

YES	NO	N/A		Comments
				<p>Provider Enumeration System (NPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS), and any such other databases as the Secretary may prescribe.</p> <p>http://oig.hhs.gov/exclusions/exclusions_list.asp https://www.sam.gov/portal/SAM/?portal:componentId=93cb3275-7b7f-4b70-8f2b-e481c50c376b&interactionstate=JBPNs_r00ABXc0ABBfanNmQnJpZGdlVmld0lkAAAAAQATL2pzZi9mdW5jdGlvbmlkLmpzcAAHX19FT0ZfXw**&portal:type=action#1</p> <p>NOTE: The Excluded Parties List System (EPLS) has been integrated into the System Award Management (SAM) database.</p> <p>NOTE: Verify the screening has been conducted prior to hire/contracting and ongoing per the frequency required in 42 C.F.R. § 455.436: <i>(c)(1) Consult appropriate databases to confirm identity upon enrollment and re-enrollment; and, (2) Check the LEIE and EPLS no less frequently than monthly.</i></p> <p>NOTE: Verify the MHP has checked the DHCS Medi-Cal List of Suspended and Ineligible Providers upon enrollment and monthly thereafter.</p> <p>https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp</p> <p>(h)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General operating procedures.	<p><i>Mental Health Plan Contract, Exhibit A, Attachment I, Section 4 Provider Selection and Certification</i></p> <p><i>(l) The Contractor and/or the Department shall each verify through an on-site review that:</i></p> <p><i>(5) The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, any required state or federal notices (DRA), and procedures for reporting unusual occurrences relating to health and safety issues.</i></p>

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

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

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

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

Short-Term Residential Therapeutic Program

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

Short-Term Residential Therapeutic Program

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

YES	NO	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(8) For <u>Day Treatment Intensive & Day Rehabilitation</u>:</p> <p>(A) Is there documentation of at least one contact per month with a family member, caregiver, or other significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 8.1 DMH Information Notice 02-06 and DMH Letter No.03-03</i></p>	<p>Review the medical records for the required timeliness and frequency of contact.</p> <ul style="list-style-type: none"> • This contact may be face-to-face, or by an alternative method (e-mail, telephone, etc.). • The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. • The Contractor shall ensure that this contact occurs outside the hours of operation and outside the therapeutic program. <p>NOTE: <u>Adult</u> beneficiaries may decline this service component.</p> <p>Review documentation to verify adult beneficiaries have declined.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(d) STAFFING:</p> <p>(1) For <u>Day Treatment Intensive</u>, are the staffing requirements being met?</p> <p>(A) Is there at least one staff person whose scope of practice includes psychotherapy in attendance during all hours of operation?</p> <p><i>CCR, Title 9, §1840.350(a) MHP Contract, Exhibit A, Attachment 1, Section 8.F</i></p>	<p>Review the Written Weekly Schedule, staffing schedules and work hours, staff licensures and qualifications, and Daily Attendance Records or other documentation in order to determine if the staffing requirement is met.</p> <p>CCR, Title 9, Chapter 11, Section 1840.350 Day Treatment Intensive Staffing Requirements</p> <p><i>(a) At a <u>minimum</u> there must be an average ratio of at least <u>one</u> person from the following list providing Day Treatment Intensive services to <u>eight beneficiaries</u> or other clients in attendance during the period the program is open:</i></p> <ol style="list-style-type: none"> <i>(1) Physicians</i> <i>(2) Psychologists or related waived/registered professionals</i> <i>(3) Licensed Clinical Social Workers or related waived/registered professionals</i> <i>(4) Marriage and Family Therapists or related waived/registered professionals</i> <i>(5) Registered Nurses</i> <i>(6) Licensed Vocational Nurses</i> <i>(7) Psychiatric Technicians</i> <i>(8) Occupational Therapists</i>

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

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

Short-Term Residential Therapeutic Program

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

DRAFT

Definitions and Terms For Mental Health Program Approval

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(r) "Psychotropic Medication" means those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

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

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

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

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

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

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

(y) “Under the Direction of” means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery, or review, approval and signing client plans. An individual directing a service is not required to be physically present at the service site to exercise direction.

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

1) For a psychologist candidate, “waivered” means an individual who either (1) is gaining the experience required for licensure or (2) was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized by law.

2) For a social worker candidate, a marriage and family therapist candidate or professional clinical counselor candidate, “registered” means a candidate for licensure who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations, and “waivered” means a candidate who was recruited from employment from outside of California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department of Health Care Services to the extent authorized under state law.