewal, denial, suspension, and revocation under this subdivision shall comply with the applicable program flexibility requirements in sections 33 and 34.
- (6) The Department or delegate may consider the employee's experience and education, the duration of the program flexibility, and any other reasons or factors relevant to the program flexibility request.
- (7) When the Department or delegate approves a program flexibility request for staff qualifications under this subdivision, the approval notice shall specify a date upon which the approval shall expire.
- (8) At least five (5) business days prior to the expiration of the program flexibility approval, the STRTP shall submit to the Department or the delegate evidence that the staff member(s) who was the subject of the program flexibility request satisfies all qualification requirements, evidence that the staff member is no longer employed in a capacity requiring program flexibility, or a written request for an extension with justifications and supporting documents.
- (9) The Department or delegate shall only consider one request for an extension and no extension shall exceed ninety (90) calendar days.

§ Section 18. In-Service Education

- (a)** All STRTP mental health program staff shall receive a minimum of twenty-four (24) hours per calendar year of ongoing, planned academic and on-the-job in-service education. This twenty-four hour requirement may be prorated for part-time STRTP mental health program staff and new employees in their first calendar year of employment. A STRTP mental health program staff member who works twenty (20) hours per week or less shall be required to receive twelve (12) hours per calendar year of in-service education. At least eight (8) hours of the training shall focus specifically on preventing and managing assaultive and self-injurious behavior or other similar crisis services. At a minimum, the in-service education shall cover all of the following topics even if the STRTP mental health program staff must attend more than twenty-four (24) hours of training in a calendar year:
- (1) Client-centered and trauma-informed approach to address the needs and goals of children admitted to the STRTP;
 - (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 and other medications to treat mental illness and recognizing possible side effects in children and youth;
 - (9) All approved policies and procedures applicable to the STRTP.
- (b)** STRTP staff shall complete at least eight (8) hours of training on the topic of preventing and managing assaultive and self-injurious behavior prior to commencing any employment duties involving direct contact with children.
- (c)** Subdivisions (a), (b), and (e) shall not apply to a psychiatrist or physician, who is not the head of service. Psychiatrists and physicians shall attend a minimum of one training per calendar year on preventing and managing assaultive and self-injurious behavior.
- (d)** The STRTP shall document all trainings by maintaining a record of the training title and date, syllabus or curriculum, and sign-in sheets of attendees.

- (e) STRTP staff shall comply with all training requirements in the STRTP Licensing Standards.

§ Section 19. Personnel Records

- (a) Each STRTP mental health program staff member's personnel file shall contain the following:
 - (1) A record of their 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 statement signed by the staff member certifying that he or she has read, understood, and shall comply with these regulations.
 - (3) A copy of their valid license, waiver, registration, and any other documentation establishing that the individual meets the requirements of being included as a member of the STRTP mental health program staff.
- (b) The STRTP mental health program shall retain STRTP mental health program staff personnel records for a minimum of ten (10) years from the last date the staff member was employed by the STRTP, according to the terms of the provider's contract with the Mental Health Plan, or until the date of completion of any audit, whichever is later. 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 STRTP mental health program staff member's provision of service is subject to any due process proceeding including administrative review and litigation until all appeals have been exhausted.

