

ACBHD Adult Residential Treatment Authorization and Documentation Requirements Specialty Mental Health Services (SMHS)

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**Behavioral Health
Department**
Alameda County Health

What is ART (Adult Residential Treatment)?

Adult Residential Treatment (ART)



- Rehabilitative services provided in a non-institutional, residential setting.
- For clients who would be at risk of hospitalization, or other institutional placement, if they were not in the residential treatment program.

ART Services

- A range of activities and services that support clients in their efforts to restore, maintain and apply interpersonal and independent living skills and to access community support systems.
- Available 24 hours a day, 7 days a week.
- May include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.



Levels of Residential Treatment

Transitional Residential

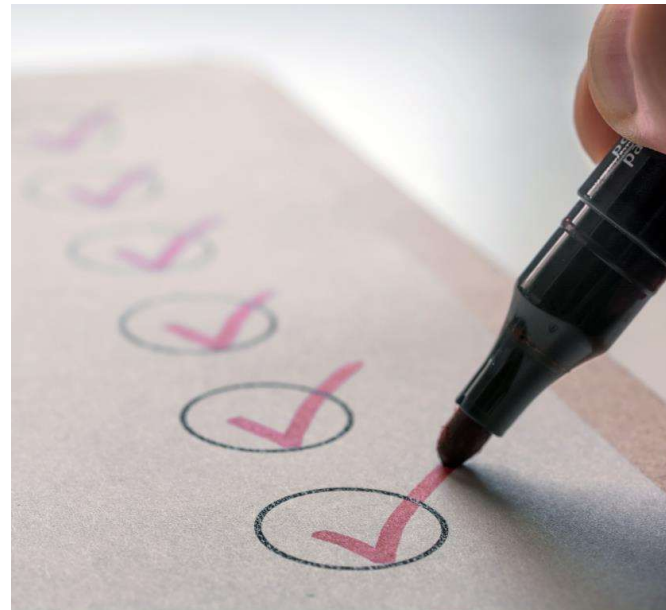
- Has a planned length of stay in accordance with the client's assessed needs.
- Not to exceed one year or what's listed in your contract.

Long Term Residential

- Has a planned length of stay in accordance with the client's assessed needs.
- Not to exceed eighteen months

Authorization

- BHIN 22-016 states that Mental Health Plans must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS).
- This Information Notice further states that Mental Health Plans may not require prior authorization.



Authorization: MHP Referral

SCENARIO 1: MHP REFERRAL



NOTE: ACBHD is currently not using this process but may implement this scenario in the future.

Authorization: ART Provider Admission

SCENARIO 2: ART PROVIDER ADMISSION



Process for Requesting Initial Authorization

Requesting Initial Authorization

- There are multiple forms that are used by providers to request initial or concurrent authorizations. These include the following:
 - Admission Notification/Service Authorization Request (SAR)
 - Level of Care Determination tool
 - Completed Referral Form
- Additionally, the MHP uses the Authorization Decision Form to render an authorization decision

Admissions Notification/SAR

Within one business day of admission, providers should submit the following information to ACBHD:


- Admission notification using the Service Authorization Request (SAR) form
- Completed Referral Form used by program
- Level of Care Determination Tool to support medical necessity
- Initial authorization requests for Residential services should be sent to your program's county liaison for review using secure email delivery.

Specialty Mental Health Services (SMHS) Residential Treatment Service Authorization Request (SAR)

SMHS RESIDENTIAL TREATMENT TYPE			
<input type="checkbox"/> Adult Residential Treatment (ART) Choose an item			
<input type="checkbox"/> Crisis Residential Treatment (CRT) Choose an item			
PROVIDER INFORMATION			
Referring Clinician Name:	Contact #:	Email:	Fax:
CLIENT INFORMATION			
Client Name:	DOB:	Age:	
Client InSyst# (PSP):	Medi-Cal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alameda County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Private or Other Health Insurance:			
SERVICE AUTHORIZATION REQUEST			
<input type="checkbox"/> Initial	If Initial, include admission date here: Click or tap to enter a date.		
<input type="checkbox"/> Continuation	If Continuation, include expiration date of current authorization here: Click or tap to enter a date.		
Additional Comments:			
Print Name _____		Signature _____	
		Date _____	

Level of Care Determination Tool

- This tool was created to replace the Brief Screening Tool.
- It includes two sections:
 - Adult Residential
 - Crisis Residential
- Complete the section that applies to your program type.
- The bottom section labeled “Pertinent Current/Past Information” should be completed by everyone.



