

## **CYS APT Contract Programs Table of Content**

**Practice Modules: (Pick one of these practice modules to complete training)**

<b>Module 11 CYS Contract Psychiatrist.....</b>	<b>Slide 2-29</b>
<b>Module 12 CYS Contract Regional.....</b>	<b>Slide 30-60</b>
<b>Module 13 CYS Contract Rehab.....</b>	<b>Slide 61-86</b>
<b>Module 14 CYS Contract TAY.....</b>	<b>Slide 87-110</b>
<b>Module 15 CYS Contract STRTP.....</b>	<b>Slide 111-145</b>

# Children & Youth Services - Contract Provider - Psychiatrist

## 1. Welcome

### 1.1 Welcome



#### Notes:


Welcome to the module 'Children & Youth Services - Contract Provider - Psychiatrist'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

Module Objectives

00:0002 of 13



### You will be able to:

- ✓ Describe the revised documentation requirements under CalAIM
- ✓ Complete the Application Regarding Psychotropic Medication (JV-220) accurately for dependents or wards of the court

Click > to continue.

### Notes:

So...what can you expect to get out of this module?


By the end of this module, you will be able to describe the revised documentation requirements under CalAIM and complete the application regarding Psychotropic Medication (JV-220) accurately for dependents or wards of the court.

## 1.3 Contract Psychiatrist Practice Examples

**Contract Psychiatrist Practice Examples**00:0003 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



12345

*Click > to continue.*

### Notes:

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

An Interim Care Plan or a regular Care Plan is no longer required to be in place prior to providing medication services, unless the client has Medicare or Medi/Medi. DHCS was able to do away with care plans authorizing medication services for Medi-Cal clients.

Instead of a care plan, documentation in the Problem List and progress notes will be required to justify the medical necessity for medication services.

This documentation will work in place of the care plan authorizing medication, unless the client has Medicare or Medi/Medi.

Regarding the Diagnosis and Problem List, psychiatrists will need to update the Problem List as the client's clinical presentation changes to justify the medication service interventions they choose to use in treatment.

Regarding the biopsychosocial, no change has occurred regarding that form, except that at this time, we cannot bill for completing the biopsychosocial unless it is completed with the client present. If the form is completed without the client present, the MD will use the non-billable medication code (70899-409) for the



biopsychosocial.


Regarding medication consents, CalAIM has suggested verbal medication consents; however, the BHS Medical Director and Associate Directors have not made a final decision on this at this time. So, for now, there are no changes to the requirement.

## Tab 01 (Slide Layer)

**Contract Psychiatrist Practice Examples**00:0003 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



1

2

3

4

5

**Care Plan Requirement**

An Interim Care Plan or a regular Care Plan is no longer required prior to providing medication services unless the client has Medicare or Medi/Medi.

DHCS has eliminated the need for care plans authorizing medication services for Medi-Cal clients.

*Click > to continue.*


## Tab 02 (Slide Layer)

**Contract Psychiatrist Practice Examples**

00:00 | 03 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

### Justification for Medication Services

Instead of a care plan, documentation in the Problem List and progress notes will be required to justify the medical necessity for medication services.

This documentation will work in place of the care plan authorizing medication, unless the client has Medicare or Medi/Medi.

*Click > to continue.*


## Tab 03 (Slide Layer)

**Contract Psychiatrist Practice Examples**

00:00 | 03 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

### Updating the Problem List

Psychiatrists will need to update the Problem List as the client's clinical presentation changes.

This is necessary to justify the medication service interventions chosen for treatment.


*Click > to continue.*

## Tab 04 (Slide Layer)

**Contract Psychiatrist Practice Examples**00:0003 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

### Biopsychosocial Form

There have been no changes regarding the biopsychosocial form.

However, at this time, completing the form without the client present cannot be billed.

If the form is completed without the client present, the MD will use the non-billable medication code (70899-409) for the biopsychosocial.


*Click > to continue.*

## Tab 05 (Slide Layer)

**Contract Psychiatrist Practice Examples**00:0003 of 13

While CalAIM has made many changes to documentation requirements, few of the changes were directed toward psychiatrists. However, one change is significant and should make it easier for psychiatrists to provide treatment.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

### Medication Consents

CalAIM has suggested verbal medication consents, but the BHS Medical Director and Associate Directors have not made a final decision on this at this time.

Therefore, for now, there are no changes to the requirement for medication consents.

*Click > to continue.*




## 1.4 Medication Prescription and Consent Guidelines


**Medication Prescription and Consent Guidelines** 00:00 04 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



**Consent for Dependents or Wards of the Court**  
For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

*Click the more info button for details.*  *Click > to continue.*

### Notes:

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

To prescribe and start medications immediately, the psychiatrist should check box number three on the JV-220, which indicates that the medication will be started due to an emergency. Without this box checked, the psychiatrist would need to wait until the authorization is approved by the presiding judge. Our internal HCA policy regarding filing this form is that it must be filed within two days of writing the prescription. Once the authorization is approved, the consent is good for six months from the date of the judge's signature.

Application Regarding Psychotropic Medication (JV220) for dependents or wards of the court **MUST INCLUDE** potential long-term side effects (those occurring after three or more months of treatment) on question #17 for JV220A or question #13 for JV220B. The printout of side effects is attached by our County's Psychotropic Med

Consent unit once the application is sent to them. Also, the route of administration **MUST BE INCLUDED** on the consent for question #19 for JV220A or question #16 for JV220B.


Finally, all signatures on the medical consent must include your Medical License number. This is a ruling from the Final Rule. Although the consent may not have a line for your medical license number, please write it on the consent or JV220A or B. If older medication consents are missing any of the elements just discussed, please update the med consent to include these elements.

## Dot 01 (Slide Layer)

**Medication Prescription and Consent Guidelines**00:0004 of 13


The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



**Consent for Dependents or Wards of the Court**

For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

*Click the more info button for details.* 

*Click > to continue.*


## Dot 02 (Slide Layer)

Medication Prescription and Consent Guidelines

00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



### Immediate Medication Start

To prescribe and start medications immediately, the psychiatrist should check box number 3 on the JV-220, indicating that the medication will be started due to an emergency.

If this box is not checked, the psychiatrist must wait for authorization from the presiding judge before starting the medication.



**Our internal policy requires the JV-220 form to be filed within 2 days of writing the prescription.**

Once approved, the consent is valid for 6 months from the date of the judge's signature.

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*Click the more info button for details.*



*Click > to continue.*


## Dot 03 (Slide Layer)

Medication Prescription and Consent Guidelines

00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



### Information Required on Consent Form

The application for Psychotropic Medication (JV220) for dependents or wards of the court **must include potential long-term side effects** (those occurring after 3 or more months of treatment) on question #17 for JV220A or question #13 for JV220B.



The printout of side effects is attached by our County's Psychotropic Med Consent unit once the application is sent to them.

Additionally, the **route of administration must be included** on the consent for question #19 for JV220A or question #16 for JV220B.

<

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*Click the more info button for details.*



*Click > to continue.*




## Dot 04 (Slide Layer)

**Medication Prescription and Consent Guidelines**00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



**Medical License Number Requirement**

All signatures on the medical consent must include your Medical License number, as per the ruling from the Final Rule.

Even if the consent form does not have a specific line for your medical license number, it should be written on the consent or JV220A or B.

If older medication consents are missing any of the elements discussed, they should be updated to include them.

*Click the more info button for details.*


*Click > to continue.*

## more info Audio (Slide Layer)

**Medication Prescription and Consent Guidelines**00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*



**Consent for Dependents or Wards of the Court**

For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

*Click the more info button for details.*


*Click > to continue.*

## More Info (Slide Layer)

**Medication Prescription and Consent Guidelines**00:0004 of 13

The psychiatrist prescribing medication needs to list the names of the medications and the dosage ranges, both minimum and maximum dosages that they would prescribe. If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

*Click through the arrows to learn more.*




**Consent for Dependents or Wards of the Court**

For dependents or wards of the court, the medication consent is included in the Application Regarding Psychotropic Medication (JV-220) forms and may require the review and signature of the appointed judge.

For all regular medication consents (non JV-220), please remember to complete all elements of the medication consent, including the reason for taking the medication, documentation discussing reasonable alternatives, frequency range, duration, and possible side effects if taking the medication(s) longer than 3 months.

Our medical director has decided that any end date or statement "up to 3 years" is acceptable for the duration since this could still be calculated as 3 years from the date the consent is signed.

*Click to close.* 


*Click > to continue*

## 1.5 Payment Reform: Reminders

**Payment Reform: Reminders**00:0005 of 13

Here are some reminders and updates on coding rules:

- Assessment Changes
- Targeted Case Management (TCM)/ Intensive Care Coordination (ICC) Changes
- Plan Development Changes
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS) Changes
- Crisis Rule Changes
- Medication Service Changes
- Collateral Rule Changes
- Modifier Changes and Current Status



Please refer to the ["CYS County and Contract Forms and Resource Library"](#) which contains documents reflecting the County's current understanding of documentation requirements.

*Click > to continue.*

### Notes:

Updated information in these documentation areas can be found in the CYS County and

Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.

## 1.6 Summary

Summary

00:00


06 of 13

*Click each tab for a quick recap.*

Simplified Medication Service Documentation for Psychiatrists under CalAIM

Medication Consent and Documentation Guidelines for Psychiatrists under CalAIM

Payment Reforms Reminders



*Click > to continue.*

### Notes:

We have come to the end of this module, let's summarize.

CalAIM has simplified medication service documentation for psychiatrists, eliminating the need for an Interim or regular Care Plan before providing medication services for most clients.

Instead, psychiatrists will justify medical necessity through the Problem List and progress notes.

However, completing the biopsychosocial form without the client present cannot be billed.

Psychiatrists prescribing medication must list medication names and dosage ranges, obtaining a second consent if doses are outside the range.

For dependents/wards of the court, consent is included in the JV-220 form, requiring review and signature by the appointed judge.



The form must be filed within 2 days, and once approved, the consent is valid for 6 months.

Assessment codes can now be used for write-up without the client present by clinical staff for Domain 7 only.

TCM/ICC services assist with accessing services.

Plan development includes treatment planning.

Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and Medication services have specific billing rules.

Collateral is now billed differently.

Modifiers are being updated in IRIS.

## Layer 1 (Slide Layer)

**Summary**00:0006 of 13

*Click each tab for a quick recap.*

**Simplified Medication Service Documentation for Psychiatrists under CalAIM**

**Medication Consent and Documentation Guidelines for Psychiatrists under CalAIM**

**Payment Reforms Reminders**


CalAIM has simplified medication service documentation for psychiatrists, eliminating the need for an Interim or regular Care Plan before providing medication services for most clients.

Instead, psychiatrists will justify medical necessity through the Problem List and progress notes.

However, completing the biopsychosocial form without the client present cannot be billed.

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary** 06 of 13

*Click each tab for a quick recap.*

**Simplified Medication Service Documentation for Psychiatrists under CalAIM**

**Medication Consent and Documentation Guidelines for Psychiatrists under CalAIM**

**Payment Reforms Reminders**


Psychiatrists prescribing medication must list medication names and dosage ranges, obtaining a second consent if doses are outside the range.

For dependents/wards of the court, consent is included in the JV-220 form, requiring review and signature by the appointed judge.

The form must be filed within 2 days, and once approved, the consent is valid for 6 months.

*Click > to continue.*

## Layer 3 (Slide Layer)

**Summary** 06 of 13

*Click each tab for a quick recap.*

**Simplified Medication Service Documentation for Psychiatrists under CalAIM**

**Medication Consent and Documentation Guidelines for Psychiatrists under CalAIM**

**Payment Reforms Reminders**

Assessment codes can now be used for write-up without the client present by clinical staff for Domain 7 only.

TCM/ICC services assist with accessing services.

Plan development includes treatment planning.

Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and Medication services have specific billing rules.

Collateral is now billed differently.

Modifiers are being updated in IRIS.


*Click > to continue.*

## 1.7 Challenge

(Pick Many, 10 points, 1 attempt permitted)

Challenge

00:0007 of 13



**1. What is no longer required before providing medication services under CalAIM?**  
*Select the correct answers and click CHECK. (Select ALL that apply.)*

☐ Interim Care Plan

☒ Problem List

☒ Progress Notes

☐ Regular Care Plan

CHECK

Correct	Choice
X	Interim Care Plan
	Problem List
	Progress Notes
X	Regular Care Plan

### Notes:

It's time for an activity.


What is no longer required before providing medication services under CalAIM?



## Correct (Slide Layer)

Challenge

00:0007 of 13



**1. What is no longer required before providing medication services under CalAIM?**  
*Select the correct answers and click CHECK. (Select ALL that apply.)*

✓

☐

Interim Care Plan

X

☐

Problem List

X

☐

Progress Notes

✓

☐

Regular Care Plan

**Excellent!** An Interim Care Plan or a regular Care Plan is no longer required prior to providing medication services unless the client has Medicare or Medi/Medi.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0007 of 13



**1. What is no longer required before providing medication services under CalAIM?**  
*Select the correct answers and click CHECK. (Select ALL that apply.)*

✓

☐

Interim Care Plan

X

☐

Problem List

X

☐

Progress Notes

✓

☐

Regular Care Plan

**Not quite.** An Interim Care Plan or a regular Care Plan is no longer required prior to providing medication services unless the client has Medicare or Medi/Medi.

CHECK


Click > to continue.

## 1.8 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0008 of 13



**2. How should psychiatrists justify ongoing medical necessity for medication services under CalAIM?**  
*Select the correct answer and click CHECK.*

X

☐

Complete the biopsychosocial form

X

☐

Conduct regular care plan meetings

X

☐

Obtain verbal medication consent

☐

Update the Problem List and progress notes

CHECK

Correct	Choice
	Complete the biopsychosocial form
	Conduct regular care plan meetings
	Obtain verbal medication consent
X	Update the Problem List and progress notes


### Notes:

How should psychiatrists justify ongoing medical necessity for medication services under CalAIM?

## Correct (Slide Layer)

**Challenge**

00:0008 of 13

**2. How should psychiatrists justify ongoing medical necessity for medication services under CalAIM?**

Select the correct answer and click **CHECK**.

☒ Complete the biopsychosocial form

☒ Conduct regular care plan meetings

☒ Obtain verbal medication consent

☒ Update the Problem List and progress notes

**Excellent!** Instead of a care plan, documentation in the Problem List and progress notes will be required to justify the medical necessity for medication services.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0008 of 13

**2. How should psychiatrists justify ongoing medical necessity for medication services under CalAIM?**

Select the correct answer and click **CHECK**.

☒ Complete the biopsychosocial form

☒ Conduct regular care plan meetings

☒ Obtain verbal medication consent

☒ Update the Problem List and progress notes

**Not quite.** Instead of a care plan, documentation in the Problem List and progress notes will be required to justify the medical necessity for medication services.

**CHECK**


Click > to continue.

## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0009 of 13



**3. What should be done if the prescribed dosage is outside the range specified in the consent?**  
*Select the correct answer and click CHECK.*

X

☐

Adjust the dosage without consent

X

☐

Discontinue the medication

X

☐

Notify the patient's primary care physician

☐

Obtain a second consent

CHECK

Correct	Choice
	Adjust the dosage without consent
	Discontinue the medication
	Notify the patient's primary care physician
X	Obtain a second consent


### Notes:

What should be done if the prescribed dosage is outside the range specified in the consent?

## Correct (Slide Layer)

**Challenge**

00:0009 of 13

**3. What should be done if the prescribed dosage is outside the range specified in the consent?**

Select the correct answer and click **CHECK**.

