

**Optional Scopes of Work – will add based on services type**

- 1. Functional Family Therapy (FFT)**
- 2. High Fidelity Wraparound (HFW)**
- 3. Multisystemic Therapy (MST)**
- 4. Parent Child Interaction Therapy (PCIT)**
- 5. Short Term Residential Therapeutic Program (STRTP)**
- 6. Therapeutic Behavioral Services (TBS)**
- 7. Attachment A-1 Eligibility for Pathways to Well-Being Checklist**
- 8. Attachment A-2 Program Transfer Request**
- 9. Attachment A-3 Service Verification Monthly Reporting Grid**

**Provider Name**  
**Exhibit A**  
**Additional Scope of Services**  
**Functional Family Therapy (FFT)**

**A. Program Overview and Objectives**

The Provider agrees to furnish the personnel and equipment necessary to provide Functional Family Therapy (FFT) to eligible youth and their families to reduce delinquency, substance use, and out-of-home placements while improving family functioning, communication, and engagement, in accordance with this Provider Agreement and all final Behavioral Health Information Notices (BHINs) and policy guidance published by DHCS applicable to FFT, including DHCS updates and amendments thereto

FFT is an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)-eligible evidence-based practice (EBP) for children and youth that aims to reduce behavioral problems and recidivism by engaging the family system as active participants in therapy. The FFT program emphasizes strength-based approaches, cultural responsiveness, and collaboration with families to achieve sustainable change.

**B. Target Population and Eligibility**

Provider shall provide FFT to serve youth and their families who meet all of the following criteria:

1. Meets SMHS eligibility criteria and maintains an open Service Authorization from County in accordance with Article I, "Scope of Work," section E. Records, Authorizations, Referrals, and Documentation Requirements; and
2. Age eleven (11) to eighteen (18); and
3. At risk of or has moderate to severe behavioral or emotional challenges, such as conduct disorder, violent acting-out, substance use disorder (SUD), or delinquency; and
4. Not residing in an out-of-home placement.

**C. Multidisciplinary Team and Staffing**

Provider shall provide staff trained in the EBP FFT model, with one (1) team structured as follows:

1. One (1) Program Supervisor
2. Three (3) to eight (8) master's level clinicians, and case managers
3. Supervisor shall maintain a small caseload to stay clinically engaged and effectively supervise their team.
4. Licensed Mental Health Professional (LMHP) (including waived or registered professionals) and clinical trainees acting within the scope of their license and training may provide FFT.
5. No more than twelve (12) families per full-time therapist
6. Must have an active certification and be acting within the scope of their license and training to claim for FFT.

Provider shall ensure FFT therapists are certified and remain in compliance with the FFT model by completing all additional training or continuing education as required. Provider shall provide proof of FFT therapist's certification upon request by County.

**D. Fidelity, Training and Continuous Quality Improvement**

Provider shall engage with the DHCS designated Centers of Excellence (COE) in adherence to FFT quality assurance systems and fidelity tools. Continuous Quality Assurance/Quality Improvement processes will include data review, fidelity monitoring, and corrective action plans (CAPs) to maintain program integrity.

Provider shall engage regularly with County in continuous Quality Improvement (QI) in accordance with Article I, "Scope of Work," section titled, "Quality Improvement, Contract Monitoring and Auditing."

**E. FFT Service Components**

Provider shall provide FFT program services, a systemic and family-based intervention designed for youth at risk for out-of-home placement due to difficult behaviors or trouble dealing with their emotions. Provider shall:

1. Engage with a young person's entire family and extrafamilial influences to facilitate positive growth and development.
2. Offer twelve (12) to fourteen (14) therapy sessions generally spread over a three (3)-to-five (5)-month period and incorporate the (5)-phase family therapy model as follows:
  - a. Engagement
  - b. Motivation
  - c. Relational assessment
  - d. Behavior change
  - e. Generalization
3. Additional components include SUDs interventions, crisis planning, and linkage and coordination with schools, probation, child welfare, and community supports.

**F. Data Collection, Monitoring, and Reporting**

Provider shall collect data and submit reports in compliance with the DHCS designated Center of Excellence (COE) for FFT requirements, to be found at <https://bhcoe.dhcs.ca.gov/ebp/functional-family-therapy-fft/> under Data Reporting section, including any changes or updates thereto. County shall be notified of submission confirmation when submitting reports to other entities.

Provider shall adhere to and submit reports in accordance with the applicable sections of Article I, "Scope of Work," to include but not limited to evaluation requirements, unusual occurrences, grievances and appeals, and as requested by the Contract Administrator or designee.

County may request additional reports in order to monitor fidelity progress.