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 510-567-8200 / TTY 510-523-9038
 Karyn L. Tyrbek, PhD, LCSW, Director

Level of Care Determination Tool for SMHS Residential Services

Client's Name _____ Client's Date of Birth _____
 Diagnosis (if known at time of screening) _____

Purpose and Instructions: This form should be used when requesting authorization for adult residential and crisis residential services. It contains the admission criteria for these levels of care. Please complete the section that applies to your facility type as well as the Pertinent Current and Past Information section at the bottom of the form. Send your completed form to the ACBH staff member who completes your initial authorizations along with the Service Authorization Request (SAR) and referral form.

ADULT RESIDENTIAL TREATMENT ADMISSION CRITERIA

Please screen for the following and check each box as appropriate

The beneficiary has one or both of the following: Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities and/or a reasonable probability of significant deterioration in an important area of life functioning (please describe below).

The beneficiary's condition as described in paragraph (1) is due to either of the following: a diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems and/or a suspected mental health disorder that has not yet been diagnosed.

Beneficiary is not sufficiently stable to be treated outside of a highly structured 24-hour therapeutic setting, but does not require a crisis or emergency higher level of care.

Beneficiary's behavior or symptoms, as evidenced by initial screening and/or assessment are likely to respond to treatment.

Beneficiary has sufficient cognitive capacity to respond to active, intensive and time-limited behavioral health treatment and intervention.


Beneficiary has only poor-to-fair community supports sufficient to maintain him/her within the community with treatment at a lower level of care.

Beneficiary requires a time-limited period for stabilization and lower-level-of care and community resource connection for successful community reintegration.

Beneficiary does not have medical complications that can only be treated at a medical/surgical setting or requires nursing care.

Beneficiary (or guardian as appropriate) is willing to participate in treatment voluntarily.

Reference: Behavioral Health Information Notice (BHIN) No. 21-073



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CRISIS RESIDENTIAL TREATMENT ADMISSION CRITERIA

Please screen for the following and check each box as appropriate

Beneficiary has one or both of the following: significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities and/or a reasonable probability of significant deterioration in an important area of life functioning (please describe below).

Beneficiary's condition as described in paragraph (1) is due to either of the following: a diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems and/or a suspected mental disorder that has not yet been diagnosed

Beneficiary is experiencing an acute psychiatric episode or crisis and:

a) Requires a 24-hour structured setting and if not admitted will likely require acute psychiatric hospitalization.

b) It is expected that the proposed interventions will significantly diminish the impairment or prevent significant deterioration in an important area of life functioning.

c) Does not present with imminent risk to self or others requiring a higher level of care (i.e. acute psychiatric hospitalization).

d) Cannot be safely treated in a less restrictive setting.

Beneficiary does not have medical complications that can only be treated at a medical/surgical setting or requires nursing care.

Beneficiary (or guardian as appropriate) is willing to participate in treatment voluntarily.

Pertinent Current/Past Information (please specify current functional impairments in a core area of life due to the condition(s) being treated):

Current symptoms and functional impairments: _____

Brief relevant history: _____

Clinician Name: _____ Clinician Title: _____
 Clinician Signature: _____ Screening Date: _____

Reference: Behavioral Health Information Notice (BHIN) No. 21-073

County Contacts For Initial Authorization



Bonita House (please email initial SARs securely (ENCRYPT) to the following email addresses)

Utilization Management Team –
UM@acgov.org



REFUGE Kimbilio (please email initial SARs securely (ENCRYPT) to the following email addresses)

ACBHD Review of Request

ACBHD Review

- Upon receipt of the initial SAR and related paperwork, the appointed MHP delegate(s) will review this paperwork and make a medical necessity determination.
- The MHP delegate will send their decision to the program in writing, via the Authorization Decision Form, within 5 business days.
- Initial Authorization will be up to 29 days.