- ☒ Adjust the dosage without consent
- ☒ Discontinue the medication
- ☒ Notify the patient's primary care physician
- ☐ Obtain a second consent

**Excellent!** If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0009 of 13

**3. What should be done if the prescribed dosage is outside the range specified in the consent?**

Select the correct answer and click **CHECK**.

- ☒ Adjust the dosage without consent
- ☒ Discontinue the medication
- ☒ Notify the patient's primary care physician
- ☐ Obtain a second consent

**Not quite.** If the dosage prescribed is outside of the range on the consent, a second consent with the change in range should be obtained along with the legal guardian's authorized signature and date.

**CHECK**

*Click > to continue.*

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 13



**4. How long is the JV-220 medication consent valid for, once approved by the judge's dated signature?**  
*Select the correct answer and click CHECK.*

X

☐

3 months

☐

6 months

X

☐

9 months

X

☐

12 months

CHECK

Correct	Choice
	3 months
X	6 months
	9 months
	12 months

### Notes:


How long is the JV-220 medication consent valid for, once approved by the judge's dated signature?



## Correct (Slide Layer)

Challenge

00:0010 of 13



**4. How long is the JV-220 medication consent valid for, once approved by the judge's dated signature?**  
*Select the correct answer and click CHECK.*

X

☐

3 months

✓

☐

6 months

X

☐

9 months

X

☐

12 months

**Excellent!** Once approved, the consent is valid for 6 months from the date of the judge's signature.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0010 of 13



**4. How long is the JV-220 medication consent valid for, once approved by the judge's dated signature?**  
*Select the correct answer and click CHECK.*

X

☐

3 months

✓

☐

6 months

X

☐

9 months

X

☐

12 months

**Not quite.** Once approved, the consent is valid for 6 months from the date of the judge's signature.

CHECK


Click > to continue.

## 1.11 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0011 of 13



**5. What service activities are included in TCM/ICC?**  
*Select the correct answer and click CHECK.*

☐ Communication, coordination, and referral

☒ Psychoeducation workshops

☒ Physical rehabilitation

☒ Therapy sessions

CHECK

Correct	Choice
X	Communication, coordination, and referral
	Psychoeducation workshops
	Physical rehabilitation
	Therapy sessions

### Notes:


What service activities are included in TCM/ICC?

## Correct (Slide Layer)

**Challenge**

00:00

11 of 13

**5. What service activities are included in TCM/ICC?**

Select the correct answer and click **CHECK**.

- ☒ Communication, coordination, and referral
- ☐ Psychoeducation workshops
- ☐ Physical rehabilitation
- ☐ Therapy sessions

**Excellent!** TCM/ICC services assist clients in accessing needed services and include activities like communication, coordination, and referral. ICC facilitates the assessment of care planning and coordination of services to PWB/IS clients under 21.

**CHECK**


Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:00

11 of 13

**5. What service activities are included in TCM/ICC?**

Select the correct answer and click **CHECK**.

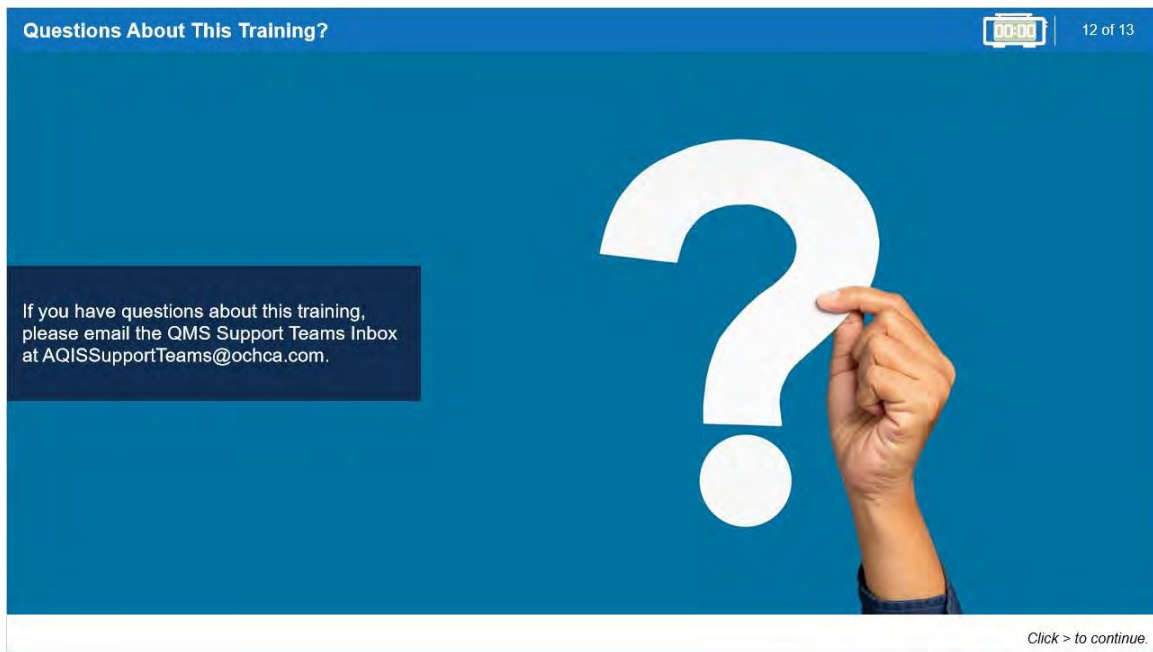
- ☒ Communication, coordination, and referral
- ☐ Psychoeducation workshops
- ☐ Physical rehabilitation
- ☐ Therapy sessions

**Not quite.** TCM/ICC services assist clients in accessing needed services and include activities like communication, coordination, and referral. ICC facilitates the assessment of care planning and coordination of services to PWB/IS clients under 21.

**CHECK**

Click > to continue.

## 1.12 Questions About This Training?



Questions About This Training?

00:00 12 of 13

If you have questions about this training, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

Click > to continue.

### Notes:

If you have questions about this training, you may discuss them with your Service Chief or Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

### 1.13 Thank you



Thank you for completing the 'Children & Youth Services - Contract Provider - Psychiatrist' module.

Click the [link](#) to start with the next module 'Final Challenge'.

 **Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

#### Notes:

Thank you for completing the 'Children & Youth Services - Contract Provider - Psychiatrist' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.


Click the link to start with the next module 'Final Challenge'.


## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module

 **REPLAY:** Allows you to replay the screen


**Note:** Click the close button of the PDF page in the browser.

#### Notes:



## 2.2 Untitled Slide

 #D53707


 #0071BC


 #FD5813

 #112E51

 #556575

 #0071BC - Normal

 #112E51 - Hover

 #556575 - Visited

 #D53707 - Highlight

# Children & Youth Services - Contract Provider - Regional

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module 'Children & Youth Services - Contract Provider - Regional'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 16



### You will be able to:

- ✓ Describe the various challenges to documenting the access criteria and the medical necessity as presented by the regional cases
- ✓ Explain the requirement of a 7-Domain Assessment for continued access criteria and medical necessity

[Click > to continue.](#)

### Notes:

So...what can you expect out of this module?


By the end of this module, you will be able to describe the various challenges to documenting the access criteria and the medical necessity as presented by the regional cases and explain the requirement of a 7-Domain Assessment for continued access criteria and medical necessity.

## 1.3 Regional Practice Examples

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



For years it was required to tie family, education, co-occurring, social service, transitional-age youth, or trauma-based issues to a mental health condition in order to establish medical necessity for EPSDT funding.

< ● ● ● ● >

*Click > to continue.*

### Notes:

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

For years, you were required to tie family, educational, co-occurring, social service, transitional-age youth, or trauma-based issues to a mental health condition in order to establish medical necessity for EPSDT funding.

Under CalAIM, the access criteria for Specialty Mental Health Services have changed. Although the definition of medical necessity remains the same, the documentation for medical necessity has changed.

Clients can now access CYS SMHS automatically if they meet one of the four conditions namely:

1. Significant exposure to trauma as determined by a state-approved trauma tool
2. Involvement in the child welfare system,
3. Involvement in the juvenile justice system, and
4. Homelessness.

Medical necessity remains the same; having a significant impairment without treatment, having the risk of not developing appropriately as expected, and having


an established or suspected ICD-10 mental disorder that results in significant impairments.

## Dot 01 (Slide Layer)

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



For years it was required to tie family, education, co-occurring, social service, transitional-age youth, or trauma-based issues to a mental health condition in order to establish medical necessity for EPSDT funding.

< ● ● ● ● >

*Click > to continue.*




## Dot 02 (Slide Layer)

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



Under CalAIM, the access criteria for Specialty Mental Health Services have changed. Although the definition of medical necessity remains the same, the documentation for medical necessity has changed.

< ● ● ● ● >


*Click > to continue.*

## Dot 03 (Slide Layer)

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



Clients can now access CYS SMHS automatically if they meet one of the four conditions listed below:

1. Significant exposure to trauma as determined by a state-approved trauma tool
2. Involvement in the child welfare system
3. Involvement in the juvenile justice system
4. Homelessness

< ● ● ● ● >

*Click > to continue.*




## Dot 04 (Slide Layer)

**Regional Practice Examples**00:0003 of 16

Regional cases present various challenges to accessing documentation for Specialty Mental Health Services (SMHS) and meeting medical necessity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal clients.

*Click through the arrows to learn more.*



Medical necessity remains the same:


- Having a significant impairment without treatment
- Having the risk of not developing appropriately as expected
- Having an established or suspected ICD-10 mental disorder that results in significant impairments

*Click > to continue.*

### 1.4 How Does the Regional Case Affect the Regional Providers

**How Does the Regional Case Affect the Regional Providers**00:0004 of 16

Regional providers have expanded our clients to include Social Drivers of Health (SDOH) issues, such that a client may not have an established mental health diagnosis or problem, but may be distressed because of certain social drivers or situations/circumstances.



- Regional County clinics will be able to treat clients as DHCS has indicated that an established mental health diagnosis is not required to begin treating.
- If clinically appropriate, they encourage early treatment for social drivers situations (Z55-Z65) under the "No Wrong Door Policy".
- DHCS has removed the requirement for an ICP or regular care plan to be in place prior to providing any treatment, unless the client has Medicare or both Medicare and Medi-Cal.
- The CalAIM changes have lightened the documentation load to make it easier and quicker to provide treatment.

*Click > to continue.*

#### Notes:


How does this affect our Regional providers? First, it has expanded our clients to

include Social Drivers of Health (SDOH) issues, such that a client may not have an established mental health diagnosis or problem, but may be distressed because of certain social drivers or situations/circumstances. We will be able to treat them as DHCS has indicated that an established mental health diagnosis is not required to begin treating, especially during the assessment period. If clinically appropriate, they encourage early treatment for social drivers situations (Z55-Z65) under the “No Wrong Door Policy”. DHCS has removed the requirement for an ICP or regular care plan to be in place prior to providing any treatment, during the assessment period, unless the client has Medicare or both Medicare and Medi-Cal. The CalAIM changes have lightened the documentation load to make it easier and quicker to provide treatment. Also, the removal of the included diagnosis list has expanded problems and areas that we can address.

## 1.5 Assessment and Reassessment Timeliness

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.  
*Click each number to learn more.*



1

2

3

4

5

*Click > to continue.*

### Notes:

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

Although the County MHP policy is no later than 60 days, the spirit of CalAIM says, “As clinically appropriate” which can be interpreted as soon as possible to start treatment. Reassessments are also based on clinical appropriateness and need, not

on a mandated timeline. The County MHP has decided “As clinically appropriate”, but no later than 3 years after previous assessments.

DHCS would like to move away from Care Plans that are written once a year and not revisited. In lieu of care plans, DHCS wants providers to use the Problem List that is updated “as clinically appropriate” and when the clinical presentation of the client changes. However, when case management services are needed, a TCM Care Plan is required.

In conjunction with the Problem List, the state wants providers to identify what Problem you will address in your progress notes. This is similar to what providers were documenting before, when referencing which care plan goals/objectives the provider was addressing in their progress notes. The only difference is the Problem List is a fluid list that is updated more often than the care plan, to reflect the client’s current presentation.

The state, unfortunately, could not do away with care plans completely, since federal regulations require care plans for TCM, ICC and Certified Peer Support Services. Other program regulations, such as TBS, STRTPs, and TFC still require the legacy care plans for their respective service type activities.


Under CalAIM, these types of services - medication, individual/family/group therapy, individual/family/collateral/group rehabilitation - no longer require authorization through care plans, unless the client is Medicare or Medi/Medi or is placed in an STRTP or TFC.

## Tab 01 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



1

2

3

4

5

**County MHP Policy**

Although the County MHP policy is no later than 60 days, the spirit of CalAIM says, "as clinically appropriate" which can be interpreted as soon as possible to start treatment.

Reassessments are also based on clinical appropriateness and need, not on a mandated timeline. The County MHP has decided "as clinically appropriate", but no later than 3 years after previous assessments.


*Click > to continue.*

## Tab 02 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



1

2

3

4

5

**Care Plans**

DHCS would like to move away from care plans that are written once a year and not revisited. In lieu of care plans, DHCS wants providers to use the Problem List that is updated "as clinically appropriate" and when the clinical presentation of the client changes.

However, when case management services are needed, a TCM Care Plan is required.

*Click > to continue.*




## Tab 03 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

### Updating the Problem List

In conjunction with the Problem List, the state wants providers to identify what problem you will address in your progress notes. This is similar to what providers were documenting before, when referencing which care plan goals/objectives the provider was addressing in their progress notes. The only difference is the Problem List is a fluid list that is updated more often than the care plan, to reflect the client's current presentation.


*Click > to continue.*

## Tab 04 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

### Federal Regulations

The State, unfortunately, could not do away with care plans completely, since federal regulations require care plans for TCM, ICC and Certified Peer Support Services. Other program regulations, such as TBS, STRTPs, and TFC still require the legacy care plans for their respective service type activities.

*Click > to continue.*




## Tab 05 (Slide Layer)

**Assessment and Reassessment Timeliness**00:0005 of 16

As a result of the changes in the policy, timeliness for the assessment and reassessment has changed.

*Click each number to learn more.*



1

2

3

4

5

**CalAIM**


Under CalAIM, medication, individual/family/group therapy, individual/family/collateral/group rehabilitation - no longer require authorization through care plans, unless the client is Medicare or Medi/Medi or is placed in an STRTP or TFC.

*Click > to continue.*


## 1.6 Regional Assessment and Care Plan Samples

**Regional Assessment and Care Plan Samples**00:0006 of 16

Documentation for continued access criteria and continued medical necessity for treatment requires completion of the 7-Domain Assessment.



Elaborate the original access criteria (trauma, child welfare system, juvenile justice system involvement, or homelessness) and provide details in order to formulate continued access and treatment with SMHS.



We have recently released two samples of Plan of Care progress notes for CPSS. The final version of the paper form and the County EHR version have not been released yet, because we are not ready to bill for CPSS in our system.

The information gathered in all 7 domains helps to formulate the mental health diagnosis and identify the "right door" for treating the problem and condition.

- Tie all the information together and discuss if the client should continue treatment.
- The provider need to complete a TCM/ICC Care Plan Progress Note, depending on if the client meets the criteria on the PWB/IS eligibility form.

The Diagnosis and Problem List is a new tool that the state wants to use more often than the care plan.

- DHCS has encouraged the MHP to update the Problem List often.
- Address the new problems in your progress notes to justify ongoing treatment and medical necessity.

*Click > to continue.*

### Notes:

Documentation for continued access criteria and continued medical necessity for

treatment requires completion of the 7-Domain Assessment.

Please elaborate on the original access criteria (trauma, child welfare system, juvenile justice system involvement, or homelessness) and provide enough details in order to formulate if continued access and treatment with SMHS is clinically appropriate.

