

State of California—Health and Human Services Agency



GAVIN NEWSOM
GOVERNOR



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DIRECTOR

September 30, 2021

ALL COUNTY LETTER (ACL) NO. ACL 21-113

BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) NO. 21-060

TO:

- ALL COUNTY WELFARE DIRECTORS
- ALL CHIEF PROBATION OFFICERS
- ALL COUNTY MENTAL HEALTH DIRECTORS
- ALL FOSTER CARE MANAGERS
- ALL TITLE IV-E AGREEMENT TRIBES
- COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
- COUNTY BEHAVIORAL HEALTH DIRECTORS
- ASSOCIATION OF CALIFORNIA
- COUNTY DRUG & ALCOHOL ADMINISTRATORS
- COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
- CHIEF PROBATION OFFICERS OF CALIFORNIA
- CALIFORNIA STATE ASSOCIATION OF COUNTIES
- CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
- COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
- CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
- CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

SUBJECT: ASSESSMENTS BY A QUALIFIED INDIVIDUAL (QI) FOR PLACEMENTS IN SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS (STRTPs) UNDER THE REQUIREMENTS OF THE FAMILY FIRST PREVENTION SERVICES ACT (FFPSA) AND ASSEMBLY BILL (AB) 153 (CHAPTER 86, STATUTES OF 2021)

REFERENCE: FEDERAL BIPARTISAN [BUDGET ACT OF 2018](#) (PUBLIC LAW 115-123); [ASSEMBLY BILL \(AB\) 153](#)

(CHAPTER 86, STATUTES OF 2021), [AB 403](#)
(CHAPTER 773, STATUTES OF 2015); [AB 2083](#);
[WELFARE AND INSTITUTIONS CODE \(WIC\) Section 361.22](#); [WIC Section 727.12](#); [WIC Section 4096](#); [WIC Section 11462.01](#); [WIC Section 14717.1](#); [WIC Section 16010.7](#); [WIC Section 16501.1](#); [WIC Section 16521.6](#);
[BHIN No.: 20-069](#); [MHSUDS IN 17-052](#); [ACIN I-73-21/BHIN No 21-055](#); [ACIN I-21-18/MHSUDS IN 18-022](#)

PURPOSE

The purpose of this Department of Health Care Services (DHCS) BHIN and California Department of Social Services (CDSS) ACL is to inform behavioral health agencies, county child welfare agencies, and juvenile probation departments about the new requirements to implement the QI activities required by the FFPSA. This letter provides guidance on the QI role, training, referral, assessment, case planning processes, and forms required by case workers and QIs.

BACKGROUND

The FFPSA seeks to keep children safely with their families and avoid the traumatic experience of entering foster care, emphasizes the importance of children/youth/nonminor dependents (hereafter referred to as a child) growing up in families and helps ensure children are placed in the least restrictive, most family-like setting appropriate to their individual needs when foster care is needed. Part IV of FFPSA requires that states take steps to reduce the use of congregate care for children by limiting the conditions under which Title IV-E funds can be used for residential and group care, and requiring that all children placed into congregate care receive an objective assessment, conducted by a QI, who determines the setting which will provide the child with the most effective and appropriate level of care in the least restrictive environment, consistent with the short- and long-term goals for the child, as specified in the permanency plan. To fulfill Congressional intent, states must ensure that the assessment is objective and performed by a person who is qualified to make the determination and conduct the necessary activities.

The FFPSA Part IV establishes new requirements for placements in child care institutions to be eligible for Title IV-E federal financial participation (FFP) with the aim of limiting reliance upon such settings and making certain any placement in congregate care is necessary and that the child's needs cannot instead be met with family members or in a family home. These requirements apply to new entries into an STRTP and Community Treatment Facilities made on or after October 1, 2021.

Established through the Continuum of Care Reform (CCR), the State developed STRTPs to provide children who have mental health needs with Specialty Mental Health Services (SMHS) within a short-term residential therapeutic setting that relies on integrated trauma-informed community care to assist in resiliency and permanency outcomes for the child.

The [System of Care](#) principles strive to meet the prioritized needs identified by the child and family/caregivers, to increase and strengthen the family's natural supports, improve the family's level of self-efficacy, and integrate the work of system partners and service providers.

Key Definitions

The following are key definitions related to the FFPSA and the role of the QI:

- **Child and Family Team (CFT)** - A CFT is a group of individuals convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child and their family, and to help achieve positive outcomes for safety, permanency, and well-being. Under WIC 16501(a)(4), the CFT shall have the same meaning as the "family and permanency team," as described in Section 675a(c)(1)(B)(ii) of Title 42 of the United States Code and includes the child, family members (including parents), the caregiver, tribal representatives (in the case of an Indian child), professionals, natural community supports, and other individuals identified by the family who are invested in the child and family's success.
- **Emergency Placement** - An emergency placement is a placement made prior to a determination by the Interagency Placement Committee (IPC), but only if a licensed mental health professional determines within 72 hours of placement that the child appears to require the level of services and supervision provided by the STRTP. An emergency placement must be necessary to address the immediate and acute needs of the young person, and delaying the placement pending the IPC determination would be contrary to the well-being of the child for reasons including, but not limited to, instances when the child would otherwise remain in a more restrictive setting or lack appropriate care or services.
- **Family-Based Aftercare Services** - Family-based aftercare services, as defined in WIC Section 4096.6, are an array of integrated services and supports that are provided to or on behalf of a child for at least six months post-discharge from an STRTP, or from an out-of-state residential facility, are family-based, and implemented as part of an individualized, child-specific transition plan in a manner that supports the child's permanency plan, incorporates the recommendations of the QI, and meets specified standards.

- Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) - The IP-CANS is an evidence-based, validated, functional assessment tool approved by CDSS and DHCS for use as a key component of the QI assessment pursuant to WIC Section 4096(g)(3)(B). The CANS is a multi-purpose communication tool developed to assess well-being; identify a range of social and behavioral healthcare needs; support care coordination and collaborative decision-making; monitor outcomes of individuals, providers, and systems; and facilitate the linkage between the assessment process and the design of individualized service plans, including the application of evidence-based practices. The IP-CANS includes the Core 50 items and the trauma module.
- Interagency Placement Committee (IPC) - Counties establish an IPC with a membership that includes at least the county placement agency and a licensed mental health professional from the county department of mental health. An IPC institutes procedures whereby a child meeting the criteria specified in WIC Section 4096(e)(1) may be placed into an STRTP. The IPC has served as a way to identify the placement with the most appropriate level of care and services. The IPC requirements pursuant to WIC Sections 4096 and 11462.01(h) establish criteria for reviewing and approving placements into STRTPs.
- Presumptive Transfer – Per WIC Section 14717.1(c), presumptive transfer means that, absent any exceptions, when a child in foster care is placed in a county other than the county of original jurisdiction, the responsibility for authorizing, providing or arranging, and paying for SMHS for that child shifts from the Mental Health Plan (MHP) in the county of jurisdiction to the MHP in the county in which the foster child resides. Per WIC Section 4096(g)(4)(v), the QI assessment shall include documenting in writing the potential impact of transferring the responsibility to authorize, arrange or provide, and pay for SMHS from one county MHP to another. Substance use disorder services are not impacted or subject to Presumptive Transfer.
- Qualified Individual (QI) – Under the authority in WIC Section 4096(h), CDSS and DHCS have determined the QI must be a licensed mental health professional (LMHP), or be a registered, waived, or a trained professional who is working under the clinical supervision of an LMHP. In the case of an Indian child, as defined above and in WIC Section 224.1, a person may be designated by the child's tribe as the QI. In the absence of that designation, the QI must have specialized knowledge of, training about, or experience with, tribes and the federal Indian Child Welfare Act (ICWA) of 1978 (25 U.S.C. Sec. 1901 et seq.).
- Qualified Individual Referral – Pursuant to WIC Section 4096(h)(1)(B), CDSS and DHCS have jointly developed a State-approved QI Referral Form (attached as Enclosure A) to be completed by a placing agency caseworker and submitted to the QI, along with all required supporting documentation. This form must be used

to refer a child for an assessment by the QI, as required under WIC Section 4096(g), and is required as part of a placement preservation strategy under WIC Section 16010.7, whenever placement of a child into an STRTP is being considered.

- Specialty Mental Health Services (SMHS) - The State Plan defines “Rehabilitative Mental Health Services are services recommended by a physician or other licensed mental health professional within the scope of his or her practice under State law, for the maximum reduction of mental or emotional disability, and restoration, improvement, and/or preservation of a beneficiary's functional level.” Mental health services provided to Medi-Cal beneficiaries by county MHPs, including:

- 1) Mental health services;
- 2) Medication support services;
- 3) Day treatment intensive;
- 4) Day rehabilitation;
- 5) Crisis intervention;
- 6) Crisis stabilization;
- 7) Adult residential treatment services;
- 8) Crisis residential treatment services;
- 9) Psychiatric health facility services;
- 10) Intensive Care Coordination (for beneficiaries under the age of 21);
- 11) Intensive Home-Based Services (for beneficiaries under the age of 21);
- 12) Therapeutic Behavioral Services (for beneficiaries under the age of 21);
- 13) Therapeutic Foster Care (for beneficiaries under the age of 21);
- 14) Psychiatric Inpatient Hospital Services; and
- 15) Targeted Case Management.

REQUIREMENTS

Implementation of the Qualified Individual

Effective October 1, 2021, an assessment by a QI is required prior to any placement of a foster child into an STRTP made on or after October 1, 2021, other than an emergency placement, as a condition of Title IV-E funding eligibility. The QI will conduct an assessment to determine the child’s behavioral health needs and goals and make certain determinations regarding whether the child’s needs can be met with family members or in a family setting, and, if not, the most appropriate level of care, interventions, and treatment for the child.

QI Qualifications

Under the authority in WIC Section 4096(h), CDSS and DHCS have determined the QI must be an LMHP, or be a registered, waived, or a trained professional who is working under the clinical supervision of an LMHP. Any individual serving as a QI shall have expertise and training in clinical assessment, treatment planning, and Intensive Care Coordination (ICC), consistent with scope of work requirements necessary to perform the functions of the QI.

Unless California obtains a waiver, as described in the final section of this letter, the QI may not be an employee of the Title IV-E agency or connected to, or affiliated with, any placement setting in which the Title IV-E agency places children. If granted a waiver, CDSS and DHCS plan to use a process developed to consider county requests for approval for individuals who are employees of Title IV-E agencies or affiliated with a placement setting. This process will be designed to ensure QIs approved under this process have the training and experience necessary and maintain objectivity in determining the most effective and appropriate level of care for a child.