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

- (a)** An applicant shall mail a completed application for Mental Health Program Approval to the Department and to the delegate by certified mail or email.
- (b)** The Department or delegate shall provide written notice to an applicant if the application is incomplete.
- (c)** An applicant shall provide any missing information within thirty (30) calendar days of the date of the Department's or delegate's written notice of an incomplete application. If the applicant fails to provide the missing information within thirty (30) calendar days, the application is deemed denied and the applicant does not have a right to notice and review. Nothing in this subdivision shall prevent the applicant from submitting a new application.
- (d)** Prior to issuing a STRTP mental health program approval, the Department or delegate shall conduct an onsite review to verify that the applicant meets the requirements of these regulations and related statutes.
 - (1)** The onsite review shall include a review of at least twenty percent of the client records for children admitted to the program at the time of the review, if at least one child is admitted.
 - (2)** If the applicant has not admitted any children, the applicant shall notify the Department or delegate of the date it intends to begin admissions in the initial application. The Department or delegate may require a preliminary onsite review of the STRTP mental health program before the program begins to admit children.
 - (A)** The applicant shall notify the Department or delegate in writing within twenty-four (24) hours of the admission of the first child.
 - (B)** The Department or delegate shall conduct an onsite review within forty-five (45) days of receiving notice of the first admission. This onsite review shall include a review of at least twenty percent of the client records for children admitted to the program at the time of the review.
- (e)** The Department or delegate shall notify an applicant, in writing, of the Department's or delegate's decision to approve or deny the application within forty-five (45) calendar days of receiving the complete application.
- (f)** The Department or delegate may process an application pursuant to section 21.
- (g)** Except when an application is denied for being incomplete, an applicant shall have the right to notice and review pursuant to Section 31 when the Department or delegate has denied an application for STRTP Mental Health Program Approval.

§ Section 21. Provisional Approvals

- (a) The Department or delegate may issue a provisional mental health program approval to an applicant that is a group home certified for rate classification levels of 13 or 14 without conducting an onsite review, if the submitted application and supporting documentation demonstrate that the applicant meets the requirements of these regulations and applicable statutes. The provisional approval period shall not exceed one year. The Department or delegate shall conduct an onsite review prior to issuing a renewal pursuant to Section 24. This subdivision shall be repealed and no longer be in effect as of January 1, 2020.
- (b) The Department or delegate may, in its discretion, issue one provisional approval for a period of less than one year to an applicant submitting its initial application for STRTP mental health program approval. The application process shall be the same as Section 20.

§ Section 22. Duration of STRTP Mental Health Program Approval

Mental health program approvals shall be for one year from the date of issuance, except for provisional approvals issued pursuant to Section 21.

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

The STRTP Mental Health Program Approval or a true and correct copy thereof shall be posted in a conspicuous location in the STRTP.

§ Section 24. Application for Renewal of STRTP Mental Health Program Approval

- (a) The Department or delegate shall conduct a yearly onsite review to determine whether the STRTP continues to meet all requirements of these regulations and related statutes. This onsite review shall include a review of program compliance and a review of the client records of at least twenty percent of children residing in the STRTP on the day of the onsite review.
- (b) If the results of this onsite review indicate that the STRTP continues to meet the requirements of these regulations and related statutes, the STRTP Mental Health Program Approval may be renewed.
- (c) The Department or delegate shall notify the STRTP, 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 STRTP that received notice of non-renewal may request notice and review pursuant to Section 31.
- (d) The Department or delegate shall notify the Department of Social Services of the renewal or non-renewal of the STRTP Mental Health Program Approval of each STRTP.
- (e) Pending the issuance of a renewal pursuant to subdivision (a) or the notification of non-renewal pursuant to subdivision (c), the current STRTP Mental Health Program Approval shall remain in effect.