The information gathered in all 7 domains helps to formulate the mental health diagnosis and identify the “right door” for treating the problem and condition. Domain 7 is where you will tie all the information together and discuss if the client should continue treatment. Once the assessment is complete, the provider may need to complete a TCM care plan progress note, or an ICC Care Plan Progress Note depending on if the client meets the criteria on the PWB/IS eligibility form.

As we have recently began implementing Certified Peer Support Specialists (CPSS) into our mental health delivery system, we have released two samples of CPSS Plan of Care progress notes in the CYS County and Contract Forms and Resource Library for your review. The final versions of downtime CPSS Plan of Care form and County EHR version will be released as soon as we are ready to provide and bill for those services.

The Diagnosis and Problem List is a new tool that we mentioned the state wants to use more often than the care plan except for those that are federally required (TCM, ICC, CPSS) or separately regulated and funded state programs (i.e., TBS and STRTPs). DHCS has encouraged the MHP to update the Problem List often and address the new problems in your progress notes to justify ongoing treatment and medical necessity.

## 1.7 County Regional Progress Note Samples

County Regional Progress Note Samples

00:00 | 07 of 16

County EHR:

1

EHR Case Management

2

EHR Assessment

3

EHR Individual Therapy

4

EHR Family/Collateral Therapy

5

EHR Group Therapy

6

EHR Crisis Diversion

7

EHR Crisis Hospitalization

8

EHR Individual Rehab

9

EHR Family Rehab

10

EHR IHBS

11

EHR ICC

12

EHR Plan Development (Care Plan)

13

EHR Plan Development (Consultation)

Timeline

Routine notes: 3 days

Crisis notes: 24 hours

NEW

Please click on the library of [notes](#) which you can download from the website.

Click &gt; to continue.

### Notes:

The list of sample progress notes in our library includes the CalAIM content.

First will be the Diagnosis(es) and Problem(s) identified as the Problem treated today from the problem list. This supports ongoing medical necessity when it is from the Problem List.

Second is the type of service and a brief description of what problem the service will address today.

Third is the narrative of what intervention you provided. The narrative could be describing the service, including how the intervention addressed the client's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).

Fourth is a brief description of how the client responded to the intervention.

Fifth is the follow-up plan or the next step.

Next steps may include, but are not limited to, planned action steps by the provider or by the client; collaboration with the client; collaboration with other provider(s); goals and actions to address health, social, educational, and other services needed by the client; progress on goals or treatment outcomes; referrals; discharge planning; continuing care planning; and any update to the problem list as appropriate. You will see the other required elements that remain the same, such as the encounter document information and the provider's signature and date, along

with any required co-signatures, if applicable.


Please remember that progress notes do have timelines. For routine services, there is a 3-business day expectation. For crises notes, there is a 24-hour turnaround expectation.

## 1.8 Payment Reform Updates

**Payment Reform Updates**00:0008 of 16

Here are some reminders and updates on coding rules.

- Assessment
- Targeted Case Management (TCM)/ Intensive Care Coordination (ICC)
- Plan Development
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS)
- Crisis Rule Changes
- Medication Service
- Collateral Rule
- Modifier

 Please refer to the [CYS County and Contract Forms and Resource Library](#) which contains documents reflecting the County's current understanding of documentation requirements.

[Click > to continue.](#)

### Notes:

Updated information in these documentation areas can be found in the [CYS County and Contract Forms and Resource Library](#).

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.

## 1.9 Summary

Summary


00:00 | 09 of 16

*Click each tab for a quick recap.*

Regional Cases Challenges to Access Documentation

7-Domain and the Diagnosis and Problem List

Payment Reforms Updates



*Click > to continue.*

### Notes:

We have come to the end of this module, let's summarize.

Regional cases present various challenges to documentation of access to SMHS and meeting medical necessity for EPSDT Medi-Cal clients. The access criteria for SMHS has changed under CalAIM.

As a result of these changes, timeliness for the assessment and reassessment has changed.

The state wants providers to identify and address the problems in your progress notes.

Documentation for continued access criteria and continued medical necessity for treatment requires completion of the 7-Domain Assessment.

Domain 7 is where you will tie all the information together and discuss if the client should continue treatment.

The Problem List is a new tool that state wants to use more often than the care plan.

Assessment codes can now be used for write-up of Domain 7 (Clinical formulation to establish continued medical necessity; Diagnosis; and Treatment Recommendation) only. Domains 1-6 write up can only be billed when performed during sessions with the client or caregiver present.



TCM/ICC services assist with accessing services.

Plan development includes treatment planning.

Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and Medication services have specific billing rules.

Collateral is now billed differently; Modifiers are being updated in IRIS.

## Layer 1 (Slide Layer)

**Summary**00:0009 of 16

*Click each tab for a quick recap.*

**Regional Cases Challenges to Access Documentation**

**7-Domain and the Diagnosis and Problem List**

**Payment Reforms Updates**


Regional cases present various challenges to documentation of access to SMHS and meeting medical necessity for EPSDT Medi-Cal clients. The access criteria for SMHS has changed under CalAIM.

As a result of these changes, timeliness for the assessment and reassessment has changed.

The state wants providers to identify and address the problems in your progress notes.

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary** 09 of 16

*Click each tab for a quick recap.*

**Regional Cases Challenges to Access Documentation**

**7-Domain and the Diagnosis and Problem List**

**Payment Reforms Updates**


Documentation for continued access criteria and continued medical necessity for treatment requires completion of the 7-Domain Assessment.

Domain 7 is where you will tie all the information together and discuss if the client should continue treatment.

The Problem List is a new tool that state wants to use more often than the care plan.

*Click > to continue.*

## Layer 3 (Slide Layer)

**Summary** 09 of 16

*Click each tab for a quick recap.*

**Regional Cases Challenges to Access Documentation**

**7-Domain and the Diagnosis and Problem List**

**Payment Reforms Updates**

Assessment codes can now be used for write-up of Domain 7 (Clinical formulation to establish continued medical necessity; Diagnosis; and Treatment Recommendation) only. Domains 1-6 write up can only be billed when performed during sessions with the client or caregiver present.

TCM/ICC services assist with accessing services.

Plan development includes treatment planning.

Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and medication services have specific billing rules.

Collateral is now billed differently.

Modifiers are being updated in IRIS.


*Click > to continue.*

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 16



**1. Which assessment needs to be completed for documentation of continued access and medical necessity?**  
*Select the correct answer and click CHECK.*

☐ 7-Domain Assessment

☒ Problem List

☒ Progress Notes

☒ Medi-Cal

CHECK

Correct	Choice
X	7-Domain Assessment
	Problem List
	Progress Notes
	Medi-Cal

### Notes:


It's time for an activity.

Which assessment needs to be completed for documentation of continued access and medical necessity?

## Correct (Slide Layer)

**Challenge**

00:0010 of 16

**1. Which assessment needs to be completed for documentation of continued access and medical necessity?**

Select the correct answer and click **CHECK**.

- ☒ 7-Domain Assessment
- ☐ Problem List
- ☐ Progress Notes
- ☐ Medi-Cal

**Excellent!** 7-Domain Assessment needs to be completed for documentation of continued access and medical necessity.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0010 of 16

**1. Which assessment needs to be completed for documentation of continued access and medical necessity?**

Select the correct answer and click **CHECK**.

- ☒ 7-Domain Assessment
- ☐ Problem List
- ☐ Progress Notes
- ☐ Medi-Cal

**Not quite.** 7-Domain Assessment needs to be completed for documentation of continued access and medical necessity.

**CHECK**


Click > to continue.

## 1.11 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0011 of 16



**2. What entity has indicated that an established mental health diagnosis is not required to begin treating?**  
*Select the correct answer and click CHECK.*

X

☐

HCA

X

☐

ICD

X

☐

EPSDT

☐

DHCS

CHECK

Correct	Choice
	HCA
	ICD
	EPSDT
X	DHCS

### Notes:


What entity has indicated that an established mental health diagnosis is not required to begin treating?



## Correct (Slide Layer)

**Challenge**

00:0011 of 16



**2. What entity has indicated that an established mental health diagnosis is not required to begin treating?**  
*Select the correct answer and click CHECK.*

☒ HCA

☒ ICD

☒ EPSDT

☒ DHCS

**Excellent!** DHCS has indicated that an established mental health diagnosis is not required to begin treating.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0011 of 16



**2. What entity has indicated that an established mental health diagnosis is not required to begin treating?**  
*Select the correct answer and click CHECK.*

☒ HCA

☒ ICD

☒ EPSDT

☒ DHCS

**Not quite.** DHCS has indicated that an established mental health diagnosis is not required to begin treating.

**CHECK**


*Click > to continue.*

## 1.12 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0012 of 16



**3. Under which initiative has the access criteria for Specialty Mental Health Services has changed?**  
Select the correct answer and click CHECK.

X

☐

DHCS

X

☐

ICD

X

☐

7-Domain

☐

CalAIM

CHECK

Correct	Choice
	DHCS
	ICD
	7-Domain
X	CalAIM


### Notes:

Under which initiative has the access criteria for Specialty Mental Health Services has changed?

## Correct (Slide Layer)

**Challenge**

00:0012 of 16



**3. Under which initiative has the access criteria for Specialty Mental Health Services has changed?**  
Select the correct answer and click CHECK.

☒ DHCS

☒ ICD

☒ 7-Domain

☒ CalAIM

**Excellent!** The access criteria for Specialty Mental Health Services is changed under CalAIM.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0012 of 16



**3. Under which initiative has the access criteria for Specialty Mental Health Services has changed?**  
Select the correct answer and click CHECK.

☒ DHCS

☒ ICD

☒ 7-Domain

☒ CalAIM

**Not quite.** The access criteria for Specialty Mental Health Services is changed under CalAIM.

**CHECK**


Click > to continue.

## 1.13 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0013 of 16



**4. In which tool is all the information gathered and discussed if the client should continue treatment?**  
*Select the correct answer and click CHECK.*

X

☐

Diagnosis and Problem List

☐

7-Domain Assessment, specifically the 7<sup>th</sup> Domain

X

☐

TCM Care Plan Progress Note

X

☐

CPSS Plan of Care

CHECK

Correct	Choice
	Diagnosis and Problem List
X	7-Domain Assessment, specifically the 7th Domain
	TCM Care Plan Progress Note
	CPSS Plan of Care


### Notes:

In which tool is all the information gathered and discussed if the client should continue treatment?

## Correct (Slide Layer)

**Challenge**

00:0013 of 16



**4. In which tool is all the information gathered and discussed if the client should continue treatment?**  
*Select the correct answer and click CHECK.*

☒ **X** ☐ Diagnosis and Problem List

☒ **✓** ☐ 7-Domain Assessment, specifically the 7<sup>th</sup> Domain

☒ **X** ☐ TCM Care Plan Progress Note

☒ **X** ☐ CPSS Plan of Care

**Excellent!** In 7-Domain Assessment, specifically the 7<sup>th</sup> Domain, all the information is gathered and discussed if the client should continue treatment.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0013 of 16



**4. In which tool is all the information gathered and discussed if the client should continue treatment?**  
*Select the correct answer and click CHECK.*

☒ **X** ☐ Diagnosis and Problem List

☒ **✓** ☐ 7-Domain Assessment, specifically the 7<sup>th</sup> Domain

☒ **X** ☐ TCM Care Plan Progress Note

☒ **X** ☐ CPSS Plan of Care

**Not quite.** In 7-Domain Assessment, specifically the 7<sup>th</sup> Domain, all the information is gathered and discussed if the client should continue treatment.

**CHECK**

*Click > to continue.*




## 1.14 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0014 of 16



**5. Which organization now requires the MHP to create a Problem List during the assessment process and to update the Problem List as problems go away or arise?**  
*Select the correct answer and click CHECK.*

☐ DHCS

☒ ICC

☒ TCM

☒ CPSS

CHECK

Correct	Choice
X	DHCS
	ICC
	TCM
	CPSS

### Notes:


Which organization now requires the MHP to create a Problem List during the assessment process and to update the Problem List as problems go away or arise?

## Correct (Slide Layer)

**Challenge**

00:00

14 of 16



5. Which organization now requires the MHP to create a Problem List during the assessment process and to update the Problem List as problems go away or arise?  
*Select the correct answer and click CHECK.*

✓ ☐ DHCS  
✗ ☐ ICC  
✗ ☐ TCM  
✗ ☐ CPSS

**Excellent!** DHCS organization now requires the MHP to create a Problem List during the assessment process and to update the Problem List as problems go away or arise.

**CHECK**


*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:00

14 of 16



5. Which organization now requires the MHP to create a Problem List during the assessment process and to update the Problem List as problems go away or arise?  
*Select the correct answer and click CHECK.*

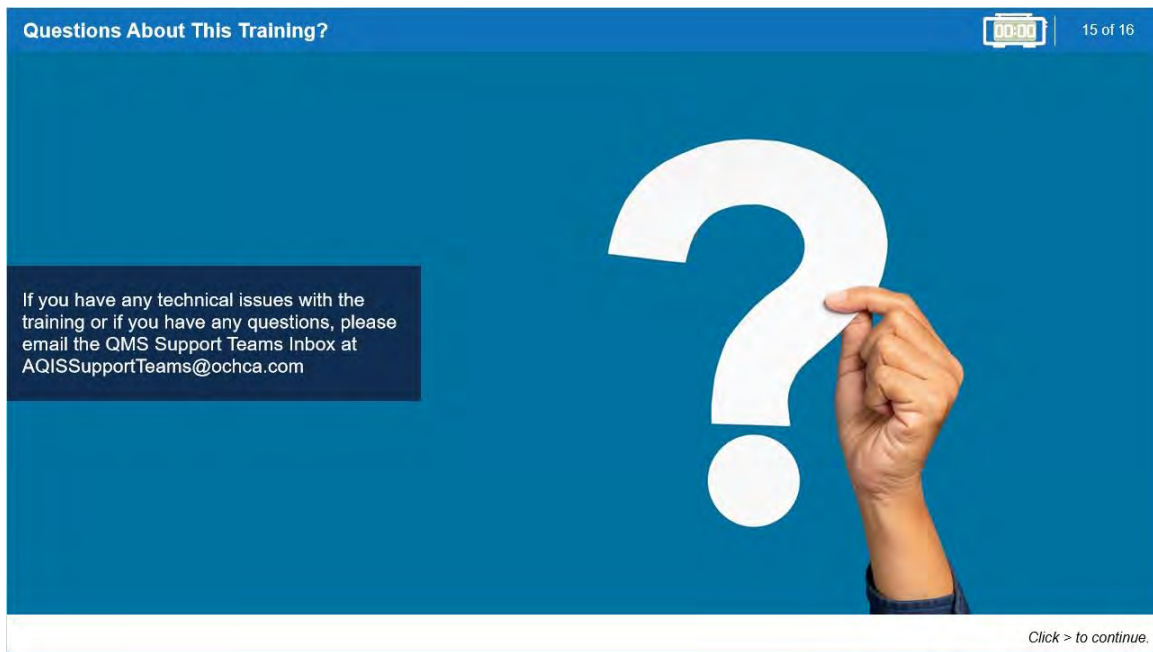
✓ ☐ DHCS  
✗ ☐ ICC  
✗ ☐ TCM  
✗ ☐ CPSS

**Not quite.** DHCS organization now requires the MHP to create a Problem List during the assessment process and to update the Problem List as problems go away or arise.

**CHECK**

*Click > to continue.*

## 1.15 Questions About This Training?



Questions About This Training?

00:00 15 of 16

If you have any technical issues with the training or if you have any questions, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com)

Click > to continue.

### Notes:

If you have questions about this training, you may discuss them with your Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

## 1.16 Thank you



Thank you for completing the **Children & Youth Services - Contract Provider - Regional'** module.

Click the [link](#) to start with the next module '**Final Challenge**'.



**Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

### Notes:

Thank you for completing the Children & Youth Services - Contract Provider - Regional' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.


Click the link to start with the next module 'Final Challenge'.


## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module

 **REPLAY:** Allows you to replay the screen


**Note:** Click the close button of the PDF page in the browser.

#### Notes:



## 2.2 Untitled Slide

 #D53707


 #0071BC


 #FD5813

 #112E51

 #556575

 #0071BC - Normal

 #112E51 - Hover

 #556575 - Visited

 #D53707 - Highlight

# Children & Youth Services - Contract Provider - Rehab

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module 'Children & Youth Services – Contract Provider - Rehab'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 14



### You will be able to:

- ✓ Describe the scope of practice obstacles for Mental Health Specialists (MHS), Mental Health Workers (MHW), and Other Qualified Providers (OQP)
- ✓ Explain how Mental Health Specialists (MHS), Mental Health Workers (MHW), and Other Qualified Providers (OQP) contribute to the rehab assessment

[Click > to continue.](#)

### Notes:

So...what can you expect to get out of this module?


By the end of this module, you will be able to describe the scope of practice obstacles for Mental Health Specialists, Mental Health Workers, and Other Qualified Providers and explain how Mental Health Specialists, Mental Health Workers, and Other Qualified Providers contribute to the rehab assessment.

## 1.3 Rehab Practice Examples

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



12345

*Click > to continue.*

### Notes:

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

DHCS has informed the County almost two years ago of CalAIM changes that impact MHS, MHW, and OQPs. We began implementing these changes as early as July 1st, 2022. The first change was an expanded criteria for access to Specialty Mental Health Services (SMHS). Basically, any client who has experienced significant trauma or exposure to trauma as determined by a state-approved trauma tool (which has not yet been determined by DHCS), any involvement with the child welfare system, any involvement with the juvenile justice system or homelessness, are considered automatically eligible for SMHS. CalAIM has indicated that we can provide treatment for these clients under the “No Wrong Door” policy to alleviate distress or pain as a result of one of these four situations.

CalAIM has also made two changes to facilitate treating these individuals quickly including rehab services by 1) not requiring an ICP or CP to be established prior to providing treatment, and 2) removing the included/excluded diagnoses list and adding the social drivers of health (SDOH) diagnoses (Z55-Z65).

For MHS, MHW, or OQPs, there is no scope of practice limitation with the SDOH diagnoses. Unlicensed, non-waivered, unregistered providers including the MHS, MHW, and OQP can give these diagnoses as they do not require clinical oversight to

use these codes. The same can be said for contributing to the 7-Domain Assessment. MHS, MHW, and OQP can contribute to the assessment and problem list within their scope of practice.

Clinical diagnoses, mental status exams, medication history, psychosocial factors, and assessment of danger to self, other, or gravely disabled, are still required to be completed by a licensed or waived or registered clinician. The MHS, MHW, or OQP could contribute to gathering history such as substance, education, employment, medical, and family. They can also add to the Problem List within their scope of practice such as SDOH diagnoses (Z55-Z65) and SNOMED codes corresponding to the SDOH diagnoses.


Care plans are not required for most SMHS except for TCM and ICC service types. TBS and STRTP programs still require full care plans according to their regulations and all types of services they provide need to be authorized on a care plan. Please note that IHBS requires authorization, but not a care plan.

## Tab 01 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5

**CalAIM Changes that Impacted MHS, MHW, and OQP**

DHCS has informed the County of CalAIM changes that impact MHS, MHW, and OQPs.

An expanded criteria for access to Specialty Mental Health Services (SMHS) was the first change.

Client who has experienced significant trauma or exposure to trauma, involvement with the child welfare system, the juvenile justice system, or homelessness, are considered automatically eligible for SMHS.

CalAIM has indicated to provide treatment for these clients under the "No Wrong Door" policy.

*Click > to continue.*




## Tab 02 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



1

2

3

4

5

**CalAIM Changes that Impacted Rehab Services**

CalAIM has made two changes to facilitate treating the individuals quickly including rehab services by:

1. Providing treatment prior to establishing an ICP or CP
2. Removing the included/excluded diagnoses list and adding the Social Drivers of Health (SDOH) diagnoses (Z55-Z65)


*Click > to continue.*

## Tab 03 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



1

2

3

4

5

**SDOH Diagnoses and 7-Domain Assessment**

For SDOH diagnoses, there is no scope of practice limitation for MHS, MHW, or OQPs. Unlicensed, non-waivered, or unregistered providers can give these diagnoses as they do not require clinical oversight to use these codes.

The MHS, MHW, and OQP can contribute to the 7-Domain Assessment and problem list within their scope of practice.


*Click > to continue.*

## Tab 04 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



- 1
- 2
- 3
- 4**
- 5

**Clinical Practices**

Clinical diagnoses, mental status exams, medication history, psychosocial factors, and assessment of danger to self, other, or gravely disabled, are required to be completed by a licensed, waived, or registered clinician.

The MHS, MHW, or OQP contribute to gathering history such as substance, education, employment, medical, and family. They can also add to the Problem List within their scope of practice such as SDOH diagnoses (Z55-Z65) and SNOMED codes corresponding to the SDOH diagnoses.


*Click > to continue.*

## Tab 05 (Slide Layer)

**Rehab Practice Examples**00:0003 of 14

Rehab cases present scope of practice obstacles for MHS, MHW, and OQP in documenting medical necessity for EPSDT Medi-Cal clients.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5**

**Care Plan Necessity**

Care plans are not required for most SMHS except for TCM and ICC service types.

TBS and STRTP programs require full care plans according to the regulations and all types of services provided need to be authorized on a care plan.

IHBS requires authorization, but not a care plan.

*Click > to continue.*

## 1.4 Rehab Assessment and Care Plan Samples

**Rehab Assessment and Care Plan Samples**00:0004 of 14

MHS, MHW, and OQP can contribute to the 7-Domain Assessment although the medical necessity must be completed by a licensed or waived clinician.



- 1 Rehab providers will not do care plans since individual, collateral and group rehab services do not require either an ICP or a regular care plan to authorize rehab services.
- 2 IHBS requires authorization but does not need to be on a care plan, as the clinical provider will do the authorization.
- 3 Add the problems that needs to be addressed and treated in the progress notes, but stay within the scope of practice which are the SDOH diagnoses and the SNOMED problems.

[Click the more info button for details.](#)  [Click > to continue.](#)

### Notes:

Although medical necessity in a 7-Domain Assessment must be completed by a licensed or waived clinician, MHS, MHW, and OQP can contribute to the assessment. Rehab providers will not be doing care plans since individual, collateral and group rehab services do not require either an ICP or a regular Care Plan to authorize rehab services. Although IHBS requires authorization but does not need to be on a care plan, it is likely that the clinical provider will be doing the authorization. In regards to the Problem List, we encourage you to add the Problems that you will be addressing and treating in your progress notes. But as a reminder, you will need to stay within your scope of practice, which are the SDOH diagnoses and the SNOMED problems.


Please click on the link to download and read through one of the 7-Domain Assessments to see how the clinician and the Rehab Specialist collaborate on the areas of assessment and the Problem List.



## More Info (Slide Layer)


**Rehab Assessment and Care Plan Samples**00:0004 of 14

MHS, MHW, and OQP can contribute to the 7-Domain Assessment although the medical necessity must be completed by a licensed or waived clinician.



- 1 Rehab providers will not do care plans since individual, collateral and group rehab services do not require either an ICP or a regular care plan to authorize rehab services.
- 2 IHBS requires authorization but does not need to be on a care plan, as the clinical provider will do the authorization.

Please click on the [link](#) to download and read through one of the 7-Domain Assessments to see how the clinician and the Rehab Specialist collaborate on the areas of assessment and the Problem List.


Click to close. 

Click > to continue


## 1.5 Contract Provider Regional Progress Note Samples


**Contract Provider Regional Progress Note Samples**00:0005 of 14

- 1 Case Management
- 2 Assessment
- 3 Individual Rehab
- 4 Family Rehab
- 5 IHBS
- 6 ICC Child Family Team Meeting



- 7 Plan Development (Care Plan)
- 8 Plan Development (Consultation)

 **NEW**

 Please click on the library of [notes](#) which you can download from the website.

Click > to continue.

### Notes:

Please use the link in the slide to see examples of rehab progress notes. The new


format of the EHR progress note is now CalAIM ready, although a few templates need to add the new Payment Reform codes, especially for Plan Development codes. Regarding progress notes, first is the problem treated that have SNOMED codes that an MHS, MHW, or OQP might use. Second is the type of service with a brief description followed by a narrative of the intervention and what the rehab specialist provided. Third is the narrative of what intervention you provided. The narrative could describe the service, including how the intervention addressed the client's behavioral health need (e.g., behaviors, condition, diagnosis, and risk factors). Fourth is a brief description of how the client responded to the intervention. Fifth is the follow-up plan or the next step. The next steps may include but are not limited to, planned action steps by the provider or by the client; collaboration with the client; collaboration with other providers; goals and actions to address health, social, educational, and other services needed by the client; progress on goals or treatment outcomes; referrals; discharge planning; continuing care planning; and any update to the problem list as appropriate.

## 1.6 Payment Reform Updates

**Payment Reform Updates**00:0006 of 14

Here are some reminders and updates on coding rules.

- Assessment
- Targeted Case Management (TCM) and Intensive Care Coordination (ICC)
- Plan Development
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS)
- Crisis Rule Changes
- Medication Service
- Collateral Rule
- Modifiers



Please refer to the "[CYS County and Contract Forms and Resource Library](#)" which contains documents reflecting the County's current understanding of documentation requirements.

[Click > to continue.](#)

### Notes:

Updated information in these documentation areas can be found in the [CYS County and Contract Forms and Resource Library](#).

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.



## 1.7 Summary

Summary


00:00 | 07 of 14

*Click each tab for a quick recap.*

Scope of Practice Obstacles for Mental Health Specialists

Medical Necessity in a 7-Domain Assessment

Payment Reforms Updates



*Click > to continue.*

### Notes:

We have come to the end of this module, let's summarize.

CalAIM has made several changes that impact MHS, MHW, and OQP. For example, expanded criteria for access to SMHS, providing treatment for clients under the "No Wrong Door" policy, providing treatment prior to completing the assessment process, and removing the excluded or included diagnoses list and adding the SDOH diagnoses.

Clinical practices such as clinical diagnoses, mental status exams, medication history, psychosocial factors, and assessment of danger to self, other, or gravely disabled are required to be completed by a licensed, waived, or registered clinician.

MHS, MHW, and OQP can contribute to the 7-Domain Assessment although the medical necessity must be completed by a licensed or waived clinician.


Rehab providers will not do care plans since individual, collateral and group rehab services do not require either an ICP or a regular care plan to authorize rehab services.

In the problem list, add the problems that will be addressed and treated in the progress note which will stay within the scope of practice such as SDOH diagnoses and SNOMED problems.

Assessment codes can be used for write-ups, without the client present, by clinical

staff only; TCM/ICC services assist with accessing services; Plan development includes treatment planning; Psychotherapy has specified time ranges; Psychosocial Rehabilitation/IHBS codes have been simplified; Crisis psychotherapy and Medication services have specific billing rules; Collateral is now billed differently; Modifiers are being updated in IRIS.

## Layer 1 (Slide Layer)

**Summary**  07 of 14

*Click each tab for a quick recap.*

**Scope of Practice Obstacles for Mental Health Specialists**

**Medical Necessity in a 7-Domain Assessment**

**Payment Reforms Updates**

CalAIM has made several changes that impact MHS, MHW, and OQP. For example, expanded criteria for access to SMHS, providing treatment for clients under the "No Wrong Door" policy, providing treatment prior to completing the assessment process, and removing the excluded or included diagnoses list and adding the SDOH diagnoses.

Clinical practices such as clinical diagnoses, mental status exams, medication history, psychosocial factors, and assessment of danger to self, other, or gravely disabled are required to be completed by a licensed, waived, or registered clinician.

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary**00:0007 of 14

*Click each tab for a quick recap.*

**Scope of Practice Obstacles for Mental Health Specialists**

**Medical Necessity in a 7-Domain Assessment**

**Payment Reforms Updates**

MHS, MHW, and OQP can contribute to the 7-Domain Assessment although the medical necessity must be completed by a licensed or waived clinician. Rehab providers will not do care plans since individual, collateral and group rehab services do not require either an ICP or a regular care plan to authorize rehab services.

In the problem list, add the problems that will be addressed and treated in the progress note which will stay within the scope of practice such as SDOH diagnoses and SNOMED problems.

*Click > to continue.*

## Layer 3 (Slide Layer)

**Summary**00:0007 of 14

*Click each tab for a quick recap.*

**Scope of Practice Obstacles for Mental Health Specialists**

**Medical Necessity in a 7-Domain Assessment**

**Payment Reforms Updates**

Assessment codes can be used for write-ups, without the client present, by clinical staff only.

TCM/ICC services assist with accessing services.

Plan development includes treatment planning.

Psychotherapy has specified time ranges.

Psychosocial Rehabilitation/IHBS codes have been simplified.

Crisis psychotherapy and medication services have specific billing rules.

Collateral is now billed differently.

Modifiers are being updated in IRIS.

*Click > to continue.*

## 1.8 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0008 of 14



**1. Which cases present scope of practice obstacles for MHS, MHW, and OQP?**  
*Select the correct answer and click CHECK.*

X

☐

CalAIM

X

☐

DHCS

X

☐

ICP

☐

Rehab

CHECK

Correct	Choice
	CalAIM
	DHCS
	ICP
X	Rehab

### Notes:


It's time for an activity.

Which cases present scope of practice obstacles for MHS, MHW, and OQP?

## Correct (Slide Layer)

**Challenge**

00:0008 of 14

**1. Which cases present scope of practice obstacles for MHS, MHW, and OQP?**

Select the correct answer and click CHECK.

☒ CalAIM

☒ DHCS

☒ ICP

☒ Rehab

**Excellent!** Rehab cases present scope of practice obstacles for MHS, MHW, and OQP.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0008 of 14

**1. Which cases present scope of practice obstacles for MHS, MHW, and OQP?**

Select the correct answer and click CHECK.

☒ CalAIM

☒ DHCS

☒ ICP

☒ Rehab

**Not quite.** Rehab cases present scope of practice obstacles for MHS, MHW, and OQP.

**CHECK**

Click > to continue.




## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0009 of 14



**2. What has indicated that we can provide treatment for the clients under the “No Wrong Door” policy?**  
*Select the correct answer and click CHECK.*

☐ CalAIM

☒ SMHS

☒ IHBS

☒ ICP

CHECK

Correct	Choice
X	CalAIM
	SMHS
	IHBS
	ICP


### Notes:

What has indicated that we can provide treatment for the clients under the “No Wrong Door” policy?

## Correct (Slide Layer)

**Challenge**

00:0009 of 14



**2. What has indicated that we can provide treatment for the clients under the “No Wrong Door” policy?**  
*Select the correct answer and click CHECK.*

✓ ☒ CalAIM

✗ ☐ SMHS

✗ ☐ IHBS

✗ ☐ ICP

**Excellent!** CalAIM has indicated that we can provide treatment for the clients under the “No Wrong Door” policy.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0009 of 14



**2. What has indicated that we can provide treatment for the clients under the “No Wrong Door” policy?**  
*Select the correct answer and click CHECK.*

✓ ☒ CalAIM

✗ ☐ SMHS

✗ ☐ IHBS

✗ ☐ ICP

**Not quite.** CalAIM has indicated that we can provide treatment for the clients under the “No Wrong Door” policy.

**CHECK**


*Click > to continue.*

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 14



**3. Which service type requires an authorization but not a care plan?**  
*Select the correct answer and click CHECK.*

X

☐

DHCS

☐

IHBS

X

☐

TBS

X

☐

TCM

CHECK

Correct	Choice
	DHCS
X	IHBS
	TBS
	TCM


### Notes:

Which service type requires an authorization but not a care plan?