SMHS Residential Authorization Decision		
To Be Completed by Alameda County Behavioral Health (ACBH) Staff		
Client Name:	Client InSyst# (PSP):	
Date of Receipt:	Date of Completion:	
SMHS RESIDENTIAL TREATMENT TYPE		
<input type="checkbox"/> Adult Residential Treatment (ART)	Choose an item	
<input type="checkbox"/> Crisis Residential Treatment (CRT)	Choose an item	
AUTHORIZATION DECISION		
<input type="checkbox"/> Authorized	For choose an item days	From choose date to choose date
<input type="checkbox"/> Approved as Modified	From choose date to choose date	
<input type="checkbox"/> Denied	From choose date to choose date	
<input type="checkbox"/> Authorization Delay		
If Denial or Approved as Modified, provide rationale here:		
If Authorization Delay, indicate what additional documentation and/or information is needed:		
Deadline for requested documentation and/or information: choose date		
NOABD Issued? <input type="checkbox"/> Yes If yes, choose reason: Choose an item.		
Additional Comments:		
_____ LPHA Printed Name	_____ Signature	_____ Date

SMHS Access Criteria

Adults 21+

Must meet *both* of the following criteria:

Criteria 1

Significant impairment, where impairment is defined as distress, disability, dysfunction in social, occupational, or other important activities.

AND/OR

A reasonable probability of significant deterioration in an important area of life functioning.

and

Criteria 2

A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.

A suspected mental disorder that has not yet been diagnosed.

SMHS Access Criteria

Youth Under Age 21

Must Meet **EITHER** of the following criteria:

1. The client has a condition placing them at high risk for a mental health disorder due to experience of trauma as evidenced by **any** of the following:
 - Scoring in the high-risk range under a trauma screening tool approved by the department
 - Involvement in the child welfare system
 - Juvenile justice involvement
 - Experiencing homelessness

OR

SMHS Access Criteria: Youth Under 12 Continued

2) The client meets BOTH of the following requirements:

The client has at least **one** of the following:

- A significant impairment
- A reasonable probability of significant deterioration in an important area of life functioning
- A reasonable probability of not progressing developmentally as appropriate.
- A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

and

The client's condition is due to **one** of the following:

- A diagnosed mental health disorder
- A suspected mental health disorder that has not yet been diagnosed.
- Significant trauma placing the client at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

Medical Necessity

Age 21 +

- A service is "medically necessary" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain.

Welfare & Institutions Code Sections 14184.402 (a) & 14059.5

Youth Under Age 21

- A service is "medically necessary" if it is necessary to correct or ameliorate a mental illness or condition.
- Services that sustain support, improve or make more tolerable a mental health condition are considered to ameliorate the mental health condition.

Section 1396d (r) (5) of Title 42

Requesting Authorization for Continuation of Services

Requesting Authorization for Continued Services

Five (5) business days before the current authorization expires, the program is expected to submit a new SAR along with the following:

- Progress notes documenting services since the last authorization cycle
- Problem List (only if updated since last authorization cycle)
- Treatment Plan
- Assessment (only if updated since last authorization cycle)

Medical Necessity Criteria for Continued Residential Services

All of the following criteria must be met:

- Client continues to meet admission criteria.
- A less restrictive level of care would not be adequate to safely and effectively treat the client's current condition.
- Treatment is still necessary to reduce symptoms and improve functioning, so that the client may be treated in a less restrictive level of care.
- There is evidence of progress towards resolution of the symptoms that are preventing treatment from continuing in a less restrictive level of care.
- Client's progress is monitored regularly, and the treatment plan is modified if the client is not making substantial progress toward a set of clearly defined and measurable goals.

Medical Necessity Criteria for Continued Residential Services (Cont'd)

- Client is engaged in treatment and amenable to goals/interventions set forth by the treatment team.
- Family/guardian/caregiver/significant others are participating in treatment as clinically indicated and appropriate, or engagement is underway.
- Medication assessment has been completed, when appropriate, and medication trials have been initiated or ruled out.
- There is evidence of coordination of care and active discharge planning to a less intensive level of care, with client's active involvement, beginning from admission.
- Coordination of care and discharge planning activities involve provider referral/linkage, teaching/coaching, development and connection to appropriate aftercare and non-mental health community supports.