QI Certification

A certification process will be required for all individuals who serve as a QI. The certification process for the QI includes responsibilities for counties and for the State.

The MHPs are responsible for the following action steps in certification of SMHS providers who serve as the QI:

- Designate QI candidates
- Review the licensed, registered, or waived status of the proposed QI candidates and/or verify that the relevant professional license held by the individual is active
- Verify the QI candidate is certified to complete the CANS as directed in ACL 18-81/MHSUDS IN 17-052
- Verify completion of required training, including specialized training on tribal social cultural norms and the ICWA, as determined by CDSS and DHCS (up to 40 hours).

The CDSS and DHCS are responsible for the following action steps:

- Provide training for the QI, including specialized training on tribal social cultural norms and the ICWA, as determined by CDSS and DHCS
- Review requests by counties for approval of individuals who are employees of a county placing agency or affiliated with a placement setting to be certified as the QI through the process approved by the federal Department of Health and Human Services Secretary.

QI Recertification, Training, and Competency Requirements

Ongoing annual training and recertification will include but not be limited to the following MHP responsibilities for SMHS providers who serve as the QI:

- Verification that the individual's license/DHCS waiver or registration is active
- Verification the individual has completed the CANS annual certification
- Verification of the completion of annual training requirements determined by CDSS and DHCS
- Verification the QI meets all other certification qualifications.

Training will be provided by the Resource Center for Family Focused Practice (RCFFP) and can be accessed through their [QI web page](#). Oversight of the training will be conducted by CDSS and DHCS to ensure consistency of the training process. Initial training and annual recertification will be required.

QI Referral

The CDSS and DHCS are jointly responsible for providing guidance on the requirements for referrals to, and the assessment conducted by, the QI under WIC Section 4096. Pursuant to that authority, CDSS and DHCS recommend that all referrals to a QI for an assessment should be discussed and considered through the CFT process. This process is consistent with [Integrated Core Practice Model \(ICPM\)](#) values and principles. Circumstances that indicate the need for a referral for a QI assessment include, but are not limited to:

- The CFT recommends STRTP placement
- An unplanned discharge from an STRTP
- An emergency removal or discharge from the current placement if the next placement is anticipated to be in an STRTP or in an out-of-state residential facility
- Discharge from psychiatric hospitalization if the child will be placed in an STRTP or in an out-of-state residential facility
- Violation of probation including additional charges if the next placement is anticipated to be in an STRTP or in an out-of-state residential facility
- A notice to remove from either an STRTP or family-based setting and the next placement is anticipated to be an STRTP or in an out-of-state residential facility
- Juvenile Justice involvement, where a recommendation for foster care placement in an STRTP is anticipated.

Within two (2) business days from the CFT meeting in which the CFT has recommended that the child be referred for a QI assessment, the placing agency caseworker shall complete the QI Referral form, inclusive of all required supporting documentation, and submit the referral to the county MHP. Within each county, the MHP and placing agency will exchange protected health information by any Health

Insurance Portability and Accountability Act compliant method agreed upon by both parties to the exchange, which may include fax, telephone, and electronic transmission. Within three (3) business days of receiving the referral, the MHP shall provide the placing agency caseworker and supervisor with confirmation of receipt of the QI Referral form and request any required documentation not provided in the initial QI Referral form that would prevent the assessment from being initiated. All Release of Information (ROI) forms must be signed by appropriate parties for the QI to be able to gather information. Counties must use current ROI forms and processes until CDSS and DHCS identify a specific universal ROI and further guidance is issued. Upon receiving a referral prior to placement, the QI has 30 calendar days from the date of the referral or from the date the child is placed into an STRTP, whichever comes first, to complete the assessment. In an emergency placement, the QI assessment must be completed no later than 30 calendar days from the date the child is placed into an STRTP. The QI should begin to conduct an assessment with the available information and work with the placing agency caseworker in gathering additional information as needed.

Under WIC Section 4096(g)(2)(A), unless the placement is an emergency placement pursuant to WIC Section 11462.01(h)(3), the QI must conduct the assessment and make a determination regarding the needs of the child prior to placement into an STRTP or in an out-of-state residential facility, as defined by Family Code Section 7910(b)(2). When the QI received the referral prior to placement, the QI has 30 calendar days from the date of the referral, or from the date the child is placed into an STRTP, whichever comes first, to complete the assessment. In the event of an emergency placement, the QI must conduct the independent assessment and determination regarding the needs of the child within 30 days of the start of the placement.

In the case of an emergency placement in an STRTP or out-of-state residential facility, the placing agency caseworker shall notify and engage with CFT members about the emergency placement within one (1) business day of the placement and submit a QI Referral form within two (2) business days of the placement.

QI Assessment

The QI is responsible for conducting the QI Assessment. The requirements for the assessment and the resulting determinations and recommendations are specified in subdivision (g)(3) and (4) of WIC Sections 4096 and 11462.01(b) and in [ACIN I-73-21/BHIN21-055](#). CDSS and DHCS have determined, pursuant to WIC Section 4096(h), that to meet these requirements the QI must participate in the following activities:

- Information Gathering - Obtain readily available electronic health care information from providers and from system partners who currently or recently have served the child (e.g., child welfare, probation, social services, mental health, regional center, education, etc.).