**G. Documentation and Billing**

Provider shall maintain proper clinical and fiscal records and enter claims data relating to clients served in accordance with Article I, "Scope of Work," to include but not limited to the sections titled, "Records, Authorizations, Referrals, and Documentation Requirements" and "Financial Claiming/Reporting."

Provider shall submit invoices in accordance with Article III, "Compensation for Services." All claimed services shall be in accordance with Medi-Cal requirements and EPSDT guidelines, including assessment, therapy, rehabilitation, targeted case management, and crisis intervention, in accordance with the MHP and DHCS standards. Provider shall bill services at the rate applicable to the services client receives in accordance with an open Service Authorization.

**Provider Name**  
**Exhibit A**  
**Additional Scope of Services**  
**High Fidelity Wraparound (HFW)**

**A. Program Overview and Objectives**

Provider, as a CA High Fidelity Wraparound (HFW) certified provider agrees to furnish the personnel and equipment necessary to provide HFW, an intensive, team-based, family-centered care model designed for youth with significant behavioral health needs, in accordance with All County Information Notice (ACIN) I-52-15 and Behavioral Health Information Notice (BHIN) 25-027, *Family First Prevention Services Act Part Iv Aftercare Services Utilizing California's High Fidelity Wraparound Model*, and subsequent BHINs, and the Behavioral Health Services Act (BHSA) County Policy Manual, found at <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>, including updates and amendments thereto.

HFW is a team-based, family-centered evidence-based practice (EBP) model recognized nationally as the gold standard for preventing out-of-home placement for youth. The primary objectives of this program are to maintain youth in the least restrictive environment by preventing out-of-home placement, build on family and youth strengths through individualized care planning, and ensure culturally and developmentally responsive supports across home, school, and community settings.

The Primary Goals and Outcomes are:

1. Individualized and comprehensive services reflecting demonstrated partnership with families and Wraparound values and principles.
2. Permanent placement in a safe and stable family-based setting.
3. Cost effective, successful outcomes across multiple domains of life allowing the family to meet their needs and achieve their vision for a better future.
4. Decrease in behavior issues leading to out-of-home placement.
5. Increased perceived family social support and family resources.

**B. Target Population and Eligibility**

Provider shall provide HFW, an intensive, team-based, family-centered care model designed for youth with significant behavioral health needs, who meet all of the following criteria:

1. Meets SMHS eligibility criteria and maintains an open Service Authorization from County in accordance with Article I, "Scope of Work." section E. Records, Authorizations, Referrals, and Documentation Requirements; and
2. Under the age of twenty-one (21); and
3. Involvement in multiple systems, such as child welfare, juvenile justice, or mental health; and
4. Are at risk of placement disruption or psychiatric hospitalization.

**C. Multidisciplinary Team and Staffing**

Provider's HFW program shall be staffed by at least one (1) multidisciplinary team that includes a HFW Supervisor, HFW Facilitator, Caregiver Peer Partner, and a licensed clinician certified in the California HFW model, maintaining a caseload of approximately eight (8) to twelve (12) families.

The licensed clinician shall be staffed with Licensed Practitioner of the Healing Arts (LPHA). The HFW Supervisor must play a role in coaching the team to deliver HFW with fidelity.

**D. Fidelity, Training and Continuous Quality Improvement**

Provider shall engage with the DHCS designated Centers of Excellence (COE) in adherence to HFW quality assurance systems and fidelity tools. Continuous Quality Assurance/Quality Improvement processes will include data review, fidelity monitoring, client satisfaction surveys, and corrective action plans (CAPs) to maintain program integrity. Provider shall submit summaries of results to County within thirty (30) days of completion.

Provider shall provide proof of their HFW certification to County, remain in good standing with CDSS as a HFW Certified Provider, and shall recertify every three (3) years from the date of their initial certification. If Provider is decertified or receives communication from CDSS in regard to the maintenance of their certification, Provider shall forward said communication to County within three (3) business days, in accordance with the Article titled, "Notice to Parties." Provider shall also provide written notice to County within thirty (30) days after determining it will not seek recertification, or immediately upon making such determination.

**E. High Fidelity Wraparound (HFW) Service Components**

Provider shall adhere to the California HFW model to ensure quality, high fidelity, and consistent practices related to the development, implementation, and support of the CA HFW Model. The CA Wraparound Standards, in accordance with CA WIC Section 4096.6, meet minimum requirements for implementation of the CA HFW Model for the purpose of providing aftercare. (Note: DHCS may revise these Standards to determine how to best align Medi-Cal and BHSa guidance with CDSS policies and the practices and timeframes from the National Wraparound Initiative.)