§ Section 25. Delegation of Approval Task

- (a)** If the Department has delegated the approval task to the county Mental Health Plan, the county Mental Health Plan is deemed the delegate for all purposes related to STRTPs within its borders and is subject to the delegation regulations for STRTPs.
 - (1) Delegates shall process all applications for STRTP Mental Health Program Approval from licensed STRTPs within its county or counties' borders whether or not the delegate has a contract with the STRTP to serve the delegate's Medi-Cal beneficiaries.
 - (2) A county Mental Health Plan shall not have delegate authority over STRTP mental health programs located outside of its county or counties' borders.
- (b)** The delegate shall oversee and enforce compliance with all STRTP mental health program standards, except through the imposition of monetary penalties. The Department does not delegate its authority to impose monetary penalties. Delegates shall refer all matters that may warrant imposition of monetary penalties to the Department within thirty (30) days of identification.
- (c)** The delegate shall comply with the following requirements:
 - (1) Within five (5) business days of issuance, send via certified mail or email to the Department and to the Department of Social Services, a copy of the STRTP Mental Health Program Approval, denial, renewal, non-renewal, probation, suspension or revocation of any approval, on-site review report, notice of noncompliance, imposition of sanctions, and flexibility decisions.
 - (2) Submit documents or any other official communication upon a request by the Department.
 - (3) Maintain a file for each STRTP. The file shall contain all documents submitted to the delegate by the STRTP pursuant to these regulations. The file shall contain all documents issued to the STRTP by the delegate pursuant to these regulations. The file shall contain all documents from the Department with regard to the STRTP. The delegate shall:
 - (A) Retain a complete file for all facilities with an active STRTP Mental Health Program Approval.
 - (B) Retain complete files for denied applications and closed STRTPs for a period of ten (10) years.
 - (4) The delegate shall consult telephonically or in writing with the Department prior to denying an application or imposing sanctions pursuant to Section 29.

- (5) Upon request, the delegate shall provide the Department with a current tracking log of all approved, denied, revoked, suspended, and probationary STRTP mental health programs within thirty (30) calendar days.
- (d)** The Department may inspect or audit the delegate at any time to ensure compliance with state and federal laws and regulations applicable to the STRTP mental health program. The delegate shall submit any records, documents, and information requested by the Department within thirty (30) days of the request.
- (e)** The Department shall have authority at any time to override a decision by a delegate, provide technical assistance, and direct a particular delegate action consistent with policy guidance, regulations, and statutes.
 - (1) The delegate may request technical assistance and direction from the Department at any time.
 - (2) In delegate counties, the STRTP shall direct questions to the delegate. When responding, the delegate shall provide the answer in writing.
- (f)** All counties shall satisfy inquiries of applicants regarding whether the approval task has been delegated or remains with the Department. The Department shall maintain a publicly available list of delegate counties on its website.
- (g)** If a county that is not a delegate receives a STRTP Mental Health Program Approval application, the county shall immediately notify the STRTP that it is not a delegate, return the application to the applicant, and refer the applicant to the Department.

§ Section 26. Oversight

- (a) At any time, the Department and/or delegate may conduct onsite reviews, with or without notice, for the purpose of determining that the STRTP is in compliance with the provisions of these regulations, including investigation of complaints. The STRTP must preserve and provide documentary evidence that it is meeting the requirements set forth in these regulations, which shall include, but not be limited to, employee records of attendance, employee qualifications, in-service education records, policies and procedures, child client records, any video and audio surveillance, and written agreements with any providers of mental health services. This onsite review shall include a review of at least twenty percent of the client records for children admitted to the program at the time of the review.
- (b) The Department or delegate, whichever conducts the onsite review, shall prepare a written on-site review report and identify any corrective actions that are required, and shall provide the STRTP with a copy.
- (c) The STRTP shall make space available onsite for the Department or delegate to conduct interviews of children and staff and examine records.

§ Section 27. Complaints

- (a) Any person may submit a complaint to the Department or delegate concerning the STRTP mental health program of a STRTP. The Department or delegate shall investigate the complaint to determine whether the STRTP is out of compliance with the requirements of these regulations or related statutes.
- (b) The Department of Social Services shall report to the Department and delegate when there is reasonable cause to believe that a STRTP 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.
- (d) The delegate shall provide the Department with a copy of any written complaint related to the STRTP mental health program within twenty-four (24) hours of receipt, excluding weekends and holidays. The delegate shall provide the Department with a written summary of any oral complaint related to the STRTP mental health program within twenty-four (24) hours of receipt, excluding weekends and holidays. For any complaint received on a weekend or holiday, the delegate shall provide the Department with a copy or written summary on the next business day.