- Information Synthesis - Review information gathered that is pertinent to the QI Assessment, identify any gaps in information, obtain additional information, and begin formulating recommendations.
- Safety and Risk Assessment - Identify significant safety risk behaviors and AWOL risks, protective factors, and harm reduction strategies appropriate for the child.
- Family and Child Consultation- Establish connection with family and caregivers, identify strengths and needs of the child.
- In the case of an Indian child, consult with the Indian child's tribal representative in the completion of the assessment.
- Identify the mental and behavioral health services and supports needed to achieve the child's short- and long-term goals and the relevant system partners.
- The following activities must be completed in consultation with the CFT and in the case of an Indian child, in consultation with the Indian child's tribe:
 - Engage with the CFT during the assessment or otherwise consult with CFT members.
 - Develop in collaboration with the CFT and placing agency caseworker recommendations for child engagement, trauma-informed service interventions and transition preparedness.
 - Assess additional resources and supports to facilitate provision of mental and behavioral health services in the least restrictive setting.
 - Collaborate with the placing agency caseworker and the CFT members to identify the need for or inform strategies for family finding and engagement and/or other specialized permanency services needed to meet the child's needs.
 - Develop a list of short-term and long-term behavioral health goals to address placement success and stability relative to the QI recommendations in the context of a child's environment and identified needs (i.e., mental health, permanency, education, developmental).
 - Review treatment goals through coordination with the CFT. Ensure alignment to the transition and permanency plan based on information provided by the placing agency.
 - Recommend services and supports, which the child welfare social worker or probation officer may incorporate into the development of the child's Needs and Services Plan, case plan, permanency plan, and client treatment plan to support the child's stable placement in the least restrictive setting. Identify any additional mental and behavioral health resources or supports needed to support the transition plan.
 - The IP-CANS - Complete an initial or updated CANS using the IP-CANS to assess child's strengths and needs.

QI Assessment Report

The QI must prepare an Assessment Report to describe their assessment and

determinations and recommendations for services and level of care needs using the template provided by CDSS and DHCS (attached as Enclosure B). The QI Assessment Report must be provided to the placing agency caseworker to be attached to the caseworker's court report required under WIC Section 361.22 or Section 727.12, as applicable. The Assessment Report must include the following:

- The IP-CANS ratings and rationale for actionable items and documentation to determine the appropriate level of care.
- Recommendations regarding treatment and appropriate level of care.
- Recommendations for services to mitigate safety risk behaviors and AWOL risks to the greatest extent possible.
- Identified needs for consideration by the appropriate responsible entity, such as education or regional center. Other needs to be identified include care and supervision needs to meet the short and long-term mental health, behavioral health goals, permanency goals, and least-restrictive setting to meet those needs.
 - This may include recommendations to inform aftercare in case of an STRTP placement and may include recommendations for activities in the community or school environment for the child.
- For an Indian child, document the steps taken by the QI to consult with the Indian child's tribe, and the mental and behavioral health interventions and treatment that the program will implement to improve the functioning and well-being. Also document how the interventions and treatment will be conducted in a manner consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.
- Any known multiagency care coordination needs that should be planned for during discharge and aftercare planning, as developed pursuant to WIC Section 4096.6, upon the child's transition to a family-based setting.
- For a child placed out of county, in collaboration with the placing agency case worker and the CFT, document the potential impact of transferring the responsibility to authorize, arrange or provide, and pay for SMHS from one county mental health plan to another, pursuant to WIC Section 14717.1.
- Recommended behavioral health services to prepare the child to transition to the recommended placement.
- Whether the assessed needs can or cannot be met with family members, in another family-based setting, or in a tribally approved home and if not:
 - Why the needs of the child cannot be met in a family-based setting.
 - Why the recommended setting will provide the child with the most effective and appropriate level of care in the least restrictive environment.
 - How the recommended setting is consistent with the short and long-term goals for the child, as specified in the permanency plan for the child. In the case of an Indian child, in consultation with the Indian child's tribe, document how the STRTP level of care setting will meet the child's needs consistent with the prevailing social and cultural conditions and way of life

- of the Indian child's tribe.
 - What specific care and treatment the STRTP will provide that meets the needs of the child and cannot be provided in less restrictive settings.
 - Recommendations for aftercare services to support transition of the child from an STRTP to a family-based setting.
- If the QI assessment has determined that placement in an STRTP is not appropriate and the recommendation is for the child to remain in a family-based setting, the QI shall collaborate with the CFT to develop a plan to address the needs of the child through community-based treatment services and other supports. If the child has been placed into an STRTP prior to the completion of the QI assessment, the county placing agency has 30 calendar days from the date of the QI determination to find an alternative family-based placement for the child.

Further guidance is forthcoming regarding the state and federal privacy and confidentiality laws that permit or limit the dissemination of the QI Assessment Report.

Roles and Responsibilities

Qualified Individual

The QI assigned to a child must conduct the QI assessment and complete the QI Assessment Report, prior to the child's placement into an STRTP unless the placement is an emergency. If the QI recommends the child needs an STRTP level of care, the IPC must determine the child's eligibility for STRTP placement under WIC Section 4096(e)(1) and the appropriateness of the specific STRTP recommended by the placing agency.

A QI determination to approve the necessity and appropriateness of an STRTP level of care is a required condition for federal Title IV-E funding. A disagreement by the IPC or a court does not override a QI determination unless the court disapproves of the STRTP placement. Each county has a unique framework for the establishment and performance of IPC duties, and therefore this letter does not prescribe a specific process between the QI and the IPC. Counties are encouraged to submit questions or seek technical assistance in the development of changes to the local IPC process to align with the new QI role.