The HFW team is responsible for delivering HFW and performing the following eight (8) functions, which encompass the Medi-Cal HFW core group of services: C

1. Facilitation and Team Communication
2. Assessment, Care Planning and Documentation, Reassessment
3. Crisis Stabilization and Safety Planning
4. Care Coordination, Referrals, System of Care Linkages
5. Child/Youth and Family Support
6. Team Oversight, Training, and Fidelity Monitoring
7. Clinical Supervision and Oversight
8. Care Transition Support

Key components include:

1. Timely access
2. Implementation of statewide Decision Support Criteria (DSC), such as the Integrated Practice - Child Adolescent Needs and Strengths (IP-CANS) assessment
3. Facilitation of the Child and Family Team (CFT), or Wraparound Team, bringing together the youth, family, natural supports, formal providers, and peer or caregiver specialists to promote shared decision-making and collaborative planning

4. High fidelity in adherence to the CA HFW Model Principles & Phases to emphasize strengths-based planning, crisis and safety strategies, and sustainability of supports which consist of:
  - a. Principles:
    - i. Family Voice and Choice
    - ii. Strengths-Based
    - iii. Individualized
    - iv. Natural Supports
    - v. Community-Based
    - vi. Culturally Respectful and Relevant
    - vii. Team-Based
    - viii. Collaboration
    - ix. Outcomes-Based
    - x. Persistence
  - b. Phases:
    - i. Engagement
    - ii. Plan Development
    - iii. Implementation
    - iv. Transition
5. Service descriptions include:
  - a. Medi-Cal HFW Core Group of Services:
    - i. HFW Facilitation and Coordination
    - ii. Needs Assessment and Documentation
    - iii. Individualized Care Planning, including Safety and Crisis
    - iv. Caregiver Peer Support
6. The core Medi-Cal services will be accounted for in the Medi-Cal payment model, in accordance with Assembly Bill 161, which specifies that DHCS will implement “a case rate or other type of reimbursement” for HFW as a Medi-Cal SMHS for members under twenty-one (21) years of age.
7. Potential Youth Needs for Additional Services Through Medi-Cal (Non-Exhaustive)
  - a. Additional Assessments
  - b. Intensive Home-Based Services
  - c. Youth Peer Support
  - d. Caregiver Respite
  - e. Activity Funds
8. Other Non-Medi-Cal supports, via Flexible Funds, to meet the needs of the youth and family.

**F. Data Collection, Monitoring, and Reporting**

Provider shall collect data and submit reports in compliance with the DHCS designated COE for HFW requirements, to be found at <https://bhcoe.dhcs.ca.gov/ebp/high-fidelity-wraparound-hfw/>. Provider shall provide proof of report submissions to County as requested.

Provider shall adhere to and submit reports in accordance with the applicable sections of Article I, "Scope of Work," to include but not limited to evaluation requirements, unusual occurrences, grievances and appeals, and as requested by the County Contract Administrator or designee.

County may request additional reports in order to monitor fidelity progress.

**G. Documentation and Billing**

Provider shall maintain proper clinical and fiscal records and enter claims data relating to clients served in accordance with Article I, "Scope of Work," to include but not limited to the sections titled, "Records, Authorizations, Referrals, and Documentation Requirements" and "Financial Claiming/Reporting."

Provider shall submit invoices in accordance with Article III, "Compensation for Services." All claimed services shall be in accordance with BHSA, Medi-Cal requirements and EPSDT guidelines, including assessment, therapy, rehabilitation, targeted case management, and crisis intervention, in accordance with the MHP and DHCS standards, including updates and amendments thereto. Provider shall bill services at the rate applicable to the services client receives in accordance with an open County Service Authorization.

**(Provider Name)**  
**Exhibit A**  
**Additional Scope of Services**  
**Multisystemic Therapy (MST)**

**A. Program Overview and Objectives**

Provider agrees to furnish the personnel and equipment necessary to provide Multisystemic Therapy (MST) to eligible youth and their families, an intensive, home- and community-based treatment model for youth who exhibit chronic antisocial or delinquent behaviors and are at risk of justice involvement or out-of-home placement, in accordance with this Provider Agreement and all final Behavioral Health Information Notices (BHINs) and policy guidance issued by DHCS applicable to MST, including DHCS updates or amendments thereto.

MST is as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)-eligible evidence-based practice (EBP) for children and youth that aims to reduce behavioral problems and recidivism by engaging the family system as active participants in therapy.

The primary objectives of MST are to keep youth at home, in school or work, and out of trouble. The program aims to reduce recidivism and out-of-home placements, improve caregiver monitoring and discipline, enhance problem-solving skills, and decrease associations with antisocial peers while promoting prosocial activities.