Discharge

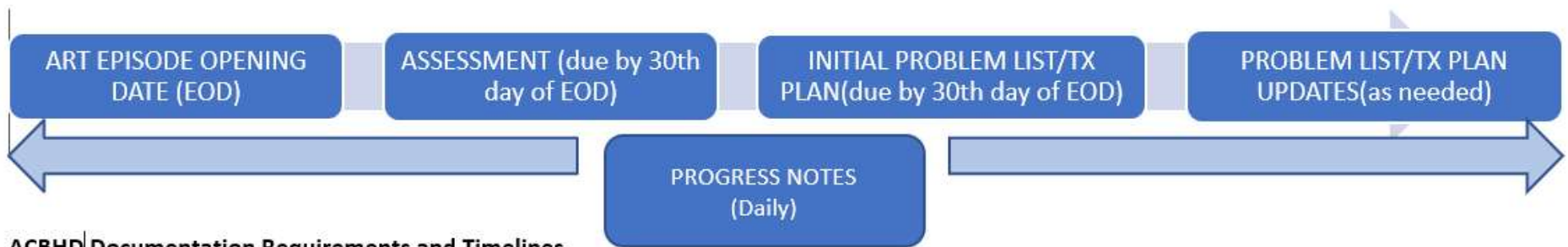
Medical Necessity Discharge Criteria

Any one of the following criteria must be met for discharge to occur:

- Client no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive.
- Client or parent/guardian withdraws consent for treatment, and the client does not meet criteria for involuntary/mandated treatment.
- Client does not appear to be participating in the treatment plan.
- Client is not making progress toward goals, nor is there expectation of any progress.
- Client's individualized treatment plan and goals have been met, and when indicated, client's support systems are in agreement with the aftercare treatment plan.

Note – Discharge Criteria listed above are limited to Medical Necessity scenarios only. There may be additional reasons for discharge unrelated to medical necessity criteria.

Documentation Requirements and Timelines



Documentation Standards

Service Components for Transitional and Long-Term Residential Programs

- Individual and group counseling
- Crisis intervention
- Planned activities
- Counseling, with available clients of the client's family, when indicated in the client's treatment/care plan
- Development of community support systems for clients to maximize their utilization of non-mental health community resources
- Pre-vocational or vocational counseling
- Client advocacy, including assisting clients to develop their own advocacy skills
- Activity programs that encourage socialization within the program and general community, and that link clients to resources that are available after leaving the program
- Use of the residential environment to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skills

Additional Service Requirements by Program

Transitional Residential

- Must provide services that emphasize the development of vocational skills, and linkages to services offering transitional employment or job placement.

Long Term Residential

- Must provide pre-vocational and vocational services, including
 - volunteer activities, supported employment, transitional employment and job placement.
- When any of these vocational services are provided by outside agencies or programs, written agreements or documented treatment plans must be developed consistent with the treatment goals and orientation of the program.
- Must also include provisions for special education services and learning disability assessment and remediation.

Documents Required During ACBHD and DHCS Chart Audits



- ACBHD and DHCS perform periodic audits of programs, involving service and documentation review.
- Chart audits typically involve review of daily progress notes, documentation of monthly contact with support person(s), documentation of total number of minutes or hours of program attendance, as well as other required documentation details.

Documents Required During ACBHD and DHCS Chart Audits (Continued)

In addition, the following documents are required from residential programs during audits:

- Assessments
- Level of Care Tool
- Problem List
- Treatment Plans
- Progress Notes
- Discharge Summary
- Policies and Procedures
- CQRT Checklists/Tracking Tool
- Training Transcripts for all clinicians

Assessment

- The assessment template was updated with 7 Domains to match CalMHSA documentation guidance.
- It is highly recommended that providers use the ACBHD Assessment template provided in WORD and PDF formats as well as within Clinician's Gateway.
- Templates are fillable and available on the ACBHD Provider website.
- If using an Electronic Health Record, you may add but not remove items from the assessment template.



Problem List

- The Problem List is a dynamic log and should be updated initially when the client is admitted, and as new problems are identified, or existing problems are deferred or resolved.
- By adding your initials or name to the Added By and Ended By fields, you are attesting that to the best of your knowledge, the information you entered is accurate.
- The Problem List is a standalone document and should not be combined with other note templates.