Under WIC Section 4096(g)(3)(A), the QI is required to engage with the CFT including the Indian child's tribe in the case of an Indian child. If the IP-CANS assessment tool has already been completed as part of the CFT process within the last two months,

under WIC Section 4096(g)(3)(B), the QI may either utilize or update those results at the discretion of the QI.

The QI's recommendations will assist the CFT, including the aftercare provider, in developing a CANS based comprehensive transition, discharge, and aftercare plan for the child and family, to support the child's treatment progress achieved in the STRTP is sustained and to promote long-term stability.

The QI assessment does not replace or replicate existing case planning or case management activities, roles, and responsibilities of the county placing agency caseworker in preparation of the child's case plan pursuant to WIC Section 16501.1 or requirements of the IPC.

Child and Family Team

The CFT considers the most appropriate and least restrictive setting to meet the needs and leverage strengths of the child, as reflected in the IP-CANS. Under WIC Section 16501(a)(4)(A)(iii)(I), the CFT must provide input to the QI. The QI recommendations related to needs, services, and appropriate level of care, may be shared with members of the CFT consistent with informed consent, confidentiality, and privacy requirements in order to determine the most effective and appropriate placement and supports for the child.

Interagency Placement Committee (IPC)

The IPC determines a child's eligibility for STRTP placement pursuant to WIC Section 4096(e)(1), and determines the specific placement facilities or programs that have the capacity to address the needs of the child as specified in WIC Section 4096(e)(2).

Placing Agency Responsibilities

The placing agency holds responsibility for case management activities consistent with WIC Section 16501.1 and WIC Section 706.6 related to the QI which include:

- Submitting the QI Referral form when indicated
- Engaging with the QI as they complete the assessment, including sharing information about the child, family, services, and supports, and case planning
- Assisting the QI in consulting with the Indian child's tribe, in the case of an Indian child
- Recommending specific STRTPs or identifying a family-based placement that can meet the needs and services identified by the QI
- Implementing the QI recommendations, in collaboration with the CFT
- Including a copy of the QI Assessment Report in their court report under either WIC Sections 361.22 or 727.12, consistent with state and federal privacy and confidentiality laws that permit or limit the dissemination of the report.

- Uploading the QI Assessment Report into the Case Plan Notebook of CWS/CMS (see Enclosure C “Importing a File Guide” for instructions).
- Including documentation regarding the QI in the case plan as discussed in ACL 21-114
- Reporting to CDSS and DHCS all the information requested regarding the QI, as discussed below.

Following the QI assessment, the placing agency maintains the ongoing responsibility for monitoring the child’s needs and placement into the family-based setting or STRTP, as detailed in ACL 21-114. If the child requires a new STRTP placement, the placing agency shall submit a subsequent QI Referral form.

QI Waiver Process

Consistent with FFPSA, California has prohibited the QI from being an employee of the Title IV-E agency (child welfare and juvenile probation) and from being connected to, or affiliated with, any placement setting in which children are placed by the Title IV-E agency unless the Secretary grants a waiver of these prohibitions. Under the authority in WIC Section 4096(h), CDSS and DHCS have determined the QI must be an LMHP, or be a registered, waived, or a trained professional who is working under the clinical supervision of a LMHP. Any individual serving as a QI shall have expertise and training in clinical assessment, treatment planning, and ICC, consistent with scope of work requirements necessary to perform the functions of the QI.

The laws adopted by the California state legislature require CDSS to seek approval from the Secretary for a waiver that will avail counties the option to request qualified employees of the Title IV-E agency or qualified individuals connected to, or affiliated with a placement setting to serve as the QI, and for CDSS to certify that the QI will maintain objectivity needed to conduct the assessment and determine the most effective and appropriate level of care for a child.

California has developed a process for reviewing requests from counties which would permit individuals to serve as QIs who are employees of the IV-E agency, or connected to, or affiliated with, a placement setting. CDSS has developed this process jointly with DHCS and in consultation with the State Department of Developmental Services, the State Department of Education, county child welfare, juvenile probation, and behavioral health agencies, and other interested stakeholders within California. This process is designed to ensure that any individual who may serve as a QI be held to a high standard for objectivity, including identification and review of any conflicts of interest which have the potential to impact the recommendations from their assessment. CDSS and DHCS will jointly administer this approval process enabling county child welfare and juvenile probation agencies, jointly with the county mental health plan, to request permission for its proposed QIs pursuant to this authority. The joint request

process will ensure consistency with the statewide standards for the QI qualifications, including competencies, training requirements, and experience in performing activities performed by a QI, and will ensure a high standard for QI objectivity on a case by case basis.

Further guidance will be issued if the waiver is approved.

Reporting Requirements

Placing agencies and MHPs are responsible to track and report on the work completed in their respective roles, described previously in this letter. County placing agencies and MHPs are expected to maintain information regarding QI referrals, assessments, and determinations. Further guidance on the reporting requirements will be provided.

If you have any questions concerning this letter, please contact the FFPSA inbox at FFPSA@dss.ca.gov or DHCS at FFPSA@dhcs.ca.gov.