**B. Target Population and Eligibility**

Provider shall provide MST, an intensive, time-limited, family and community-based intervention for youth who meet all of the following criteria:

1. Meets SMHS eligibility criteria and maintains an open Service Authorization from County in accordance with Article I, "Scope of Work," section E. Records, Authorizations, Referrals, and Documentation Requirements; and
2. Age twelve (12) through seventeen (17); and
3. The youth exhibits serious externalizing, anti-social, aggressive, and/or criminogenic behaviors that may place the child or youth at risk of out-of-home placement; and
4. The youth resides in a family, community or home-like setting that is conducive to a family-focused treatment model.

**C. Multidisciplinary Team and Staffing**

Provider shall provide staff trained and certified in the EBP MST model with an MST team consisting of two (2) to four (4) Licensed Practitioner of the Healing Arts (LPHA) (or intern or waived) and one (1) LPHA clinical supervisor per team with a maximum caseload of six (6) families per LPHA. LPHAs shall hold master's degrees in clinical or counseling psychology, social work, or a related mental health field and shall be dedicated to taking MST cases only.

The supervisor shall be responsible for facilitating one (1) group supervision meeting per week, clinician development, and additional training as needed. The supervisor may also have primary or shared responsibility for program management tasks.

Other allowable staff are:

1. Psychiatric Nurse Practitioner
2. Psychiatrist, including clinical trainees
3. Mental Health Rehabilitation Specialists,
4. Certified Peer Support Specialists
5. Alcohol and Other Drug (AOD) counselors,

Provider shall ensure MST therapists are certified and remain in compliance with the MST model by completing all additional training or continuing education as required. Provider shall provide proof of MST therapist's certification upon request by the MHP.

#### **D. Fidelity Monitoring and Continuous Quality Improvement**

Provider shall engage with the DHCS designated Center of Excellence (COE) in adherence to MST quality assurance systems and fidelity tools. Continuous Quality Assurance/Quality Improvement processes will include data review, fidelity monitoring, and corrective action plans (CAPs) to maintain program integrity.

To be paid the full monthly bundled rate, the team must complete at least six contacts on six different days that month, of which at least four contacts are face-to-face (in-person) with the member. To be paid the partial rate, teams must complete at least four contacts on four different days that month, of which at least three contacts are face-to-face (in-person) with the member. Other contacts may be face-to-face or via telehealth with either the member or collateral. Services not meeting fidelity requirements shall be billed at the individual Provider Type rates as defined by Table 1 of Exhibit B, Standard Rates.

#### **E. MST Service Components**

Provider shall provide MST services, a family-based program for youth who are justice involved or are at risk of system consequences, including out-of-home placement due to their behavior. MST incorporates multiple integrated supports, including:

1. Around-the-clock on-call support including frequent home and community sessions,
2. Provision of caregiver or parenting skills,
3. Multiple weekly visits in the community, home, school, or neighborhood over a three (3) to five (5) month period,
4. Services integration and coordination with child welfare, probation, schools, and Managed Care Plans,
5. Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) as appropriate,
6. Other short-term, one-on-one behavioral coaching aligned for specific target behaviors,
7. Child and Family Team (CFT) meetings,
8. 24/7 services to ensure timely crisis management, and
9. Outcome-based discharge criteria.

Interventions shall focus on strengthening caregiver discipline and monitoring, improving problem-solving skills, restructuring youth peer involvement, supporting prosocial activities, and addressing school attendance and vocational engagement.

**F. Data Collection, Monitoring, and Reporting**

Provider shall collect data and submit reports in compliance with the DHCS designated COE for MST requirements, to be found at <https://bhcoe.dhcs.ca.gov/ebp/multisystemic-therapy-mst> under the *Data Reporting* section, including any changes or updates implemented by the COE or DHCS. Reports shall be submitted to the applicable party detailed within the provided requirements. County shall be notified of submission confirmation when submitting reports to other entities.

Provider shall adhere to and submit reports in accordance with the applicable sections of Article I, "Scope of Work," to include but not limited to evaluation requirements, unusual occurrences, grievances and appeals, and as requested by the County Contract Administrator or designee.

County may request additional reports in order to monitor fidelity progress.

**G. Documentation and Billing**

Provider shall maintain proper clinical and fiscal records and enter claims data relating to clients served in accordance with Article I, "Scope of Work," to include but not limited to the sections titled, "Records, Authorizations, Referrals, and Documentation Requirements" and "Financial Claiming/Reporting."

Provider shall submit invoices in accordance with Article III, "Compensation for Services." All claimed services shall be in accordance with Medi-Cal requirements and EPSDT guidelines, including assessment, therapy, rehabilitation, targeted case management, and crisis intervention, in accordance with the MHP and DHCS standards. Provider shall bill services at the rate applicable to the services client receives in accordance with an open Service Authorization.