§ Section 28. Noncompliance

- (a)** When the Department or delegate determines that a STRTP is not in compliance with provisions of these regulations or the provisions of its approved STRTP Mental Health Program Statement, the Department or delegate shall issue a notice of noncompliance. This notice shall include details of the noncompliance, a date by which the STRTP must have the noncompliance corrected, and a requirement that the STRTP submit 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 (24) hours or less from the date the Department or delegate discovered the noncompliance if there is an immediate threat to the physical health, mental health, or safety of the children 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.
- (c)** If the Department or delegate does not approve the STRTP's corrective action plan, the Department or the delegate may require the STRTP to comply with a specific corrective action and timeline for completion.
- (d)** The Department or delegate may place a STRTP 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 STRTP 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.
- (e)** The Department 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 STRTP that is assessed a monetary penalty and repeats the noncompliance, may be subject to immediate suspension or revocation of its STRTP mental health program approval until the noncompliance is corrected.

§ Section 29. Revocation or Suspension of STRTP Mental Health Program Approval if License is Challenged, Expired, or Revoked

- (a) The Department or the delegate may suspend or revoke the approval of a STRTP mental health program for noncompliance with a law applicable to the STRTP mental health program. The Department or delegate may suspend a STRTP Mental Health Program Approval whenever an allegation or action has been instituted for removal of the STRTP's licensure.
- (b) The Department or delegate shall revoke the STRTP Mental Health Program Approval when licensure has expired or has been revoked. Revocation made pursuant to this section shall not be subject to Section 31 notice and review procedures.

§ Section 30. 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, suspension, probation, or non-renewal of a STRTP Mental Health Program Approval.

§ Section 31. Notice and Review Procedures

- (a) When the Department or a delegate takes an action pursuant to section 28 and subdivision (a) of section 29, denies, or does not renew the STRTP Mental Health Program Approval of a STRTP, the Department or delegate shall provide written notice of the action by certified mail. The notice shall include a statement setting forth the reasons for the action.
- (b) A STRTP may request review of an action specified in subdivision (a) by sending a written request for review by certified mail to the Department or delegate if the approval 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 subdivision (a).
- (c) A STRTP requesting review in accordance with this section shall be responsible for submitting, in writing, all relevant documents, information, and arguments which the STRTP 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 subdivision (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 STRTP.

- (e) A decision shall become final when the Department or delegate sends the decision to the applicant or STRTP by certified mail.

§ Section 32. Program Flexibility Requirements and Procedures

- (a) All STRTPs shall comply with the requirements of these regulations. A STRTP shall only request STRTP mental health program flexibility for subdivision (a) of Section 16 and subdivision (a) of Section 17.
- (b) To request program flexibility, the STRTP shall submit a letter in writing with supporting documentation to the Department or delegate. If the Department has delegated approval authority, the STRTP shall submit the letter and supporting documentation to the delegate and a copy to the Department. The letter shall identify the flexibility requested, the regulation authorizing flexibility, and the reasons for the program flexibility request.
- (c) The Department or the delegate may require additional information or documents.
- (d) To reach a decision, the Department or delegate may consider the reasons for the request, current or prior history of program flexibility, the STRTP's census, experience and education of staff, frequency of deficiencies, severity of deficiencies, as well as any other relevant considerations, including the mental health diagnosis, acuity, and needs of the children in the program.
- (e) The Department shall decide program flexibility requests unless the Department has delegated the approval task to the county Mental Health Plan. If the Department has delegated the approval task to the county Mental Health Plan, the delegate shall decide the request for program flexibility in compliance with this section, the authorizing regulation, and the specific additional requirements in section 33.
- (f) If the Department or delegate approves the program flexibility request, that approval shall be in writing. The Department or the delegate may approve a flexibility request for the term of the STRTP Mental Health Program Approval or for a shorter duration. In granting a flexibility request, the Department or the delegate shall impose any additional requirements it deems necessary to ensure safety and to ensure that medically necessary mental health services are provided to children consistent with their individual needs. These additional requirements will be applicable during the time the flexibility request is approved. The additional requirements shall be written, measurable, and enforceable. The Department or delegate's decision to approve or deny the flexibility request is effective the date it is signed. The decision is final and is not subject to notice and review.