Problem List

Client First and Last Name:		Date of Birth:		InSYST #:		RU #/Provider's Full Name and Credentials :			
<p>Instructions:</p> <ul style="list-style-type: none"> • The Problem List is a dynamic log and should be updated as new problems are identified or existing problems are deferred or resolved. • Field Details: <ul style="list-style-type: none"> ○ Code = ICD-10 codes ○ Description = ICD-10 description ○ Begin Date = Date the problem is added to list ○ End Date = Date the problem is deferred or resolved ○ Added By and Ended By = Full Name of person editing the Problem List. If only one provider is utilizing this template, the provider's name should be noted on top of the form and initials entered in the Added By and Ended By fields when they are updated. ○ Job Title/Credentials = Title and credentials of the person editing the Problem List. If only one provider is utilizing this template, the provider's credentials should be added to the top of the form and N/A used for these fields. • By adding your initials or name to the Added By and Ended By fields, you are attesting that to the best of your knowledge, the information you entered is accurate. 									
Problem Number	Identified by Beneficiary or Support	ICD-10 Code	Description	Begin Date	Added By	Job Title/Credentials	End Date	Ended By	Job Title/Credentials
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								

Treatment Plan Timeframes

- An initial Treatment Plan must be completed as follows:
 - Within **72 hours** of episode opening for **Crisis Residential**.
 - Within **30 days** of episode opening for **Adult Residential**.



Treatment Plan Requirements

- Plan is consistent with diagnosis and includes a statement of specific treatment needs and goals and a description of specific services to address identified treatment needs.
- Plan is revised when significant change occurs (e.g. in service, diagnosis, focus of treatment, etc.).
- There is documentation that a copy of the Treatment Plan is provided to the client.
- There is evidence in the clinical record that the client was involved in treatment planning.
- The Plan is signed/dated by client/legal representative, or there is documentation of refusal or unavailability to sign.
- Plan includes a typed or legibly printed name, signature of the service provider, and date of signature with designation: Licensed/Registered/Waivered/Trainee/MHRS/ Adjunct.
- The Treatment plan can be documented in a progress note.
- **A Strengths and Needs Assessment can be submitted in lieu of a treatment plan.**

Treatment Plan Review

- The review is documented in a progress note or an updated treatment plan adhering to the following schedule:

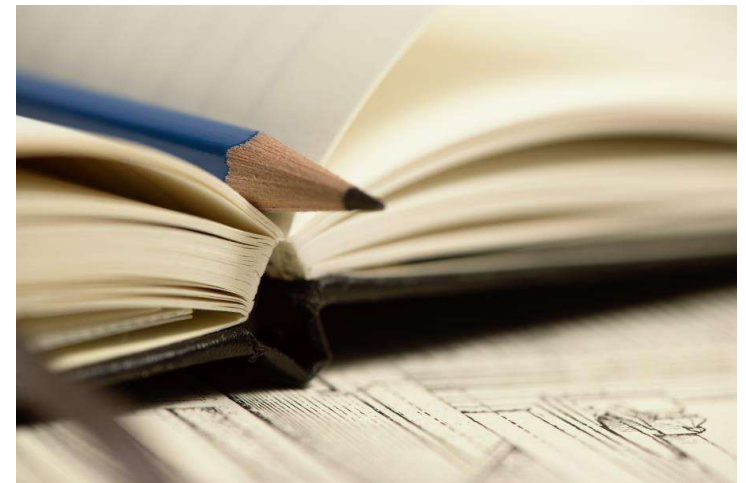
Program Type	Frequency
Short-term Crisis Residential Treatment	At least weekly
Transitional Residential Treatment	At least once every 30 days
Long-term Residential Treatment	At least once every 60 days

- Records demonstrate evidence of discharge planning activities throughout the treatment episode.