## Correct (Slide Layer)

**Challenge**

00:0010 of 14



**3. Which service type requires an authorization but not a care plan?**  
*Select the correct answer and click CHECK.*

☒ DHCS

☒ IHBS

☒ TBS

☒ TCM

**Excellent!** IHBS requires an authorization but not a care plan.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0010 of 14



**3. Which service type requires an authorization but not a care plan?**  
*Select the correct answer and click CHECK.*

☒ DHCS

☒ IHBS

☒ TBS

☒ TCM

**Not quite.** IHBS requires an authorization but not a care plan.

**CHECK**


*Click > to continue.*

## 1.11 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0011 of 14



**4. Where in the assessment must medical necessity be written and established only by a licensed/waivered/registered clinician?**  
*Select the correct answer and click CHECK.*

☐ Domain #7

☒ Domain 5 – family history

☒ Domain 3 – Substance history

☒ SDOH or SNOMED diagnosis section

CHECK

Correct	Choice
X	Domain #7
	Domain 5 – family history
	Domain 3 – Substance history
	SDOH or SNOMED diagnosis section

### Notes:

Where in the assessment must medical necessity be written and established only by a licensed/waivered/registered clinician?




## Correct (Slide Layer)

**Challenge**

00:00

11 of 14

**4. Where in the assessment must medical necessity be written and established only by a licensed/ waived/registered clinician?**  
*Select the correct answer and click CHECK.*

☒ Domain #7

☐ Domain 5 – family history

☐ Domain 3 – Substance history

☐ SDOH or SNOMED diagnosis section

**Excellent!** In Domain #7, medical necessity must be written and established only by a licensed/waivered/ registered clinician.

CHECK


Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:00

11 of 14

**4. Where in the assessment must medical necessity be written and established only by a licensed/ waived/registered clinician?**  
*Select the correct answer and click CHECK.*

☒ Domain #7

☐ Domain 5 – family history

☐ Domain 3 – Substance history

☐ SDOH or SNOMED diagnosis section

**Not quite.** In Domain #7, medical necessity must be written and established only by a licensed/waivered/ registered clinician.

CHECK


Click > to continue.

## 1.12 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0012 of 14



**5. Which elements of assessment can MHS, MHW, and OQP participate in?**  
*Select the correct answer and click CHECK.*

X

☐

All domains of the 7-Domain Assessment

X

☐

Domain 4 - Medication

X

☐

Mental Status Exam (MSE)

☐

SDOH

CHECK

Correct	Choice
	All domains of the 7-Domain Assessment
	Domain 4 - Medication
	Mental Status Exam (MSE)
X	SDOH


### Notes:

Which elements of assessment can MHS, MHW, and OQP participate in?

## Correct (Slide Layer)

**Challenge**

00:0012 of 14

**5. Which elements of assessment can MHS, MHW, and OQP participate in?**

Select the correct answer and click **CHECK**.

☒ All domains of the 7-Domain Assessment

☒ Domain 4 - Medication

☒ Mental Status Exam (MSE)

☒ SDOH

**Excellent!** MHS, MHW, and OQP participate in SDOH elements of assessment.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0012 of 14

**5. Which elements of assessment can MHS, MHW, and OQP participate in?**

Select the correct answer and click **CHECK**.

☒ All domains of the 7-Domain Assessment

☒ Domain 4 - Medication

☒ Mental Status Exam (MSE)

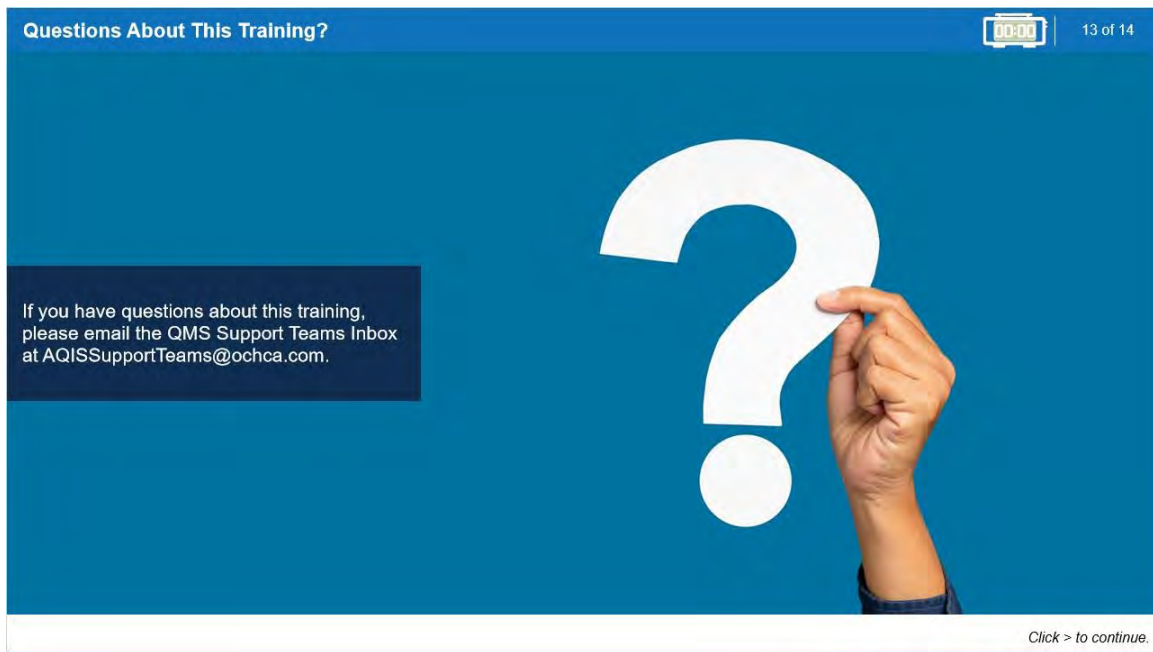
☒ SDOH

**Not quite.** MHS, MHW, and OQP participate in SDOH elements of assessment.

**CHECK**

Click > to continue.


### 1.13 Questions About This Training?



#### Notes:


If you have questions about this training, you may discuss them with your Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

## 1.14 Thank you



**Thank you** for completing the 'Children & Youth Services – Contract Provider - Rehab' module.

Click the [link](#) to start with the next module **Final Challenge**.

 **Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

### Notes:

Thank you for completing the 'Children & Youth Services – Contract Provider - Rehab' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.

Click the link to start with the next module Final Challenge'.





## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module


 **REPLAY:** Allows you to replay the screen

**Note:** Click the close button of the PDF page in the browser.

#### Notes:


## 2.2 Untitled Slide

 #D53707


 #0071BC


 #FD5813

 #112E51

 CC

 #0071BC - Normal

 #112E51 - Hover

 #556575 - Visited

 #D53707 - Highlight

# Children & Youth Services – Contract Provider TAY

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module 'Children & Youth Services – Contract Provider TAY'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 13



### You will be able to:

- ✓ Understand the changes introduced by CalAIM in TAY programs
- ✓ Apply the 7-Domain Assessment tool in the context of Specialty Mental Health Services (SMHS)

[Click > to continue.](#)

### Notes:

So...what can you expect to get out of this module?


By the end of this module, you will be able to understand the changes introduced by CalAIM in TAY programs and apply the 7-Domain Assessment tool in the context of Specialty Mental Health Services (SMHS).

## 1.3 TAY Program Practice Examples

**TAY Program Practice Examples**00:0003 of 13

The TAY programs are undergoing significant changes with the implementation of CalAIM. These changes bring both opportunities and challenges, particularly in managing access criteria for different age groups, streamlining treatment processes, and expanding the scope of issues that can be addressed.

*Click each number to learn more.*



12345

*Click > to continue.*

### Notes:

The TAY programs are undergoing significant changes with the implementation of CalAIM.

These changes bring both opportunities and challenges, particularly in managing access criteria for different age groups, streamlining treatment processes, and expanding the scope of issues that can be addressed.

For TAY programs, the CalAIM changes present both advantages and challenges. One challenge involves managing two access criteria for clients ages 18-21 and 21-25. Clients admitted to the TAY program after their 21<sup>st</sup> birthday follow criteria similar to the old medical necessity guidelines. Specifically, they must have a significant impairment, defined as distress, disability, or dysfunction in social, occupational, or other important activities. Additionally, their condition must be due to either a diagnosed mental disorder based on DSM-5 or ICD-10 criteria, or a suspected mental disorder that hasn't yet been diagnosed.

For 18-21-year-olds, access to Specialty Mental Health Services (SMHS) may be based on significant trauma or exposure to trauma, as determined by the state trauma tool (which hasn't been released yet). Alternatively, clients can qualify for SMHS if they have involvement with the child welfare system, the juvenile justice system, or are experiencing homelessness. TAY providers must consider both sets of criteria when determining if a client qualifies for SMHS.



One benefit of CalAIM for TAY programs is the streamlined process for providing immediate and short-term treatment for a wider range of issues. CalAIM eliminates the need for interim care plans (ICPs) or regular care plans (CPs) during the assessment phase. Instead, providers justify medical necessity through a Problem List and address the listed problems in treatment progress notes.

The state has implemented a “No wrong door” policy, removed the included diagnosis list, and added Social Drivers of Health diagnoses (Z55-Z65). This allows providers to address a broader spectrum of issues affecting clients’ functioning. Additionally, SNOMED codes supplementing SDOH diagnoses enable providers to address transitional issues. For instance, inputting “homelessness” into the SNOMED search engine generates standardized problems related to homelessness, which can be added to the Problem List.


TAY providers should note that CalAIM has relaxed criteria for addressing issues, as long as they appear on the Problem List and are documented in treatment progress notes. However, if a client has Medicare or Medi/Medi, legacy care plans are still required for all service types.

## Tab 01 (Slide Layer)

**TAY Program Practice Examples**00:0003 of 13

The TAY programs are undergoing significant changes with the implementation of CalAIM. These changes bring both opportunities and challenges, particularly in managing access criteria for different age groups, streamlining treatment processes, and expanding the scope of issues that can be addressed.

[Click each number to learn more.](#)



1

2

3

4

5

**CalAIM's Impact on TAY Programs**

CalAIM introduces both benefits and challenges for TAY programs. A key challenge is the dual access criteria for clients ages 18-21 and 21-25.

Clients over 21 must meet old medical necessity guidelines, including significant impairment due to a diagnosed or suspected mental disorder.


[Click > to continue.](#)

## Tab 02 (Slide Layer)

**TAY Program Practice Examples**00:0003 of 13

The TAY programs are undergoing significant changes with the implementation of CalAIM. These changes bring both opportunities and challenges, particularly in managing access criteria for different age groups, streamlining treatment processes, and expanding the scope of issues that can be addressed.

*Click each number to learn more.*



1

2

3

4

5

**Access Criteria for Younger Clients**

Access to SMHS for 18-21 year olds can be based on significant trauma, involvement with child welfare or juvenile justice systems, or homelessness.

TAY providers must evaluate these criteria for client qualification.


*Click > to continue.*

## Tab 03 (Slide Layer)

**TAY Program Practice Examples**00:0003 of 13

The TAY programs are undergoing significant changes with the implementation of CalAIM. These changes bring both opportunities and challenges, particularly in managing access criteria for different age groups, streamlining treatment processes, and expanding the scope of issues that can be addressed.

*Click each number to learn more.*



1

2

3

4

5

**CalAIM's Streamlined Process for TAY Programs**

CalAIM benefits TAY programs by simplifying the treatment process. It removes the need for ICPs or CPs, instead using a Problem List to justify medical necessity during the assessment phase.


*Click > to continue.*

## Tab 04 (Slide Layer)

**TAY Program Practice Examples**00:0003 of 13

The TAY programs are undergoing significant changes with the implementation of CalAIM. These changes bring both opportunities and challenges, particularly in managing access criteria for different age groups, streamlining treatment processes, and expanding the scope of issues that can be addressed.

*Click each number to learn more.*



- 1
- 2
- 3
- 4**
- 5

### State Policies and SDOH Diagnoses

The state's "No Wrong Door" Policy, removal of the diagnosis list, and addition of SDOH diagnoses (Z55-Z65) allow providers to address a wider range of client issues. SNOMED codes supplement these diagnoses, enabling the addressing of transitional issues like homelessness.


*Click > to continue.*

## Tab 05 (Slide Layer)

**TAY Program Practice Examples**00:0003 of 13

The TAY programs are undergoing significant changes with the implementation of CalAIM. These changes bring both opportunities and challenges, particularly in managing access criteria for different age groups, streamlining treatment processes, and expanding the scope of issues that can be addressed.

*Click each number to learn more.*



- 1
- 2
- 3
- 4
- 5**

### Relaxed Criteria and Legacy Care Plans

TAY providers should note that CalAIM has relaxed criteria for addressing issues, as long as they appear on the Problem List and are documented in treatment progress notes. However, if a client has Medicare or Medi/Medi, legacy care plans are still required for all service types.

*Click > to continue.*




## 1.4 TAY Assessment and Care Plan Samples

**TAY Assessment and Care Plan Samples**00:0004 of 13

Though TAY programs can initially offer treatments without a care plan, an assessment and a suitable care plan are eventually required for sustained access to SMHS and to validate continuous treatment.

*Click through the arrows to learn more.*



**The Role of the 7-Domain Assessment**

The 7-Domain Assessment is a tool that guides providers in choosing the right treatment based on the diagnosis and issues identified during the evaluation.

< ● ● ● ● >

*Click > to continue.*

### Notes:

While TAY programs may find it easier to provide short-term treatments without a care plan, an assessment and an applicable care plan will eventually be necessary to qualify the client for continued access to Specialty Mental Health Services (SMHS) and to justify ongoing treatment.

The 7-Domain Assessment serves as a tool to help providers determine the appropriate course of action based on the diagnosis and problems identified during the assessment, guiding the provider toward the right treatment approach.

If the treatment recommendation includes Targeted Case Management (TCM) or Intensive Care Coordination (ICC), then a TCM Care Plan Progress Note or an ICC Care Plan becomes necessary. A care plan is not required for other types of services, and these services should be referenced in the treatment recommendations within Domain 7.

The Problem List should clinically indicate which types of services are relevant for addressing specific problems. Instead of a care plan, the treatment progress note should identify the type of service being used to address each problem.


It's important to adhere to the scope of practice during the assessment. Only licensed or waived or registered clinicians can provide clinical diagnoses and complete the clinical sections of the assessment, such as the Mental Status Examination, medication history, case formulation, etc.

## Dot 01 (Slide Layer)

**TAY Assessment and Care Plan Samples**00:0004 of 13

Though TAY programs can initially offer treatments without a care plan, an assessment and a suitable care plan are eventually required for sustained access to SMHS and to validate continuous treatment.

*Click through the arrows to learn more.*



**The Role of the 7-Domain Assessment**

The 7-Domain Assessment is a tool that guides providers in choosing the right treatment based on the diagnosis and issues identified during the evaluation.

< ● ● ● ● >


*Click > to continue.*

## Dot 02 (Slide Layer)

**TAY Assessment and Care Plan Samples**00:0004 of 13

Though TAY programs can initially offer treatments without a care plan, an assessment and a suitable care plan are eventually required for sustained access to SMHS and to validate continuous treatment.

*Click through the arrows to learn more.*



**Treatment Recommendations and Care Plans**

If treatment involves TCM or ICC, a corresponding care plan is needed.

For other services, no care plan is required but they should be mentioned in Domain 7's treatment recommendations.