**Provider Name**  
**Exhibit A**  
**Additional Scope of Services**  
**Parent Child Interaction Therapy (PCIT)**

This Exhibit describes models specific requirements for Parent Child Interaction Therapy (PCIT). All services shall be provided in accordance with the article titled ‘Scope of Work’.

**A. Program Overview and Objectives**

Provider agrees to furnish the personnel and equipment necessary to provide PCIT for children and their caregivers using live, real-time coaching to reduce disruptive behaviors and strengthen attachment and positive parenting, in accordance with this Provider Agreement, and policy guidance issued by DHCS applicable to PCIT, including DHCS updates and amendments thereto.

PCIT is an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)-eligible evidence-based practice (EBP) for children and youth that aims to strengthen caregiver-child relationships and reduce behavioral challenges like defiance, tantrums, and aggression. The primary objectives of PCIT include: decreased aggression, noncompliance, and tantrums; increased caregiver use of effective praise, reflection, description, and limit-setting; and improved caregiver–child relationship quality and emotion regulation.

**B. Target Population and Eligibility**

Provider shall provide PCIT to emphasize preventative engagement for preschool-aged children who meet all of the following criteria:

1. Meets SMHS eligibility criteria and maintains an open Service Authorization from County in accordance with Article I, “Scope of Work,” section E. Records, Authorizations, Referrals, and Documentation Requirements; and
2. Age two (2) through seven (7); and
3. Exhibits dysregulation or behavior challenges that may be helped by PCIT; and
4. Resides with their caregiver (including but not limited to foster parents, kinship carers, and non-residential caregivers [e.g., non-custodial parents] who shares caregiving responsibilities of the child) and not within a residential facility.

**C. Multidisciplinary Team and Staffing**

Provider shall provide staff trained in the EBP PCIT model, with one (1) team structured as follows:

1. At least two (2) clinicians with a master’s or doctoral degree (clinicians can be working towards their licensure under the supervision of a licensed provider during the PCIT training period)
2. Licensed Mental Health Professional (LMHP) (including waived or registered professionals) and clinical trainees acting within the scope of their license and training may provide PCIT.

Provider shall ensure PCIT therapists remain in compliance with the PCIT model determined by the DHCS designated Centers of Excellence (COE), by completing all additional training

or continuing education as required. Provider shall provide proof of PCIT therapist's certification upon request by County.

**D. Fidelity, Training and Continuous Quality Improvement**

Provider shall engage with the DHCS designated COE in adherence to PCIT quality assurance systems and fidelity tools. Continuous Quality Assurance/Quality Improvement processes will include data review, fidelity monitoring, and corrective action plans (CAPs) to maintain program integrity.

Provider shall engage regularly with County in continuous Quality Improvement (QI) in accordance with Article I, "Scope of Work," section titled, "Quality Improvement, Contract Monitoring and Auditing."

**E. PCIT Service Components**

Provider shall provide PCIT services as follows:

1. The parent or caregiver wears a headset while playing with their child in a special playroom.
2. A PCIT therapist watches from another room or on video and coaches the parent or caregiver through the headset.
3. The PCIT therapist helps the parent or caregiver learn how to encourage healthy behavior and improve their relationship with their child.

Other key components of the PCIT model include, but are not limited to:

1. Weekly, hour-long sessions over approximately fourteen (14) to twenty (20) weeks.
2. Family therapy.
3. Family education and support.
4. Live coaching of caregivers.
5. Assessment-driven clinical decision-making.

**F. Data Collection, Monitoring, and Reporting**

Provider shall collect data and submit reports in compliance with the DHCS designated Center of Excellence (COE) for PCIT requirements, to be found at <https://bhcoe.dhcs.ca.gov/ebp/parent-child-interaction-therapy-pcit/>. Provider shall comply with these requirements, including any changes or updates thereto. Provider shall provide proof of report submissions to County as requested.

Provider shall submit reports in accordance with Article I, "Scope of Work" and as requested by the County.

County may request additional reports in order to monitor fidelity progress.

**G. Documentation and Billing**

Provider shall maintain proper clinical and fiscal records and enter claims data relating to clients served in accordance with Article I, "Scope of Work," to include but not limited to the sections titled, "Records, Authorizations, Referrals, and Documentation Requirements" and "Financial Claiming/Reporting."

Provider shall submit invoices in accordance with Article III, "Compensation for Services." All claimed services shall be in accordance with Medi-Cal requirements and EPSDT guidelines, including assessment, therapy, rehabilitation, targeted case management, and crisis intervention, in accordance with the MHP and DHCS standards. Provider shall bill services at the rate applicable to the services client receives in accordance with an open Service Authorization.