Progress Notes

Include the following required elements:

- Date services are provided
- Type of services (assessment, therapy, groups, collateral) provided throughout the day
- ICD-10 code
- Current procedural terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS) code
- The service provider's typed or legibly printed name, Medi-Cal credential, signature and date of signature



Progress Notes (Continued)

Narrative sections include the following information:

- Description of services provided throughout the day, including how the services addressed the person's behavioral health needs (e.g. symptom, condition, diagnosis and/or risk factors).
- Treatment plan changes or progress made towards achieving treatment goals.
- Groups attended, significant information shared during groups, concerns about participation, insights or progress made during groups.
- Next steps, including but not limited to planned action steps by the provider or client, collaboration with the client, other providers, family or significant others and any updates to the problem list, as appropriate.

Discharge Notes and Discharge Summaries

- Discharge Notes and Discharge Summaries are two distinct note types.
- Both are required to be in the medical record.
- Discharge Summaries are primarily used to transition a client from one program to another and include relevant information that will be useful in the transition.



Discharge Note



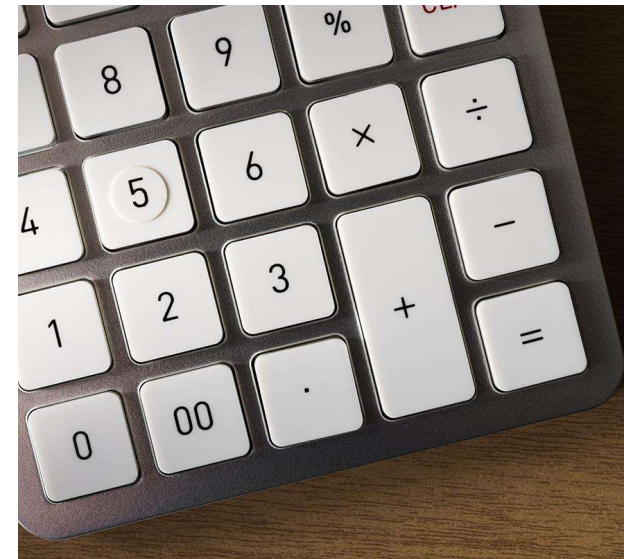
A Discharge Note must contain the following:

- Reason for discharge/transfer
- Date of discharge/transfer
- Referrals made, if applicable
- Follow-up care plan

Discharge Summary

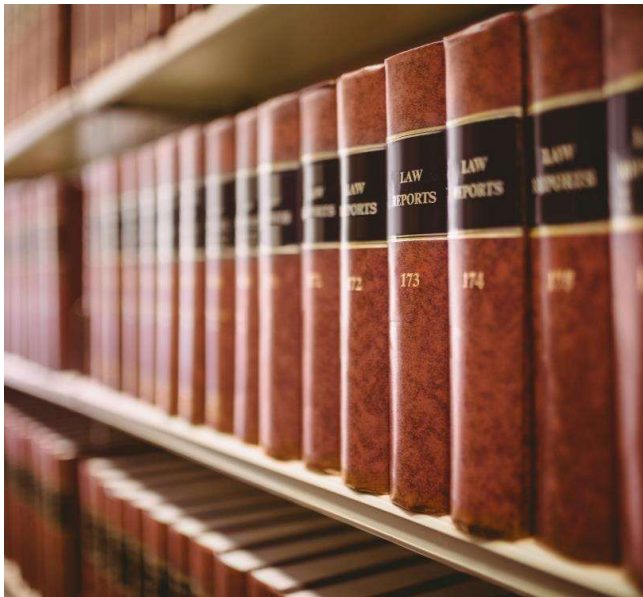
A Discharge Summary must include all the components of a Discharge Note, as well as a summary of the following:

- Treatment provided.
- Overall efficacy of interventions (including medications, their side effects/sensitivities and dosage schedules).
- Progress made toward the mental health goals/objectives.
- Clinical decisions/interventions: Treatment planning recommendations for future services relevant to the final Client Plan; and/or referral(s) for aftercare services/community support services.



Policies and Procedures

Policies and Procedures



Providers must

- Have written policies defining the purpose, goals, and services of the program.
- Establish and maintain financial records in accordance with generally accepted accounting principles and an annual budget.

Policies and Procedures (Continued)

Each program must:

- Be directed by a designated individual who is responsible for its overall administration and management.
- Have an individual(s) designated as the administrator of the facility.
- Identify the qualifications, experience, skills, and knowledge required of an individual who is designated the facility administrator. These requirements must at least satisfy the minimum requirements established by the Community Care Licensing Division of the Department of Social Services for this position.
- Have a financial plan of operation that is consistent with the goals and purpose of the organization and in accordance with generally accepted accounting practices and legal requirements.