< ● ● ● ● >

*Click > to continue.*




## Dot 03 (Slide Layer)

**TAY Assessment and Care Plan Samples**00:0004 of 13

Though TAY programs can initially offer treatments without a care plan, an assessment and a suitable care plan are eventually required for sustained access to SMHS and to validate continuous treatment.

*Click through the arrows to learn more.*



**The Problem List and Treatment Progress Note**

The Problem List should show which services are needed for each problem.

Rather than a care plan, the treatment note should specify the service used for each issue.

< ● ● ● ● >


*Click > to continue.*

## Dot 04 (Slide Layer)

**TAY Assessment and Care Plan Samples**00:0004 of 13

Though TAY programs can initially offer treatments without a care plan, an assessment and a suitable care plan are eventually required for sustained access to SMHS and to validate continuous treatment.

*Click through the arrows to learn more.*



**Adherence to the Scope of Practice**

During assessments, sticking to the scope of practice is crucial.

Only authorized clinicians can give clinical diagnoses and fill out clinical parts of the assessment.

< ● ● ● ● >


*Click > to continue.*

## 1.5 TAY Progress Note Samples

**TAY Progress Note Samples**00:0005 of 13

County EHR:

1	Case Management	7	Crisis Psychotherapy (Diversion)	<b>Timeline</b> Routine notes: 3 days Crisis notes: 24 hours
2	Assessment	8	Individual Rehab	
3	Individual Therapy	9	Family Rehab	
4	Family Therapy	10	IHBS	
5	Group Therapy	11	ICC Child Family Team Meeting	
6	Crisis Intervention	12	Plan Development (Care Plan or Consultation)	

 Please download sample progress [notes](#) for Client 3

Click > to continue.

### Notes:


TAY progress notes now incorporate CalAIM changes. The updated Problem List includes the diagnosis and problem treated. Providers should remember to address problems within their scope of practice, with licensed clinicians focusing on symptoms and problems, and MHS, MHW, and OQP addressing behaviors.

The problem list may include SNOMED codes supplementing SDOH diagnoses. Each note should include the service type, a brief intervention description, and the client's response.

The note concludes with the next steps, which could involve various actions by the provider or client, collaborations, goal progress, referrals, planning, and problem list updates.


The timelines for documentation of progress notes are 3 days for routine notes, and 24 hours for crisis notes. A copy of these notes should be downloaded for reference.

## 1.6 Payment Reform Updates

**Payment Reform Updates** 06 of 13

Here are some reminders and updates on coding rules.

- Assessment
- Targeted Case Management (TCM) and Intensive Care Coordination (ICC)
- Plan Development
- Psychotherapy Changes
- Psychosocial Rehabilitation/In-Home Based Services (IHBS)
- Crisis Rule Changes
- Medication Service
- Collateral Rule
- Modifiers



Please refer to the [CYS County and Contract Forms and Resource Library](#) which contains documents reflecting the county's current understanding of documentation requirements.

*Click > to continue.*

### Notes:

Updated information in these documentation areas can be found in the CYS County and Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.


## 1.7 Summary

**Summary**00:0007 of 13

*Click each tab for a quick recap.*

**CalAIM Changes and Their Impact on TAY Programs**

**Essential Guidelines for Mental Health Treatment Planning**



*Click > to continue.*

### Notes:

We have come to the end of this module, let's summarize.

The CalAIM changes present both challenges and benefits for TAY programs.

The challenges include managing two different access criteria for clients ages 18-21 and 21-25. In contrast, the benefits include a streamlined process for immediate and short-term treatment, and the ability to address a broader spectrum of issues affecting clients' functioning.

However, legacy care plans are still required for clients with Medicare or Medi/Medi.

In mental health services, a comprehensive 7-Domain Assessment is crucial for determining the right treatment approach.


If Targeted Case Management or Intensive Care Coordination is recommended, a specific care plan is required.

For other services, the treatment progress note should specify the service type for each problem.

Only licensed or registered clinicians can provide clinical diagnoses and complete the assessment's clinical sections.



## Layer 1 (Slide Layer)

**Summary** 07 of 13

*Click each tab for a quick recap.*

**CalAIM Changes and Their Impact on TAY Programs**

**Essential Guidelines for Mental Health Treatment Planning**

**CalAIM Changes and Their Impact on TAY Programs**


The CalAIM changes present both challenges and benefits for TAY programs.

The challenges include managing two different access criteria for clients ages 18-21 and 21-25. In contrast, the benefits include a streamlined process for immediate and short-term treatment, and the ability to address a broader spectrum of issues affecting clients' functioning.

However, legacy care plans are still required for clients with Medicare or Medi/Medi.

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary** 07 of 13

*Click each tab for a quick recap.*

**CalAIM Changes and Their Impact on TAY Programs**

**Essential Guidelines for Mental Health Treatment Planning**

**Essential Guidelines for Mental Health Treatment Planning**

In mental health services, a comprehensive 7-Domain Assessment is crucial for determining the right treatment approach.

If Targeted Case Management or Intensive Care Coordination is recommended, a specific care plan is required.

For other services, the treatment progress note should specify the service type for each problem.

Only licensed or registered clinicians can provide clinical diagnoses and complete the assessment's clinical sections.

*Click > to continue.*




## 1.8 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0008 of 13



**1. What is one of the challenges for TAY programs under CalAIM?**  
*Select the correct answer and click CHECK.*

X

☐

Eliminating the need for interim care plans (ICPs).

X

☐

Implementing a "No Wrong Door" Policy.

X

☐

Managing a single access criterion for all clients.

☐

Managing two access criteria for clients aged 18-21 and 21-25.

CHECK

Correct	Choice
	Eliminating the need for interim care plans (ICPs).
	Implementing a "No Wrong Door" Policy.
	Managing a single access criterion for all clients.
X	Managing two access criteria for clients aged 18-21 and 21-25.

### Notes:


It's time for an activity.

What is one of the challenges for TAY programs under CalAIM?

## Correct (Slide Layer)

**Challenge**

00:0008 of 13

**1. What is one of the challenges for TAY programs under CalAIM?**

Select the correct answer and click **CHECK**.

- ☒ Eliminating the need for interim care plans (ICPs).
- ☒ Implementing a "No Wrong Door" Policy.
- ☒ Managing a single access criterion for all clients.
- ☐ Managing two access criteria for clients aged 18-21 and 21-25.

**Excellent!** A key challenge for TAY programs under CalAIM is the dual access criteria for clients aged 18-21 and 21-25.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0008 of 13

**1. What is one of the challenges for TAY programs under CalAIM?**

Select the correct answer and click **CHECK**.

- ☒ Eliminating the need for interim care plans (ICPs).
- ☒ Implementing a "No Wrong Door" Policy.
- ☒ Managing a single access criterion for all clients.
- ☐ Managing two access criteria for clients aged 18-21 and 21-25.

**Not quite.** A key challenge for TAY programs under CalAIM is the dual access criteria for clients aged 18-21 and 21-25.

**CHECK**


*Click > to continue.*

## 1.9 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0009 of 13



**2. What is one benefit of CalAIM for TAY programs?**  
*Select the correct answer and click CHECK.*

X

☐

It requires the use of interim care plans (ICPs) during the assessment phase.

☐

It streamlines the process for providing immediate and short-term treatment.

X

☐

It implements a "Wrong Door" Policy.

X

☐

It adds the included diagnosis list.

CHECK

Correct	Choice
	It requires the use of interim care plans (ICPs) during the assessment phase.
X	It streamlines the process for providing immediate and short-term treatment.
	It implements a "Wrong Door" Policy.
	It adds the included diagnosis list.


### Notes:

What is one benefit of CalAIM for TAY programs?

## Correct (Slide Layer)

**Challenge**

00:0009 of 13

**2. What is one benefit of CalAIM for TAY programs?**

Select the correct answer and click CHECK.

☒ It requires the use of interim care plans (ICPs) during the assessment phase.

☐ It streamlines the process for providing immediate and short-term treatment.

☒ It implements a "Wrong Door" Policy.

☒ It adds the included diagnosis list.

**Excellent!** CalAIM benefits TAY programs by simplifying the treatment process. It removes the need for ICPs or CPs, instead using a Problem List to justify medical necessity during the assessment phase.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0009 of 13

**2. What is one benefit of CalAIM for TAY programs?**

Select the correct answer and click CHECK.

☒ It requires the use of interim care plans (ICPs) during the assessment phase.

☐ It streamlines the process for providing immediate and short-term treatment.

☒ It implements a "Wrong Door" Policy.

☒ It adds the included diagnosis list.

**Not quite.** CalAIM benefits TAY programs by simplifying the treatment process. It removes the need for ICPs or CPs, instead using a Problem List to justify medical necessity during the assessment phase.

**CHECK**


Click > to continue.

## 1.10 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0010 of 13



**3. What is the purpose of the 7-Domain Assessment in TAY programs?**  
*Select the correct answer and click CHECK.*

X

☐

To provide a diagnosis for the client

X

☐

To justify ongoing treatment

☐

To determine the appropriate course of action based on the diagnosis and problems identified

X

☐

To qualify the client for continued access to SMHS

CHECK

Correct	Choice
	To provide a diagnosis for the client
	To justify ongoing treatment
X	To determine the appropriate course of action based on the diagnosis and problems identified
	To qualify the client for continued access to SMHS

### Notes:


What is the purpose of the 7-Domain Assessment in TAY programs?



## Correct (Slide Layer)

**Challenge**

00:0010 of 13

**3. What is the purpose of the 7-Domain Assessment in TAY programs?**

Select the correct answer and click **CHECK**.

☒ To provide a diagnosis for the client

☒ To justify ongoing treatment

☒ To determine the appropriate course of action based on the diagnosis and problems identified

☒ To qualify the client for continued access to SMHS

**Excellent!** The 7-Domain Assessment serves as a tool to help providers determine the appropriate course of action based on the diagnosis and problems identified during the assessment, guiding the provider toward the right treatment approach.


**CHECK**

Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:0010 of 13

**3. What is the purpose of the 7-Domain Assessment in TAY programs?**

Select the correct answer and click **CHECK**.

☒ To provide a diagnosis for the client

☒ To justify ongoing treatment

☒ To determine the appropriate course of action based on the diagnosis and problems identified

☒ To qualify the client for continued access to SMHS

**Not quite.** The 7-Domain Assessment serves as a tool to help providers determine the appropriate course of action based on the diagnosis and problems identified during the assessment, guiding the provider toward the right treatment approach.

**CHECK**


Click > to continue.

## 1.11 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0011 of 13



**4. What is not required for other types of services in TAY programs?**  
*Select the correct answer and click CHECK.*

X

☐

A TCM care plan progress note

X

☐

An ICC care plan

☐

A care plan

X

☐

A treatment progress note

CHECK

Correct	Choice
	A TCM care plan progress note
	An ICC care plan
X	A care plan
	A treatment progress note


### Notes:

What is not required for other types of services in TAY programs?

## Correct (Slide Layer)

**Challenge**

00:0011 of 13

**4. What is not required for other types of services in TAY programs?**

Select the correct answer and click **CHECK**.

- ☒ A TCM care plan progress note
- ☒ An ICC care plan
- ☐ A care plan
- ☒ A treatment progress note

**Excellent!** A care plan is not required for other types of services, and these services should be referenced in the treatment recommendations within Domain 7.


**CHECK**

*Click > to continue.*

## Incorrect (Slide Layer)

**Challenge**

00:0011 of 13

**4. What is not required for other types of services in TAY programs?**

Select the correct answer and click **CHECK**.

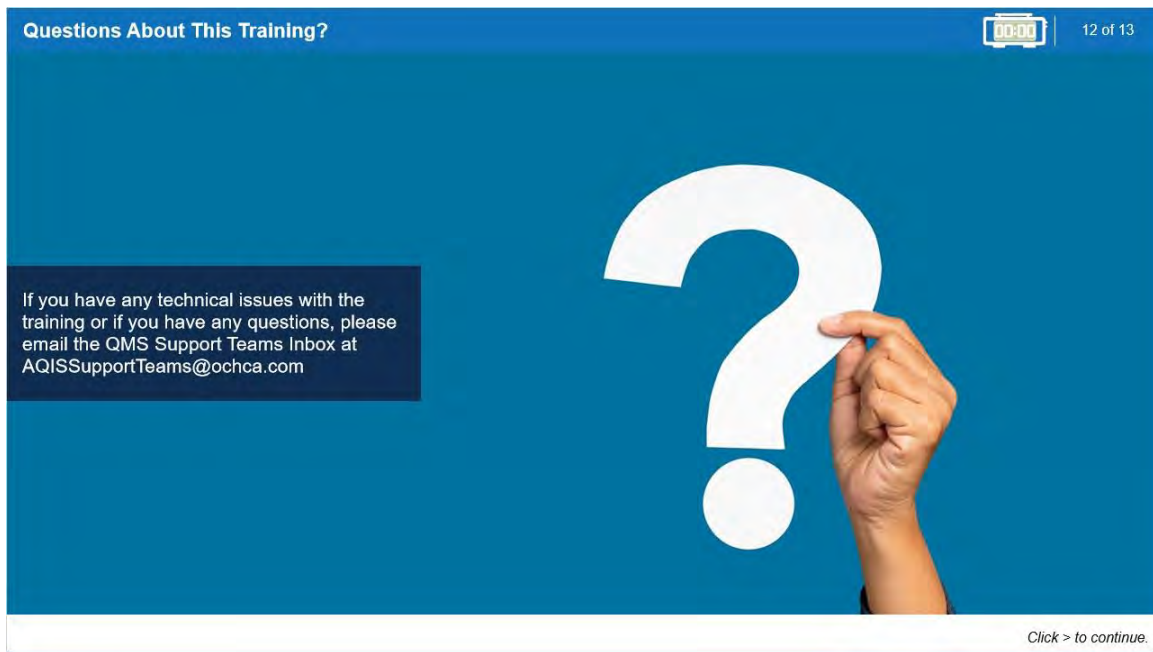
- ☒ A TCM care plan progress note
- ☒ An ICC care plan
- ☐ A care plan
- ☒ A treatment progress note

**Not quite.** A care plan is not required for other types of services, and these services should be referenced in the treatment recommendations within Domain 7.

**CHECK**

*Click > to continue.*

## 1.12 Questions About This Training?



Questions About This Training?

00:00 12 of 13


If you have any technical issues with the training or if you have any questions, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com)

Click > to continue.

### Notes:


If you have questions about this training, you may discuss them with your Program Director or email QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).

### 1.13 Thank you



**Thank you** for completing the '**Children & Youth Services – Contract Provider TAY**' module.

Click the [link](#) to start with the next module **Final Challenge**'.



**Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

#### Notes:

Thank you for completing the 'Children & Youth Services – Contract Provider TAY' module.

With this module, you have completed all the modules of 'Children & Youth Services Annual Provider Training'.

Click the link to start with the next module Final Challenge'.





## 2. Help


### 2.1 Help


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module

 **REPLAY:** Allows you to replay the screen

**Note:** Click the close button of the PDF page in the browser.

#### Notes:

# Children & Youth Services - STRTP

## 1. Welcome

### 1.1 Welcome




#### Notes:

Welcome to the module 'Children & Youth Services - STRTP'.

Click the 'Help' on the top right of your screen to learn how to navigate through this module. You can proceed directly if you've been here before.

## 1.2 Module Objectives

**Module Objectives**00:0002 of 15

A man and a woman are sitting at a desk, looking at a laptop screen. The man is wearing a brown sweater and glasses, and the woman is wearing a light blue shirt and glasses. They are both smiling and appear to be working together.