**Provider Name**  
**Exhibit A**  
**Additional Scope of Services**  
**Short Term Residential Therapeutic Program (STRTP)**

This Exhibit provides requirements for Specialty Mental Health Services (SMHS) delivered to youth residing in a Short-Term Residential Therapeutic Program (STRTP).

**A. Program Overview and Objectives**

The Provider agrees to furnish personnel and resources necessary to deliver SMHS to STRTP residents under age twenty-one (21), within a 24-hour, short-term, trauma-informed residential setting. Services provided emphasize stabilization, skill development, and timely transition to family-based care while supporting safety, permanency, and well-being through the Integrated Core Practice Model (ICPM) and Child and Family Team (CFT) processes.

**B. Target Population and Eligibility**

Provider shall deliver SMHS to youth who meet all of the following criteria:

1. Meets SMHS eligibility criteria and maintains a Service Authorization from County in accordance with Article I, "Scope of Work," section E. Records, Authorizations, Referrals, and Documentation Requirements; and
2. Maintains placing agency documentation in accordance with Welfare and Institutions Code (WIC) 14714 and 14717.

**C. Multidisciplinary Team and Staffing**

Provider shall provide all staff applicable to maintain California Department of Social Services (CDSS) Community Care Licensing (CCLD) STRTP license requirements and all other staffing requirements in accordance with the article titled Scope of Work.

**D. STRTP Service Components**

All services shall be in accordance with the article titled Scope of Work, and/or all applicable High Intensity Exhibits.

Provider may provide ongoing High Fidelity Wraparound (HFW) services, in accordance with Exhibit A-X, to youth entering the STRTP in order to support continuity of care. The provider shall not restrict youth or caregivers from requesting an alternative HFW provider. In the event the client, caregiver or provider determines the need for an alternative HFW provider, Provider shall submit to County "Program Transfer Request Form," included herein (Attachment A-2),

**E. County Authorization & Placement Documents**

Services under this Agreement shall only be provided to County-authorized STRTP referrals. All applicable placement documentation shall be made available and maintained by both Provider and County in the client record, including but not limited to relevant court, probation and child welfare materials.

**F. Billing**

Provider shall maintain proper clinical and fiscal records and enter claims data relating to clients served in accordance with Article I, "Scope of Work," to include but not limited to the sections titled, "Records, Authorizations, Referrals, and Documentation Requirements" and "Financial Claiming/Reporting."

Provider shall submit invoices in accordance with Article III, "Compensation for Services." All claimed services shall be in accordance with Medi-Cal requirements and EPSDT guidelines, including assessment, therapy, rehabilitation, targeted case management, and crisis intervention, in accordance with the County and DHCS standards. Provider shall bill services at the rates established in the article titled Compensation for Services applicable to the services client receives in accordance with an open Service Authorization.

**Provider Name**  
**Exhibit A**  
**Additional Scope of Services**  
**Therapeutic Behavioral Services (TBS)**

**A. Program Overview and Objectives**

Provider agrees to furnish the personnel and equipment necessary to provide Therapeutic Behavioral Services (TBS), an individualized one-to-one behavioral mental health service to eligible youth and their families, as a supplement to primary Specialty Mental Health Services (SMHS), in accordance with the Provider Agreement, and with Department of Mental Health Information Notice 08-38, *Therapeutic Behavioral Services*, and subsequent notices, including updates and changes thereto.

TBS is an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)-eligible evidence-based practice (EBP) for children and youth that aims to support clients in maintaining or transitioning to the least restrictive environments, prevent hospitalization or out-of-home placement, and promote successful transitions to a lower level of care.

Clients receiving these services have serious emotional disturbances, are experiencing stressful transitions or life crises, and need additional short-term, specific support services to achieve outcomes specified in their client plans. TBS shall never be a standalone intervention. TBS is part of a multi-component SMHS model, supporting primary mental health services, including therapy, rehabilitation, and case management.

**B. Target Population and Eligibility**

Provider shall provide TBS for youth who meet the following criteria:

1. Meets SMHS eligibility criteria and maintains an open Service Authorization from County in accordance with Article I, "Scope of Work," section E. Records, Authorizations, Referrals, and Documentation Requirements; and
2. Under the age of twenty-one (21); and
3. Are receiving other SMHS; and
4. Are highly likely that, without additional support:
  - a. Child/youth may need higher level of residential care or acute care; and
  - b. Child/youth may not successfully transition to lower level of care.AND one (1) or more of the following criteria:
  - c. Placed, or at risk of being placed, in a high-level group home and/or a treatment facility for mental health needs (but not receiving acute psychiatric care), or stepping down from a high-level group home; or
  - d. Has had, or is at risk of having, at least one (1) emergency psychiatric hospitalization related to current presenting disability within the past twenty-four (24) months; or
  - e. Previously received TBS and needs it again, if clinically appropriate.