CQRT and Training Requirements

Clinical Quality Review Team (CQRT)

- Department of Health Care Services requires ACBHD to certify that all services billed to Medi-Cal meet the State's requirements.
- To meet this expectation, ACBHD requires providers to participate in the County's CQRT program.
- The CQRT process involves monthly chart review by providers to ensure compliance with the State's requirements.
- All new residential programs participate in the ACBHD supervised CQRT process until training is completed and the agency is released to begin the CQRT process independently.
- See Section 8 of the provider manual for more details regarding the CQRT process and expectations: [ACBHD Providers Website](#)

Documentation Training Requirements

The admission assessment, treatment/care plan, and discharge summary must be prepared by staff who have received training in the development and preparation of these documents, as noted below:

- A minimum of one hour of instruction on the development and preparation of the admission assessment.
- A minimum of one hour of instruction on the development and preparation of the treatment/care plan.
- A minimum of one hour of instruction on the development and preparation of the discharge summary.
- This training must include guidance regarding the expected content of documentation, methods used to prepare the document, timeframes for completion of documentation, and resources to be consulted in preparing the document.

Presentation Methods

- Formal classroom instruction
- Oral presentation
- Videotape, film, or audiovisual presentation
- Audiotape presentation; or
- Performing the duties, on the job, under the direct supervision of the instructor.

Community Care Licensing (CCL) Requirements

NOTE: ACBHD does not audit for these requirements, but they should be followed to comply with CCL regulations.

Client Involvement Requirements

- Clients must be involved in the development and implementation of their treatment/care plan.
- Clients must be involved, depending on capability, in the operation of the household.
 - This includes participation in the formulation and monitoring of house rules, as well as in the daily operation of the facility, including but not limited to cooking, cleaning, menu planning and activity planning.
- Clients must be encouraged to participate in program evaluations and reviews.



Medical Requirements



Providers are required to maintain up-to-date written medical and psychiatric policies and practices for their programs. These policies must include, but are not be limited to:

- A plan for monitoring of medications by a person licensed to prescribe or dispense prescription drugs, which will include, but not be limited to, the name and qualifications of the person(s) who will conduct the monitoring, its frequency and procedures.
- Screening for medical complications which may contribute to disability, conducted by a physician, nurse practitioner or physician's assistant and a plan for follow-up. The screening for medical complications must occur within 30 calendar days prior to, or after admission. If a client refuses a screening, the program must document the refusal in the client case record.

Medical Requirements (Continued)

- Client education, provided by program staff or consultants, about the role of medications and their potential side effects, with the goal of enabling the client to become responsible for their own medication.
- Entries in client case records indicating all prescribed and non-prescribed medications.
- Provisions for program staff to discuss medication issues with a person licensed to prescribe or dispense prescription drugs.
- Provisions for central storage of medication when necessary.
- Encouragement to clients, when part of the treatment/rehabilitation plan, to be personally responsible for holding, managing and safeguarding all of their medications.

Staffing Requirements

- The program must document the use of multi-disciplinary professional consultation and staff when necessary to meet the specific diagnostic and treatment needs of the clients.
- Paraprofessionals and persons who have been consumers of mental health services must be utilized in the program when consistent with the program design and services provided.



Staffing Requirements (Continued)

- All direct care staff must have graduated from high school or possess a GED and have a minimum of one (1) year of full-time experience, or its part-time equivalent, working in a program serving persons with mental disabilities. Such experience must be in the direct provision of services to clients.
 - If the employee does not have the required experience, the program must document a specific plan of supervision and in-service training for the employee which will guarantee the ongoing qualification of the employee to perform the job. The plan must include, but not be limited to, the frequency and number of hours of training, the subjects to be covered, and a description of the supervision to be provided, written by the Program Director.
- All social rehabilitation facilities must have a program director.
- The program director must be on the premises the number of hours necessary to manage and administer the program component of the facility, in compliance with applicable laws and regulations.