### You will be able to:

- ✓ Understand the timeline requirements and changes introduced by CalAIM and Mental Health Approval (MHA) guidelines regarding care plans and treatment in STRTP programs
- ✓ Understand the importance of the STRTP mental health assessment paperwork in establishing medical necessity for clients, including the role of ICD-10 diagnoses, functional impairments, and the need for thorough documentation
- ✓ Understand the components and documentation requirements of a STRTP

[Click > to continue.](#)

### Notes:


So...what can you expect to get out of this module?

By the end of this module, you will be able to understand the timeline requirements and changes introduced by CalAIM and Mental Health Approval (MHA) guidelines regarding care plans and treatment in STRTP programs, understand the importance of the STRTP Mental Health Assessment paperwork in establishing medical necessity for clients, including the role of ICD-10 diagnoses, functional impairments, and the need for thorough documentation, and understand the components and documentation requirements of a STRTP

### 1.3 Short Term Residential Therapeutic Program (STRTP)

**Short Term Residential Therapeutic Program (STRTP)**00:0003 of 15

*Click through the arrows to learn more.*



**Applying Conceptual Principles to STRTP Paperwork**

The samples provided apply the discussed principles to your STRTP home paperwork.

If CalAIM and MHA guidelines conflict, adhere to the MHA guidelines.

The MHA guidelines may incorporate new CalAIM guidelines in the future.

Until then, follow MHA regulations and apply CalAIM changes where there are no contradictions.

< 01 of 04 >

*Click > to continue.*

#### Notes:

The samples provided in the subsequent slides apply the principles we've discussed to your STRTP home paperwork. Following CalAIM and Mental Health Approval (MHA) guidelines presents challenges. CalMHSA has indicated that if any guidelines contradict each other, the STRTP program should adhere to the MHA guidelines. The MHA guidelines may eventually incorporate new CalAIM guidelines. Until then, STRTP programs should follow MHA regulations. Where there are no contradictions, we can apply CalAIM changes to your paperwork.

DHCS no longer requires a care plan or interim care plan to provide treatment during the assessment period.

Although STRTP has a short timeline for assessment and treatment plans, this change allows necessary treatment without authorization for services until the care plan or treatment plan is due, within 10 days of admission.

Additionally, CalAIM now prefers using a Problem List, which is more fluid and up-to-date than care plans, and aligns better with treatment progress notes.

The Problem List, containing diagnoses and SNOMED codes, ensures standardization with other treatment providers and systems of care.

CalAIM has not changed the timeline for STRTP assessments (5 days) and care plans (10 days), except for emergency admissions.

Due to the short-term stay of your program, MHA guidelines require quicker completion and a full legacy care plan with goals, all types of services listed including therapy and medication, objectives, duration and frequency.

IN 23-068 allows the CalAIM TCM care plan to be in the format of a progress note, EHR template, or legacy plan, as long as it can be produced for a state audit.

For PWB/IS eligible clients, ICC and IHBS must be included in the legacy care plan.


Despite IN 23-068, STRTP programs must complete care plans within 10 days of admission.

In the future, when a Certified Peer Support Specialist (CPSS) can be utilized to provide appropriate services, you will need to complete a CPSS Plan of Care Progress Note.

## Tab 01 (Slide Layer)

**Short Term Residential Therapeutic Program (STRTP)**00:0003 of 15

*Click through the arrows to learn more.*



**Key Changes in Guidelines**

DHCS no longer requires care plans to provide treatment during the assessment period, allowing necessary treatment without authorization until the care plan is due within 10 days of admission.

CalAIM now prefers using a Problem List, which is more current and aligns better with progress notes, containing standardized diagnoses and SNOMED codes.

< 02 of 04 >

*Click > to continue.*




## Tab 02 (Slide Layer)

**Short Term Residential Therapeutic Program (STRTP)**

00:00 | 03 of 15

*Click through the arrows to learn more.*



**Timeline and Documentation Requirements**

CalAIM retains the timeline for STRTP assessments (5 days) and care plans (10 days), except for emergencies.

MHA guidelines require quicker completion and a full care plan.

IN 23-068 permits the TCM care plan in various formats if auditable.

For PWB/IS clients, include ICC and IHBS in the legacy care plan.

STRTP care plans must still be completed within 10 days.

< 03 of 04 >

*Click > to continue.*

## Tab 03 (Slide Layer)

**Short Term Residential Therapeutic Program (STRTP)**

00:00 | 03 of 15

*Click through the arrows to learn more.*



**Future Requirements**

When a Certified Peer Support Specialist (CPSS) can be utilized to provide appropriate services, you will need to complete a CPSS Plan of Care Progress Note.

< 04 of 04 >

*Click > to continue.*

## 1.4 STRTP Timeline Requirements

**ST RTP Timeline Requirements**00:0004 of 15

The timeline requirements for the STRTP program remain unchanged following the implementation of CalAIM and are still in effect.

*Click each tab to learn more.*

<b>Mental Health Assessment</b> +	<b>Medication Review</b> +
<b>Treatment Review</b> +	<b>Medi-Cal Care Plan</b> +
<b>Progress Notes</b> +	<b>Clinical Review</b> +

*Click > to continue.*

### Notes:

The timeline requirements for the STRTP program remain unchanged following the implementation of CalAIM and are still in effect.

A licensed or waived/registered mental health professional must complete a mental health assessment within 5 calendar days of admission. Other STRTP mental health program staff may assist in gathering the necessary information for the assessment.

The psychiatrist will sign a medication review for each client who is prescribed medication at least every 6 weeks.

The psychiatrist will review the course of treatment for all children who are not on psychotropic medication at least every 90 days and include this review in a progress note.

The Medi-Cal Care Plan will be completed within 10 days of admission and reviewed by a member of the STRTP mental health program staff at least every 30 calendar days.

Progress notes must be completed within 72 hours of the date of service and signed by the provider.

A licensed or waived/registered mental health professional will perform a clinical review every 90 days to assess the client's status and progress in treatment. Based

on this review, a decision will be made regarding whether the client should continue admission to the program or transition to a different level of care. A report documenting this clinical review will be maintained in the medical record.

## pop1 (Slide Layer)

**STRTP Timeline Requirements**00:0004 of 15

The timeline requirements for the STRTP program remain unchanged following the implementation of CalAIM and are still in effect.

*Click each tab to learn more.*

<b>Mental Health Assessment</b> +	<b>Medication Review</b> +
<b>Treatment Review</b> +	<b>Medi-Cal Care Plan</b> +
<b>Progress Notes</b> +	<b>Clinical Review</b> +

**Mental Health Assessment:** Conduct within **5 days** of admission by a qualified professional; assistance from other staff is permissible.

*Click > to continue.*

## pop2 (Slide Layer)

STRTP Timeline Requirements

00:00 | 04 of 15

The timeline requirements for the STRTP program remain unchanged following the implementation of CalAIM and are still in effect.

*Click each tab to learn more.*

Mental Health Assessment	Medication Review
Treatment Review	Medi-Cal Care Plan
Progress Notes	Clinical Review

**Medication Review:** Psychiatrist to sign off every **6 weeks** for clients on medication.

*Click > to continue.*

## pop3 (Slide Layer)

STRTP Timeline Requirements

00:00 | 04 of 15

The timeline requirements for the STRTP program remain unchanged following the implementation of CalAIM and are still in effect.

*Click each tab to learn more.*

Mental Health Assessment	Medication Review
Treatment Review	Medi-Cal Care Plan
Progress Notes	Clinical Review

**Treatment Review:** Psychiatrist to evaluate treatment every **90 days** for children, not on psychotropic drugs, documented in progress notes.

*Click > to continue.*

## pop4 (Slide Layer)

STRTP Timeline Requirements

00:0004 of 15

The timeline requirements for the STRTP program remain unchanged following the implementation of CalAIM and are still in effect.

*Click each tab to learn more.*

Mental Health Assessment	Medication Review
Treatment Review	Medi-Cal Care Plan
Progress Notes	Clinical Review

**Medi-Cal Care Plan:** Complete within **10 days** of admission and review monthly by mental health staff.

*Click > to continue.*

## pop5 (Slide Layer)

STRTP Timeline Requirements

00:0004 of 15

The timeline requirements for the STRTP program remain unchanged following the implementation of CalAIM and are still in effect.

*Click each tab to learn more.*

Mental Health Assessment	Medication Review
Treatment Review	Medi-Cal Care Plan
Progress Notes	Clinical Review

**Progress Notes:** Document and sign within **72 hours** post-service.

*Click > to continue.*



## pop6 (Slide Layer)

**STRTP Timeline Requirements**00:0004 of 15

The timeline requirements for the STRTP program remain unchanged following the implementation of CalAIM and are still in effect.

*Click each tab to learn more.*

<b>Mental Health Assessment</b> +	<b>Medication Review</b> +
<b>Treatment Review</b> +	<b>Medi-Cal Care Plan</b> +
<b>Progress Notes</b> +	<b>Clinical Review</b> +


**Clinical Review:** A qualified mental health professional to review client's treatment status every **90 days** to decide on continuing care or level change, with a report in the medical record.

*Click > to continue.*

### 1.5 STRTP Mental Health Assessment

**STRTP Mental Health Assessment**00:0005 of 15

*Click through the arrows to learn more.*



The STRTP Mental Health Assessment paperwork is essential for validating a client's medical need through an ICD-10 diagnosis and documented functional impairments.

< ● ○ ○ ○ ○ >

*Click > to continue.*

#### Notes:

The STRTP Mental Health Assessment paperwork is crucial for establishing the

medical necessity for your client, which is determined by an ICD-10 diagnosis and documentation of the resulting functional impairments.

STRTP is a short-term, intense residential treatment program for clients with severe problems. The supporting documentation should reflect the severity and necessity for frequent and intense services. All categories in the assessment must be completed or assessed. If a category doesn't apply, it should be marked as "Not applicable". Leaving a section blank is a compliance issue.

Section 12, "Criteria for Admission", requires you to identify all the categories that apply and meet the criteria for admitting the client to your STRTP program. The other information in the assessment summary should support the criteria you select. The Mental Health Assessment is required within 5 calendar days of admission. It must include a mental status exam and the ICD-10 diagnosis by a licensed mental health professional.


The Head of Service must sign the section below section 17, indicating that they have reviewed the client's assessment and affirm that the client is appropriate for admitting or continuing in the program.

Section 15 has a 90-day clinical review, which is to be completed by the licensed mental health professional or head of service re-evaluating the client's progress and appropriateness for the program.

## Dot 01 (Slide Layer)

**STRTP Mental Health Assessment**00:0005 of 15

*Click through the arrows to learn more.*



The STRTP Mental Health Assessment paperwork is essential for validating a client's medical need through an ICD-10 diagnosis and documented functional impairments.

< ● ○ ○ ○ ○ >


*Click > to continue.*

## Dot 02 (Slide Layer)

STRTP Mental Health Assessment

00:0005 of 15

*Click through the arrows to learn more.*



STRTP is an intensive, short-term residential program for clients with severe issues.

The paperwork should mirror the need for regular, intense services.

All assessment categories must be filled or marked as "not applicable", as leaving any section empty is a compliance violation.

<●●●●●>


*Click > to continue.*

## Dot 03 (Slide Layer)

STRTP Mental Health Assessment

00:0005 of 15

*Click through the arrows to learn more.*



Section 12 of the STRTP program requires identification of applicable admission criteria, supported by the assessment summary.

A Mental Health Assessment, including a mental status exam and an ICD-10 diagnosis by a licensed professional, is mandatory within 5 days of admission.

<●●●●●>

*Click > to continue.*


## Dot 04 (Slide Layer)

STRTP Mental Health Assessment

00:00

05 of 15

Click through the arrows to learn more.



The Head of Service must sign the section below section 17, indicating that they have reviewed the client's assessment and affirm that the client is appropriate for admitting or continuing in the program.

<

>

Click > to continue.


## Dot 05 (Slide Layer)

STRTP Mental Health Assessment

00:00

05 of 15

Click through the arrows to learn more.



Section 15 has a 90-day clinical review, which is to be completed by the licensed mental health professional or Head of Service re-evaluating the client's progress and appropriateness for the program.

<

>


Click > to continue



## PDF (Slide Layer)


**STRTP Mental Health Assessment**00:0005 of 15

*Click through the arrows to learn more.*



The STRTP Mental Health Assessment paperwork is essential for validating a client's medical need through an ICD-10 diagnosis and documented functional impairments.

< ● ○ ○ ○ ○ >

*Click the PDF icon to learn more.* 

*Click > to continue.*

## 1.6 Documenting the Care Plan

**Documenting the Care Plan**00:0006 of 15

A STRTP care plan must include behavioral goals, objectives, and mental health services to address issues preventing the client from transitioning to a lower level of care. The care plan should focus on safety and stabilization issues leading to the STRTP placement and indicate the client's readiness to move to alternative treatment settings.

*Click each number to learn more.*

1 2 3 4 5

*Click > to continue.*

### Notes:

A STRTP care plan must include behavioral goals, objectives, and mental health



services to address issues preventing the client from transitioning to a lower level of care. The care plan should focus on safety and stabilization issues leading to the STRTP placement and indicate the client's readiness to move to alternative treatment settings.

### Documentation Sections

In the sample care plan, different sections ensure documentation requirements are met.

**Symptoms or Behavior or Impairment Row:** This row highlights the primary issues leading to the STRTP placement. For example, client A's severe angry outbursts, trauma reactions, aggression, school attendance refusal, and difficulty following schedules prevent her from transitioning to a less restrictive environment. The plan targets these behaviors.

### Behavioral Treatment Goals

The behavioral treatment goal aims to decrease aggression and trauma reactions, increase school attendance, and set goals for adulthood for a 17-year-old.

**Duration and Short-term Objective Column:** This column details what the client must accomplish in measurable terms to meet these goals.

Indicators of readiness for transition include the ability to discuss needs without aggression and regular school attendance without conflicts.

### Service Types and Interventions

The "Reference Objectives, Modality, and Interventions" rows specify the necessary services to help Client A achieve her behavioral goals. These include:

- Individual Therapy,
- Medication Management,
- Case Management/ICC, and
- Rehab/IHBS.

Pre-authorization of IHBS services must be documented. Detailed descriptions and service frequencies help determine transition readiness, with STRTP services being more frequent than outpatient settings.

### Client and Care Team Participation

Client and involved parties' participation is documented by:

- Their signatures on the care plan,
- Checking a box indicating the plan was offered to the client and/or legal guardian, and

- A progress note detailing collaboration, agreement with the plan, and referencing the date of the note on the care plan.

### Progress Reporting

There is a space for LMHP or HOS to indicate progress and write a progress report every 30 days, referencing the date on the care plan.

## T1 (Slide Layer)

**Documenting the Care Plan**00:0006 of 15

A STRTP care plan must include behavioral goals, objectives, and mental health services to address issues preventing the client from transitioning to a lower level of care. The care plan should focus on safety and stabilization issues leading to the STRTP placement and indicate the client's readiness to move to alternative treatment settings.

*Click each number to learn more.*

1

2

3

4

5

**Documentation Sections**

In the sample care plan, different sections ensure documentation requirements are met.

**Symptoms/Behavior/Impairment Row:**

This row highlights the primary issues leading to the STRTP placement.

*Click > to continue.*

## T2 (Slide Layer)

**Documenting the Care Plan**00:0006 of 15

A STRTP care plan must include behavioral goals, objectives, and mental health services to address issues preventing the client from transitioning to a lower level of care. The care plan should focus on safety and stabilization issues leading to the STRTP placement and indicate the client's readiness to move to alternative treatment settings.

*Click each number to learn more.*

1

2

3

4

5

**Behavioral Treatment Goals**

The behavioral treatment goal aims to decrease aggression and trauma reactions, increase school attendance, and set goals for adulthood for a 17-year-old.

**Duration and Short-term Objective Column:** This column details what the client must accomplish in measurable terms to meet these goals.