Sincerely,

Original Document Signed By

ANGIE SCHWARTZ
Deputy Director
Children and Family Services Division

KELLY PFEIFER, MD
Deputy Director
Behavioral Health
Department of Health Care Services

Enclosure A – Referral for Qualified Individual Assessment

All sections must be complete, including providing all required documents listed on Page 5.

Instructions:

- QI Referral must be submitted no later than two (2) business days following CFT recommendation for STRTP placement.
- All sections must be complete.
- All documents identified in Section G on Page Five (5) must be included with this QI Referral form.
- Placing agencies must maintain records of all completed QI Referral packages submitted.

Section A. Date and Reason for Referral

Date of Referral:

QI Assessment is due 30 days from date of QI Referral, or 30 days from the date of emergency placement, whichever is earlier:

Reason for Referral:

- ☐ CFT recommendation for STRTP placement
- ☐ 14 Day Notice of Placement Change:
- ☐ Court Order for Foster Care and/or Probation Recommendation for STRTP Level of Care
- ☐ Other

Provide rationale for QI referral:

Note that a lack of available family homes is not an acceptable rationale for placing a child in an STRTP:

Reason for Referral Following Emergency Placement:

- ☐ Discharge from Hospitalization
- ☐ Emergency Removal from Prior Placement
- ☐ Date of Emergency Placement in STRTP:
- ☐ Other

Provide rationale for Emergency QI referral:

Note that a lack of available family homes is not an acceptable rationale for placing a child in an STRTP:

| | | |
|---|--|----------------|
| Child/NonMinor's Name: | | Date of Birth: |
| Case Type: | | Court ID#: |
| Medi-Cal Client ID Number (CIN): | | |
| <input type="checkbox"/> Indian Child | Tribal Affiliation: Contact Number: Email: | |
| <input type="checkbox"/> Regional Center Client | Regional Center Caseworker: Contact Number: Email: | |
| Educational Rights Holder: | Name: Contact Number: Email: | |

Instructions:

- All sections must be complete.
- Contact information for caseworker and supervisor required.

Section B. Contact Information – Referring Placing Agency and Current Service Providers

| | | | |
|----------------------------------|-----------------|--|--|
| Worker Name and County: | | <input type="checkbox"/> CWS <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> *Dual Status Lead Agency: | |
| Contact Number: | | Email: | |
| Office Address: | | | |
| Supervisor: | Contact Number: | Email: | |
| *Worker Name (dual status case): | Contact Number: | Email: | |
| Current MH provider's name: | | Email: | |
| Title: | | Contact Number: | |
| | | Secure Fax Number: | |
| Current SUD Provider: | | Email: | |
| | | Contact Number: | |
| Title: | | Secure Fax Number: | |

Instructions:

- Indicate any services the child has received.
- In addition to the below, placing agency must provide Health & Education Passport with QI Referral form (see page 5).

Section C. Health Information & Behavioral Health Services Received

Chronic and/or Serious Medical Conditions:

Past Medical Hospitalizations:

Past Psychiatric Hospitalizations:

| Services the youth has received: | <i>Current</i> | <i>Past</i> |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Therapeutic Behavioral Services (TBS) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Intensive Care Coordination (ICC) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Intensive Home-Based Services (IHBS) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Therapeutic Foster Care (TFC) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Group Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other Specialty Mental Health Services (specify:) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wraparound Services (service provider:) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Applied Behavioral Analysis | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Intensive Services Foster Care (ISFC) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Substance Use Disorder (SUD) Treatment Services | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Speech and Language Services | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Individual Education Plan (IEP)-Educationally-Related Mental Health Services (ERMH) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> |

County of Jurisdiction:

County of Residence:

Are SMHS Presumptively Transferred?: ☐ Yes ☐ No ☐ Waived

Instructions:

- Complete all placement information fully.
- In addition to below, placing agency must provide child's placement history from CWS/CMS with QI Referral form (see Page 5).

Section D. Current Caregiver Information

| | |
|--------------------------------|---------------------------|
| Current Placement Type: | Date of Placement: |
| Current Caregiver Name: | FFA or Placement Name: |
| Street Address: | City, State, Zip Code: |
| Telephone: | Email: |

Instructions:

- Complete contact information for the child's family members and other members of the CFT.

Section E. Contact Information for family and members of the Child and Family Team

| | | |
|------------------------|---|---|
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred Contact Method | Email: <input type="checkbox"/> Preferred Contact Method |

Section F. Additional Considerations

Instructions:

- For any prior QI Referrals or QI Assessment Reports, provide the date and county.

Prior QI Referrals (if applicable):

| | |
|---------------------------------|---------|
| Date of Referral or Assessment: | County: |
| Date of Referral or Assessment: | County: |
| Date of Referral or Assessment: | County: |
| Date of Referral or Assessment: | County: |

- Provide additional information that the QI should consider and is not captured elsewhere.

Provide any additional information to be considered:

Section G. Minimum Documentation Required to Initiate QI Assessment

Instructions:

- Documents identified below in the frame below are required and must accompany the QI Referral form.
- Placing agencies are required to provide an explanation for any document below not attached to the QI Referral form.