Program Director Requirements

- A Bachelor's Degree in Psychology, Social Work, or any other major which includes at least 24 semester college units in one (1) or more of the following subject areas: Psychology, Social Work, Sociology, Behavioral Sciences, or Psychiatric Nursing;

and

- One (1) year of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which four (4) months must be in the position of supervising direct care staff

or

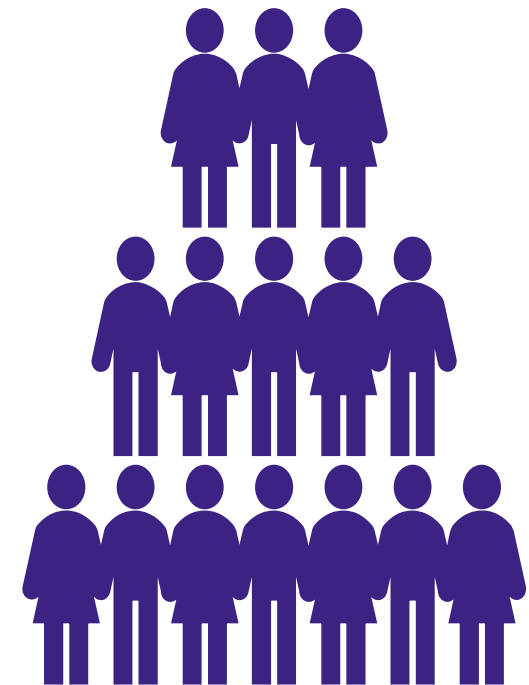
- As an alternative to the Bachelor Degree and experience required above, possession of a GED or high-school diploma and a total of three (3) years of experience in a community program providing direct services to persons with mental disabilities, of which six (6) months must be in a position of supervising direct care staff.

Staffing Requirements -Long-Term Residential

- Scheduling of staff which provides for the maximum number of staff to be present during times when clients are engaged in structured activities.
- At least one direct service staff must be on the premises 24-hours a day, seven (7) days per week. Additional staff, including part-time or consulting services staff, must be on duty during program hours to provide specialized services and structured evening services.
- When only one staff member is on the premises, there must be staff on call who can be contacted by telephone if an additional staff person is needed and can be at the facility and on duty within 60 minutes after being contacted.
- Staffing ratio of at least one (1) full-time equivalent direct service staff member for each 2.8 clients served.

Staffing Requirements –Transitional Services

- A greater number of staff must be present during times when there are greater numbers of clients in programmed activities.
- Staff schedules must be determined by the program based on the number of clients in the program during specific hours of the day, level of care provided by the program, and the range of services provided within the facility.
- At least one staff member must be present any time there are clients at the facility.
- There must be a staffing ratio of at least one (1) full-time equivalent direct service staff for each 2.5 clients served.
- All scheduled hours in the facility must be considered part of this required full-time equivalent staffing ratio.



Admission Agreement



- Each program must have an admission agreement.
- The admission agreement must be signed on entry by the client or an authorized representative, and program representative.
- The agreement must describe the
 - Services to be provided
 - Expectations and rights of the client regarding house rules
 - Expectations of client involvement in the program
 - Program fees
- The client must receive a copy of the signed admission agreement.

Admission/Discharge Criteria

- Admission and discharge criteria of all programs must be written and consistent with program goals.
- The program's exclusionary criteria must also be written and clearly defined.
- The program must have written policies and procedures for orienting new clients to the service.
- The range of services provided must be discussed with the prospective client or an authorized representative, prior to admission, so that the program's services are clearly understood.
- A written discharge summary must be prepared by staff and client, which includes an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans.

References

- [BHIN-22-016 Authorization of Outpatient Specialty Mental Health Services](#)
- [BHIN23-086 Documentation Requirements for SMHS](#)
- [DMH Information Notice No: 01-04](#)
- [SMHS-Billing Manual 25/26](#)
- [CDSS Community Care Licensing Manual](#)
- [BHIN 21-031 Notification of Change of Program Director](#)
- [California Summary -- State Residential Treatment for Behavioral Health Conditions: Regulation and Policy \(hhs.gov\)](#)
- [Supplement 2 to Attachment 3.1-B Rehabilitative Mental Health Services \(Medically Needy\)](#)

Thank You



For questions, contact QATA@acgov.org