- (g) A STRTP shall post in a conspicuous location at the STRTP any approval received from the Department or delegate granted under this section, or a true and correct copy thereof.
- (h) A STRTP that has received flexibility approval shall comply with all conditions specified by the Department or delegate.
- (i) The Department or delegate may suspend or revoke an approved flexibility request at any time. Suspension and revocation are final and are not subject to notice and review.
- (j) The Department has ultimate authority to revoke, suspend, or override a delegate's program flexibility approval at any time. The Department's decision is effective the date it is signed. The decision is final and is not subject to notice and review.
- (k) The Department's or delegate's approval of the flexibility request shall not be construed to exempt a provider of Medi-Cal services from compliance with applicable state and federal laws and regulations for Medi-Cal reimbursement.

§ Section 33. Delegate Program Flexibility Determinations - Specific Additional Requirements

- (a) A delegate shall only approve a request for flexibility if it is specifically authorized in the regulation(s) for which the STRTP is seeking flexibility.
- (b) A delegate's approval of the flexibility request shall be in writing and include any additional requirements the delegate has deemed necessary, the term of the flexibility request approval, and the following minimum assurances:
 - (1) The delegate has verified that the STRTP Mental Health Program Approval is in good standing and there are no unresolved incidents of non-compliance, pending revocations, pending suspensions, pending probation, unpaid monetary penalties, or incomplete corrective actions.
 - (2) The delegate has verified that flexibility is specifically permitted in the regulation(s) for which flexibility is requested and is not a licensing requirement or other mandatory requirement per state statute or federal law.
 - (3) The delegate has verified that the requested flexibility provides equal or better safeguards than the STRTP Mental Health Program Approval regulations to ensure that medically necessary mental health treatment services are provided to children consistent with individual needs.

- (4) The delegate has verified that the requested flexibility will not reduce safety or pose an increased risk of harm to children who reside or will reside in the STRTP.
- (5) The delegate has verified that the requested flexibility is or would be consistent with other flexibility requests granted by the delegate and the Department.
- (6) The delegate has verified that the requested flexibility is consistent with the intent of the STRTP Mental Health Program Approval regulations.
- (7) The delegate has verified that the requested flexibility will not conflict with other STRTP Mental Health Program Approval regulations.
- (8) The delegate has verified either of the following:
 - (A) No additional requirements are necessary to ensure children's safety nor to ensure that medically necessary mental health treatment services are provided to children consistent with their individual needs; or
 - (B) Additional requirements are necessary to ensure children's safety or to ensure that medically necessary mental health treatment services are provided to children consistent with their individual needs and the delegate has imposed these additional requirements in its written approval.
- (c) The delegate shall provide a copy of its approval and assurances, denial, and suspension or revocation of a flexibility request to the Department and to the STRTP that has requested flexibility.
- (d) If the delegate is unable to verify that the flexibility will be safe and consistent with the intent of these regulations and therefore cannot provide the required assurances, the delegate shall deny the flexibility request. The delegate shall issue a written denial of a flexibility request that includes the basis for the denial and may include program recommendations. The delegate's denial is effective the date it is signed by the delegate and the delegate shall send a copy of the written denial to the Department and to the STRTP that has requested flexibility.
- (e) If the delegate determines it is unclear whether the program flexibility request should be approved or denied, the delegate may deny the request or may submit the program flexibility request and all supporting documentation to the Department for the Department to make a final determination. The Department shall issue a written decision to approve or deny the program flexibility to the delegate and the STRTP that has requested flexibility. The Department's decision is effective the date the Department signs the decision. The decision is final, and is not subject to notice and review.

§ Section 34. Record of Compliance

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