**C. Multidisciplinary Team and Staffing**

Provider shall staff TBS with a minimum staffing model to ensure Provider is able to meet the requirements of EBP fidelity. The TBS team shall include:

1. A coach, who provides real-time behavioral interventions;
2. A case manager, who conducts assessments, creates treatment plans, and monitors progress;
3. A parent partner, who offers coaching and resources to caregivers; and
4. Staffing ratio of one (1) staff for every five (5) clients.

The TBS team works collaboratively to develop and review the plan of care.

Provider shall employ the following professions in the provision of TBS:

1. Licensed Practitioners of the Healing Arts (LPHA), waived clinician or interns;
2. Mental Health Rehabilitation Specialists (MHRS); or
3. Other Qualified Providers (OQP)
4. Unlicensed or non-waived staff to provide non-therapy services.

#### **D. Fidelity, Training and Continuous Quality Improvement**

Provider shall engage with the DHCS in adherence to TBS quality assurance systems and fidelity tools. Continuous Quality Assurance/Quality Improvement processes will include data review, fidelity monitoring, and corrective action plans (CAPs) to maintain program integrity.

Provider shall engage regularly with County in continuous Quality Improvement (QI) in accordance with Article I, "Scope of Work," section titled, "Quality Improvement, Contract Monitoring and Auditing."

#### **E. TBS Authorization**

1. TBS requires County service authorization initially for thirty (30) days, then no more than two (2) additional 60-day authorization periods, each requiring new service authorization from the County .
2. Upon approval, County will provide the service authorization to Provider.
3. Provider shall develop and deliver a separate treatment plan for TBS services.
4. Discharge planning shall be a focus throughout treatment.
5. Provider shall identify all Clients due to age-out of SMHS and oversee transition of Client into Adult SMHS. Provider shall initiate appropriate treatment referrals to County via secure fax to (530) 303-1526 to ensure that mental health treatment linkages are in place, and will participate with the Client, County or designated staff, and other key support providers in creating a plan that assures a successful transition of Client(s). To the extent possible, transition planning will commence at least one (1) year prior to the Client's anticipated transition from Provider's SMHS to Adult SMHS.
6. Provider shall adhere to evidence-based practice standards and shall not implement any interventions outside the approved model(s) or those prohibited by County or DHCS.
7. Provider is prohibited from using any unconventional mental health treatments. Such unconventional mental health treatments include, but are not limited to: Rebirthing Therapy, Holding Therapy, Quiet Play Program, Strong Sitting Time-Out, Isolation, Wrapping, Eco-Therapy, Theraplay and Reparative or Conversion Therapy for the purpose of altering a person's sexual orientation or gender identity. Such

unconventional treatments also include, but are not limited to, any treatments that violate the Client's personal rights.

#### **F. TBS Service Components**

Provider shall provide TBS services, individualized, short-term, behavioral interventions in home, school, foster care, or community settings. Services include:

1. Behavioral de-escalation, skills training, structure and routines, parent training, token economies, and self-esteem building.
2. Services are delivered in 1:1 sessions, typically one (1) to three (3) hours, based on family availability.
3. Interventions occur in natural environments such as home or school.
4. A functional behavioral assessment is conducted after referral approval.
5. The team sets target behaviors, formulates a TBS client plan, and outlines measurable goals.
6. TBS is short-term and adjunctive, integrated within the client's existing plan of care.
7. Services may be available 24/7 depending on clinical need.
8. Include significant others/family/parents/caregivers/guardians, as appropriate, in all treatment planning and decision-making.

The goals are to support full integration into the community, self-reliance and independence.

#### **G. Data Collection, Monitoring, and Reporting**

Provider shall adhere to and submit reports in accordance with the applicable sections of Article I, "Scope of Work," to include but not limited to evaluation requirements, unusual occurrences, grievances and appeals, and as requested by the County Contract Administrator or designee

County may request additional reports in order to monitor fidelity progress.

#### **H. Documentation and Billing**

Provider shall maintain proper clinical and fiscal records and enter claims data relating to clients served in accordance with Article I, "Scope of Work," to include but not limited to the sections titled, "Records, Authorizations, Referrals, and Documentation Requirements" and "Financial Claiming/Reporting."

Provider shall submit invoices in accordance with Article III, "Compensation for Services." All claimed services shall be in accordance with Medi-Cal requirements and EPSDT guidelines, including assessment, therapy, rehabilitation, targeted case management, and crisis intervention, in accordance with the County and DHCS standards. Provider shall bill services at the rates established in the article titled Compensation for Services applicable to the services client receives in accordance with an open Service Authorization.