Placing Agency Case Worker

- ☐ Signed Release of Information forms
- ☐ Signed Consent to Treatment forms
- ☐ Child Welfare/Juvenile Probation Case Plan- including permanency plan
- ☐ Needs and Services Plan from current placement provider (if applicable)

Mental Health Plan Clinician

- ☐ Most Recent Mental Health Assessment (completed in the last 12 months)
- ☐ Most Recent Mental Health Treatment Plan

- ☐ Most Recent Completed CANS to be provided by the appropriate agency's staff

Instructions

- Use the fields below to provide an explanation for any document named above not submitted with the QI Referral form.

| Document | Explanation |
|----------|-------------|
| | |
| | |
| | |
| | |

Section H. Additional documentation to ensure complete and comprehensive QI assessment:

Instructions:

- All items in Section H must be provided to the QI but are not required to be attached to the QI Referral form.
- Note: Placing agencies must provide a copy of the child's Health & Education Passport and Placement History from CWS/CMS.
- The placing agency caseworker, MHP clinician, and the QI should collaborate on gathering any documentation not available at the time the QI Referral is submitted.

Placing Agency Case Worker

- ☐ List of services that have been provided to preserve the current placement, including child welfare funded services and interventions.
- ☐ CFT recommendations (if applicable)
- ☐ JV 220 (if applicable)
- ☐ Psychological Evaluations
- ☐ Any current family visitation orders including no contact orders.
- ☐ Education information including current IEP or 504 plan if applicable (Health and Education Passport).
- ☐ Placement History including successful placements and services printed out from CWS/CMS-full history.
- ☐ Medical history including medical hospitalizations (Health and Education Passport)
- ☐ Developmental Assessment if applicable including documentation related to both being assessed for and receiving services authorized through a Regional Center or provided by a Regional Center vendor.
- ☐ Juvenile Probation specific assessments and latest social studies report

Mental Health Plan Clinician

- ☐ List of services that have been provided during the prior 12 months (at minimum), including wraparound and Specialty Mental Health Services
- ☐ Psychological Evaluations
- ☐ History of Psychiatric Hospitalizations

- Documents identified above are required and necessary for the QI to complete their Assessment.

Enclosure B – Qualified Individual Assessment Report

| | |
|---|--|
| Child/Youth/Nonminor Dependent Name: | Date of Birth: |
| Court ID#: | Medi-Cal Client Identification #: |
| County of Jurisdiction: | Date Referred: |
| Lead Agency: | Caseworker Contact Information: |
| Completed by: | Date Completed: |
| Tribal Affiliation: | Tribal Contact Information: |

Section I: Integrated Summary and Recommendation

Provide an integrated summary of the data gathered during the assessment that informed the development of the recommendations.

Section II: Information Utilized in Determination:

List most recent information available and interviews conducted:

- ☐ Comprehensive Mental Health Assessment(s):
Date: _____ Completed by: _____
- ☐ MH Treatment Plan: Date: _____ Completed by: _____
- ☐ Other Developmental, Psychiatric, Significant Event Assessment(s):
Date: _____ Completed by: _____
- ☐ Psychological Evaluation(s): Date: _____ Completed by: _____
- ☐ IP-CANS Completion: Date: _____ Completed by: _____
- ☐ CFT Meetings Attended by QI: Dates: _____
- ☐ Previous 12 months of CFT Meeting Action Plan Meeting Notes Reviewed:
Dates of meetings: _____
- ☐ Other Family members/Natural Supports (non-CFT) interviewed:
Name and relationship: _____
Name and relationship: _____
Name and relationship: _____
Name and relationship: _____
- ☐ CFT members interviewed (Professionals and Family Members/Natural Supports):
Name and relationship: _____
Name and relationship: _____
Name and relationship: _____
Name and relationship: _____
- ☐ Child/Youth/NMD interviewed: Date(s): _____
- ☐ Child/Youth/NMD has provided their specific treatment, services, and placement preferences.
- ☐ Parent or caregiver has provided their specific treatment, services, and placement preferences.
- ☐ Tribe/Tribal Representative Consulted: Date(s): _____
- ☐ Behavioral Health provider(s), including Tribal Behavioral Health Provider interviewed:
Name and Title: _____
Name and Title: _____
- ☐ Regional Center/Regional Center Provider interviewed:
Name and Title: _____
Name and Title: _____
- ☐ Individual Education Plan (IEP) or other educational assessments:
- ☐ Other:

Section III: Integrated Practice (IP)CANS

Only list the Child's Needs and Risk Behaviors with a 2 or 3 rating:

Use the following categories and action levels:

2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.

3 – Need is dangerous or disabling; requires immediate and/or intensive action.

Note: Any information pertaining to substance abuse cannot be disclosed without proper permissions: See [ACL 18-85/MHSUDS IN 18-029](#) regarding sharing CANS information.

IP-CANS Item(s) rated a 2 or 3 that require action.

| IP-CANS Item(s) | 2 or 3 | IP-CANS Item(s) | 2 or 3 |
|-----------------|---|-----------------|---|
| 1. | <input type="checkbox"/> <input type="checkbox"/> | 7. | <input type="checkbox"/> <input type="checkbox"/> |
| 2. | <input type="checkbox"/> <input type="checkbox"/> | 8. | <input type="checkbox"/> <input type="checkbox"/> |
| 3. | <input type="checkbox"/> <input type="checkbox"/> | 9. | <input type="checkbox"/> <input type="checkbox"/> |
| 4. | <input type="checkbox"/> <input type="checkbox"/> | 10. | <input type="checkbox"/> <input type="checkbox"/> |
| 5. | <input type="checkbox"/> <input type="checkbox"/> | 11. | <input type="checkbox"/> <input type="checkbox"/> |
| 6. | <input type="checkbox"/> <input type="checkbox"/> | 12. | <input type="checkbox"/> <input type="checkbox"/> |