Indicators of readiness for transition include the ability to discuss needs without aggression and regular school attendance without conflicts.

*Click > to continue.*

## T3 (Slide Layer)

**Documenting the Care Plan**00:0006 of 15

A STRTP care plan must include behavioral goals, objectives, and mental health services to address issues preventing the client from transitioning to a lower level of care. The care plan should focus on safety and stabilization issues leading to the STRTP placement and indicate the client's readiness to move to alternative treatment settings.

*Click each number to learn more.*

1

2

3

4

5

**Service Types and Interventions**

The “**Reference Objectives, Modality, and Interventions**” rows specify the necessary services to help Client A achieve her behavioral goals. These include:

- Individual Therapy
- Medication Management
- Case Management/ICC
- Rehab/IHBS

*Click > to continue.*

## T4 (Slide Layer)

**Documenting the Care Plan** 06 of 15

A STRTP care plan must include behavioral goals, objectives, and mental health services to address issues preventing the client from transitioning to a lower level of care. The care plan should focus on safety and stabilization issues leading to the STRTP placement and indicate the client's readiness to move to alternative treatment settings.

*Click each number to learn more.*




**Client and Care Team Participation**

Client and involved parties' participation is documented by:

- Their signatures on the care plan
- Checking a box indicating the plan was offered to the client and/or legal guardian
- A progress note detailing collaboration, agreement with the plan, and referencing the date of the note on the care plan.



*Click > to continue.*

## T5 (Slide Layer)

**Documenting the Care Plan** 06 of 15

A STRTP care plan must include behavioral goals, objectives, and mental health services to address issues preventing the client from transitioning to a lower level of care. The care plan should focus on safety and stabilization issues leading to the STRTP placement and indicate the client's readiness to move to alternative treatment settings.

*Click each number to learn more.*



**Progress Reporting**

There is a space for LMHP or HOS to indicate progress and write a progress report every 30 days, referencing the date on the care plan.

*Click > to continue.*

## 1.7 STRTP Progress Note Samples

**ST RTP Progress Note Samples**00:0007 of 15

**Paper Charts**

1

Assessment

2

Individual Therapy

3

Collateral Therapy

4

5

Family/Collateral Rehab

6

7

 Please click on the library of [sample STRTP progress notes](#), which you can download from the website.*Click > to continue.*

### Notes:


ST RTP progress notes should include the 'Problem treated today' section with the diagnosis and problem from the updated Problem List. The problems addressed should be within the provider's scope of practice. Clinicians focus on symptoms and problems, while MHS, MHW, and OQP address behaviors. The problem list may contain SNOMED codes supplementing SDOH diagnoses.

The progress note starts with the service type and a brief description. It outlines the intervention, the provider's actions, and the client's response. The last section outlines the plan or next steps, which may include action steps, collaboration, coordination, goals, treatment outcomes, referrals, discharge planning, continuing care planning, and updates to the problem list.

Please be aware that there are specific timeline expectations for writing notes: routine notes should be completed within 3 business days, while crisis notes should be done within 24 hours. Feel free to download a copy of these sample notes for your reference.




## 1.8 Contract Provider - STRTP Information

**Contract Provider - STRTP Information** 08 of 15

**Payment Reform - Updates**

- Assessment
- Targeted Case Management (TCM) & Intensive Care Coordination (ICC)
- Plan Development
- Psychotherapy Changes
- Psychosocial Rehabilitation/In Home Based Services (IHBS)
- Crisis rule Changes
- Medication Service
- Collateral rule
- Modifiers



Please refer to the "CYS County and Contract Forms and [Resource Library](#)" which contains documents reflecting the county's current understanding of documentation requirements.

Click > to continue.

### Notes:

Updated information in these documentation areas can be found in the CYS County and Contract Forms and Resource Library.

QMS will notify providers of library updates via the QRTips newsletter and the monthly QIC meetings.

## 1.9 Summary

Summary

00:00 | 09 of 15


Click each tab for a quick recap.

Updates and Guidelines for STRTP Home Paperwork

Key Timelines in STRTP Program

Key Guidelines for STRTP Mental Health Assessment

Key Elements of an STRTP Care Plan



Click > to continue.

### Notes:

We have come to the end of this module, let's summarize.

ST RTP programs should adhere to MHA guidelines over CalAIM if contradictions arise, with the expectation of future alignment.

Care plans are no longer required during the assessment period, allowing treatment without service authorization until the care plan is due.

CalAIM now prefers a more fluid Problem List over care plans, and despite certain allowances, STRTP programs must complete care plans within 10 days of admission.

The STRTP program mandates timely mental health assessments, medication reviews, care plan creation, progress note completion, and clinical reviews by licensed professionals.

These activities occur at various intervals, ranging from within 5 days of admission to every 90 days, to ensure effective treatment and care for the clients.

The STRTP Mental Health Assessment, crucial for establishing a client's medical necessity, requires complete documentation, including an ICD-10 diagnosis.

The assessment must be done within 5 days of admission and includes a 90-day clinical review.

The head of service must affirm the client's appropriateness for the program.

An STRTP care plan focuses on behavioral goals and mental health services to facilitate a client's transition to a lower level of care.

It includes documentation of symptoms, treatment goals, short-term objectives, and necessary interventions.

Client participation, pre-authorization of services, and regular progress reports are integral parts of the plan.

## Layer 1 (Slide Layer)

**Summary** 00:00 09 of 15

*Click each tab for a quick recap.*

**Updates and Guidelines for STRTP Home Paperwork**

ST RTP programs should adhere to MHA guidelines over CalAIM if contradictions arise, with the expectation of future alignment.

Care plans are no longer required during the assessment period, allowing treatment without service authorization until the care plan is due.

CalAIM now prefers a more fluid Problem List over care plans, and despite certain allowances, STRTP programs must complete care plans within 10 days of admission.


**Key Timelines in STRTP Program**

**Key Guidelines for STRTP Mental Health Assessment**

**Key Elements of an STRTP Care Plan**

*Click > to continue.*

## Layer 2 (Slide Layer)

**Summary** 09 of 15

*Click each tab for a quick recap.*

**Updates and Guidelines for STRTP Home Paperwork**

**Key Timelines in STRTP Program**

**Key Guidelines for STRTP Mental Health Assessment**


**Key Elements of an STRTP Care Plan**

The STRTP program mandates timely mental health assessments, medication reviews, care plan creation, progress note completion, and clinical reviews by licensed professionals.

These activities occur at various intervals, ranging from within 5 days of admission to every 90 days, to ensure effective treatment and care for the clients.

*Click > to continue.*

## Layer 3 (Slide Layer)

**Summary** 09 of 15

*Click each tab for a quick recap.*

**Updates and Guidelines for STRTP Home Paperwork**

**Key Timelines in STRTP Program**

**Key Guidelines for STRTP Mental Health Assessment**

**Key Elements of an STRTP Care Plan**


The STRTP Mental Health Assessment, crucial for establishing a client's medical necessity, requires complete documentation, including an ICD-10 diagnosis.

The assessment must be done within 5 days of admission and includes a 90-day clinical review.

The head of service must affirm the client's appropriateness for the program.

*Click > to continue.*

## Layer 4 (Slide Layer)

**Summary** 09 of 15

*Click each tab for a quick recap.*

**Updates and Guidelines for STRTP Home Paperwork**

**Key Timelines in STRTP Program**

**Key Guidelines for STRTP Mental Health Assessment**

**Key Elements of an STRTP Care Plan**

An STRTP care plan focuses on behavioral goals and mental health services to facilitate a client's transition to a lower level of care.


It includes documentation of symptoms, treatment goals, short-term objectives, and necessary interventions.


Client participation, pre-authorization of services, and regular progress reports are integral parts of the plan.

*Click > to continue.*

### 1.10 Challenge

*(Pick One, 10 points, 1 attempt permitted)*

**Challenge** 10 of 15



**1. Which guidelines should the STRTP program adhere to if any contradictions arise between CalAIM and MHA guidelines?**

*Select the correct answer and click CHECK.*

☒ ☐

CalAIM guidelines

☐

MHA guidelines

☒ ☐

Both CalAIM and MHA guidelines

☒ ☐

Neither CalAIM nor MHA guidelines

**CHECK**



Correct	Choice
	CalAIM guidelines
X	MHA guidelines
	Neither CalAIM nor MHA guidelines
	Both CalAIM and MHA guidelines

### Notes:


It's time for an activity.

Which guidelines should the STRTP program adhere to if any contradictions arise between CalAIM and MHA guidelines?

### Correct (Slide Layer)

Challenge

00:00 | 10 of 15



**1. Which guidelines should the STRTP program adhere to if any contradictions arise between CalAIM and MHA guidelines?**

Select the correct answer and click *CHECK*.

☒ X CalAIM guidelines

☒ ✓ MHA guidelines

☒ X Both CalAIM and MHA guidelines

☒ X Neither CalAIM nor MHA guidelines

**Excellent!** If CalAIM and MHA guidelines conflict, adhere to the MHA guidelines.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0010 of 15



**1. Which guidelines should the STRTP program adhere to if any contradictions arise between CalAIM and MHA guidelines?**  
*Select the correct answer and click CHECK.*

X

☐

CalAIM guidelines

✓

☐

MHA guidelines

X

☐

Both CalAIM and MHA guidelines

X

☐

Neither CalAIM nor MHA guidelines

**Not quite.** If CalAIM and MHA guidelines conflict, adhere to the MHA guidelines.

CHECK


Click > to continue.

### 1.11 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0011 of 15



**2. When should a mental health assessment be completed by a licensed or waived/registered mental health professional after admission to the STRTP program?**  
*Select the correct answer and click CHECK.*

X

☐

Within 72 hours

☐

Within 5 calendar days

X

☐

Within 10 days

X

☐

Within 30 calendar days

CHECK

Correct	Choice
	Within 72 hours
X	Within 5 calendar days
	Within 30 calendar days
	Within 10 days

**Notes:**


When should a mental health assessment be completed by a licensed or waived/registered mental health professional after admission to the STRTP program?

**Correct (Slide Layer)**

Challenge

00:00

11 of 15



**2. When should a mental health assessment be completed by a licensed or waived/registered mental health professional after admission to the STRTP program?**  
Select the correct answer and click CHECK.

X ☐ Within 72 hours  
✓ ☒ Within 5 calendar days  
X ☐ Within 10 days  
X ☐ Within 30 calendar days

**Excellent!** A licensed or waived/registered mental health professional must complete a mental health assessment within 5 calendar days of admission.


CHECK

Click > to continue.

## Incorrect (Slide Layer)

Challenge

00:0011 of 15



**2. When should a mental health assessment be completed by a licensed or waived/registered mental health professional after admission to the STRTP program?**  
*Select the correct answer and click CHECK.*

X

☐

Within 72 hours

✓

☐

Within 5 calendar days

X

☐

Within 10 days

X

☐

Within 30 calendar days

**Not quite.** A licensed or waived/registered mental health professional must complete a mental health assessment within 5 calendar days of admission.

CHECK


Click > to continue.

### 1.12 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0012 of 15



**3. Who must sign the section below section 17 in the STRTP Mental Health Assessment paperwork?**  
*Select the correct answer and click CHECK.*

X

☐

The client's parent or guardian

X

☐

The client themselves

X

☐

The client's primary care physician

☐

The Head of Service

CHECK

Correct	Choice
	The client's parent or guardian
	The client themselves
X	The Head of Service
	The client's primary care physician


**Notes:**

Who must sign the section below section 17 in the STRTP Mental Health Assessment paperwork?

**Correct (Slide Layer)**

Challenge

00:0012 of 15



**3. Who must sign the section below section 17 in the STRTP Mental Health Assessment paperwork?**  
Select the correct answer and click **CHECK**.

☒ **X** The client's parent or guardian

☒ **X** The client themselves

☒ **X** The client's primary care physician

☒ **✓** The Head of Service

**Excellent!** The Head of Service must sign the section below section 17, indicating that they have reviewed the client's assessment and affirm that the client is appropriate for admitting or continuing in the program.

CHECK


Click > to continue.



## Incorrect (Slide Layer)

Challenge

00:0012 of 15



**3. Who must sign the section below section 17 in the STRTP Mental Health Assessment paperwork?**  
*Select the correct answer and click CHECK.*

X

☐

The client's parent or guardian

X

☐

The client themselves

X

☐

The client's primary care physician

✓

☐

The Head of Service

**Not quite.** The Head of Service must sign the section below section 17, indicating that they have reviewed the client's assessment and affirm that the client is appropriate for admitting or continuing in the program.

CHECK


Click > to continue.

### 1.13 Challenge

(Pick One, 10 points, 1 attempt permitted)

Challenge

00:0013 of 15



**4. How is the client's participation in the care plan documented?**  
*Select the correct answer and click CHECK.*

X

☐

By their attendance at therapy sessions

☐

By their signature on the care plan

X

☐

By their performance in physical activities

X

☐

By their academic records

CHECK

Correct	Choice
	By their attendance at therapy sessions
X	By their signature on the care plan
	By their academic records
	By their performance in physical activities

### Notes:


How is the client's participation in the care plan documented?

### Correct (Slide Layer)

Challenge

00:00

13 of 15



**4. How is the client's participation in the care plan documented?**  
Select the correct answer and click **CHECK**.

☒ By their attendance at therapy sessions  
☒ By their signature on the care plan  
☒ By their performance in physical activities  
☒ By their academic records

**Excellent!** The client and involved parties' participation is documented by their signatures on the care plan.

**CHECK**


Click > to continue.

## Incorrect (Slide Layer)

**Challenge**

00:00

13 of 15

**4. How is the client's participation in the care plan documented?**

Select the correct answer and click **CHECK**.

- ☒ By their attendance at therapy sessions
- ☒ By their signature on the care plan
- ☒ By their performance in physical activities
- ☒ By their academic records

**Not quite.** The client and involved parties' participation is documented by their signatures on the care plan.

**CHECK**


Click > to continue.

## 1.14 Questions About This Training?

**Questions About This Training?**

00:00

14 of 15



If you have questions about this training, please email the QMS Support Teams Inbox at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com).


Click > to continue.

### Notes:

If you have questions about this training, you may discuss them with your Service


Chief or Program Director or email QMS at [AQISupportTeams@ochca.com](mailto:AQISupportTeams@ochca.com).

### **1.15 Thank you**



Thank you for completing the **‘Children & Youth Services - STRTP’** module.

Click the [link](#) to start with the next module **‘Final Challenge’**.

**Note:** Before exiting the module, it's important to bookmark this module so you can continue with the other modules later.

#### **Notes:**

Thank you for completing the ‘Children & Youth Services - STRTP’ module.

With this module, you have completed all the modules of ‘Children & Youth Services Annual Provider Training’.


Click the link to start with the next module ‘Final Challenge’.


## 2. Help


### 2.1 HELP


# HELP


MENU	<b>MENU:</b> Displays all the topics in the module with your current topic highlighted
SCRIPT	<b>SCRIPT:</b> Displays the script of the current audio-narration
HELP	<b>HELP:</b> Displays the navigational features of the module
EXIT	<b>EXIT:</b> Allows you to exit the module

 **PLAY/PAUSE:** Allows you to play/pause the screen

 **VOLUME:** Allows you to increase/decrease volume

 **PROGRESS BAR:** Shows the progress of the current screen

 **PREV/NEXT:** Allows you to navigate to the previous/next screens within the module

 **REPLAY:** Allows you to replay the screen


**Note:** Click the close button of the PDF page in the browser.

#### Notes:



## 2.2 Untitled Slide

 #D53707


 #0071BC


 #FD5813

 #112E51

 #556575

 #0071BC - Normal

 #112E51 - Hover

 #556575 - Visited

 #D53707 - Highlight