**Attachment A-1**  
**Children's Specialty Mental Health Services**  
**Eligibility for Pathways to Well-Being Checklist**

<b>CLIENT INFORMATION</b>	
Name:	Avatar #:
Date Determination Made:	Assessing Clinician:
Provider:	Sierra <input type="checkbox"/> Summitview <input type="checkbox"/> New Morning <input type="checkbox"/> Stanford

1. Child/youth meets medical necessity criteria for Specialty Mental Health services (SMHS):  

Yes  No
  
2. Child/youth is eligible for full-scope Medi-Cal:  

Yes  No
  
3. Child/youth is under the age of 21:  

Yes  No
  
4. Child/youth meets at least one of the criteria below:  

Yes  No

  - Are currently in or being considered for Wraparound, TFC, TBS, STRTP, or has specialized care rate due to behavioral health needs
  - Has experienced two or more hospitalizations in the last 12 months or has had two or more ER visits in the last 6 months due to primary mental health conditions
  - Has experienced three or more placements within 24 months due to behavioral health needs
  - Age 0-5 and more than 1 psychotropic medication or more than 1 mental health diagnosis
  - Age 6-11 and more than 2 psychotropic medications or more than 2 mental health diagnoses
  - Age 12-17 and more than 3 psychotropic medications or more than 3 mental health diagnoses
  - Has been discharged within 90 days from, currently reside in, or are being considered for placement in a psychiatric hospital or 24-hour mental treatment facility
  - Has been detained pursuant to W&I code 601 and 602, primarily due to mental health needs
  - Has been reported homeless within the prior six months
  - Are involved with two or more child-serving systems, including, but not limited to: child welfare system, special education, juvenile probation, drug & alcohol, other HHSA or legal system
  
5. Child/youth has an open Child Welfare Services Case (including voluntary):  

Yes  No

**ELIGIBILITY DETERMINATION**

A. Child/youth meets criteria for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) through Pathways to Well-Being services, if:

- Answers to items 1-4 are YES

Eligible for ICC and IHBS services through Pathways to Well-Being services

B. Answers to 1, 2, 3, OR 4 are NO

Not Eligible for ICC and IHBS services

Submit completed form to El Dorado County Behavioral Health Fax: (530) 303-1526 or email to Access Program Coordinator

**Attachment A-2  
Children's Specialty Mental Health Services  
Program Transfer Request**

Client Name:	Avatar #:
Submitting Clinician:	Provider: <input type="checkbox"/> SCFS <input type="checkbox"/> Summitview <input type="checkbox"/> New Morning <input type="checkbox"/> Stanford
Current Program: <input type="checkbox"/> Traditional <input type="checkbox"/> Residential <input type="checkbox"/> KTA <input type="checkbox"/> FSP	Requesting Transfer to Program: <input type="checkbox"/> Traditional <input type="checkbox"/> Residential <input type="checkbox"/> KTA <input type="checkbox"/> FSP
Reason for Program Transfer Request:	

***\*Program Transfer will not be considered until ALL items on checklist are completed\****

**Eligibility for Pathways to Well Being and Katie A.**

- Complete form and determine eligibility

**ICC-CFT (KTA/PWB youth only)**

- Conduct ICC-CFT meeting

***\*The CFT should dictate the need for change in level of service and the meeting minutes should reflect this***

**PAF/KET/3 Mo/Quarterly (FSP /KTA youth only)**

- Complete PAF packet
- Complete KET log, if needed

**Items to Submit for County Review:**

- Eligibility to PWB/KTA Form
- ICC-CFT Minutes
- PAF/KET (*if applicable*)

**Signature of Provider Clinician:**

---

**Signature of Provider Supervisor:**

---

**Date Submitted to EDC BH:**

**Attachment A-3  
Children's Specialty Mental Health Services  
Service Verification Monthly Reporting Grid**

Validation Period:	
Contracted Agency:	
Form Completed By:	
Date Form Completed:	

Service Verification

A	B	C	D	E	F	G
Number of face-to-face client visits in the Month	Number of Service Verification Cards Completed	Number Client visits to be validated - at least 5% (Col. A X .05)	Number Surveys validated	Number Surveys validated as out of compliance	Was County notified if fraudulent claims discovered?	Were claim errors processed for deletion
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**FOR OFFICIAL COUNTY USE ONLY:**

(Box C Total \_\_\_\_\_) – (Box D Total \_\_\_\_\_) = (Box H \_\_\_\_\_)  
 Total number of SVC needed to be in compliance

- Box H is 0, contracted provider is in compliance
- Box H is > 0, contracted provider is out of compliance

\_\_\_\_\_  
 County Reviewer Signature

\_\_\_\_\_  
 Date