Section IV: Goals

After engagement and consultation with the CFT, Tribe/Tribal representative/Tribal Social worker, placing agency caseworker, and mental health provider, develop a list of child/youth/NMD specific short- and long-term behavioral health goals and identify any known aftercare care needs:

Short-Term goals:

Long-Term goals:

Considerations for Aftercare:

Section V: Identified or Potential Caregiver for Permanency Planning

Identified or potential caregiver including tribal specific and approved caretakers:

- ☐ Identified ☐ Potential Name(s) and relationship:
☐ Identified ☐ Potential Name(s) and relationship:
☐ Identified ☐ Potential Name(s) and relationship:
☐ Identified ☐ Potential Name(s) and relationship:

Describe the skills needed by an identified or potential caregiver to meet the child/youth/NMD needs, the strengths of the caregiver (reference the IP-CANS) and the specific supports or training needed by the caregiver to meet the child/youth/NMD needs.

Describe the challenges that need to be addressed to support a caregiver for the child/youth/NMD to be placed in their home.

If there is no identified caregiver, describe specialized permanency services (such as intensive family finding and engagement activities) needed to identify prospective caregivers willing and able to meet the specific needs of the child/youth/NMD.

Section VI: Barriers to Family-Based Settings (if applicable)

Specify the barriers and the reasons why the needs of the child/youth/NMD cannot be met by the family members, in another family-based setting, or a tribally approved home. Per federal law, lack of available resource family homes is not an allowable barrier for placement in an STRTP.

Section VII: Recommendations and Interventions: Family-Based Settings (Complete if recommending Family-based setting)

Describe what interventions (mental health, education, community supports, etc.) need to be put in place for the child's needs to be met with family members, in another family-based setting, or a tribally approved home.

Identify specific recommended interventions for the child/youth/NMD:

| Intervention | Intensity and Frequency | Targeted Need Based on Section III and IV above |
|--|--|--|
| Therapeutic Behavioral Services (TBS) | | |
| Intensive Home-Based Services (IHBS) | | |
| Intensive Care Coordination (ICC) | | |
| Therapeutic Foster Care (TFC) | | |
| Other Specialty Mental Health Services | | |
| Wraparound Program | | |
| Substance Use Disorder (SUD) Treatment | | |
| Intensive Services Foster Care (ISFC) | | |
| Therapeutic Foster Care (TFC) | | |
| Other Supports and Services | Current Service or Referral Needed | Targeted Need Based on Section III and IV above |
| Speech and Language Services | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> If current, identified if requires review for efficacy and fidelity to plan | |
| Occupational Therapy | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> If current, identified if requires review for efficacy and fidelity to plan | |
| Physical Therapy | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> If current, identified if requires review for efficacy and fidelity to plan | |
| Applied Behavioral Analysis Services (ABA) | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> If current, identified if requires review for efficacy and fidelity to plan | |
| Regular Educational Support Services | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> | |

☐ If a regional center consumer, consultation with the regional center/regional center provider/IPP team has resulted in the following recommendations:

☐ If an Indian child/youth/NMD, address any cultural /tribal specific recommendations

Section VIII: Recommendations: Alternative Settings (Complete if family-based setting is not recommended)

If the child's needs cannot be met with family members, in another family-based setting, or a tribally approved home, which setting would provide the most effective and appropriate level of intervention for the child in the least restrictive environment, consistent with the short- and long-term goals for the child as specified in the permanency plan.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Short-Term Residential Therapeutic Program (STRTP) |
| <input type="checkbox"/> | Short-Term Residential Therapeutic Program specialized programs (i.e., STRTP of One, Commercially Sexually Exploited Children (CSEC), Pregnant and Parenting, Substance Use, Sexual Offender) |
| <input type="checkbox"/> | Transitional Housing Program for Non-Minor Dependents |
| <input type="checkbox"/> | Other (i.e. SILP): |

List the recommended placement of the Child and Family Team. If the QI recommends a placement inconsistent with the recommendations of the team, describe why the recommended placement did not follow the placement preferences of the Child and Family Team. In the case of an Indian child, include a description of why the recommended placement does not follow the placement preferences of the Indian Child Welfare Act pursuant to WIC Section 361.31.

Presumptive Transfer: For a child/youth/NMD placed out of county, in collaboration with the placing agency case worker and the CFT, determine the impact of transferring the responsibility to authorize, arrange, or provide, and pay for SMHS from one county mental health plan to another pursuant to WIC Section 14717.1.

☐ BH services should remain presumptively transferred.

☐ BH services presumptive transfer should be waived.

Recommendations for behavioral health and other aftercare services necessary to transition a child/youth/NMD from a STRTP to a family- based setting pursuant to WIC Section 4096.6.

☐ RECOMMEND PLACEMENT WITH FAMILY OR IN ANOTHER FAMILY BASED SETTING.

☐ DO NOT RECOMMEND PLACEMENT WITH FAMILY OR IN ANOTHER FAMILY BASED SETTING.

MOST APPROPRIATE LEVEL OF CARE RECOMMENDED:

Licensed Mental Health Professional (LMHP) Print Name

LMHP Signature

Date

CWS/CMS Project

CWS/CMS Application

File Import Guide

**July 20, 2019
Version 6.0**



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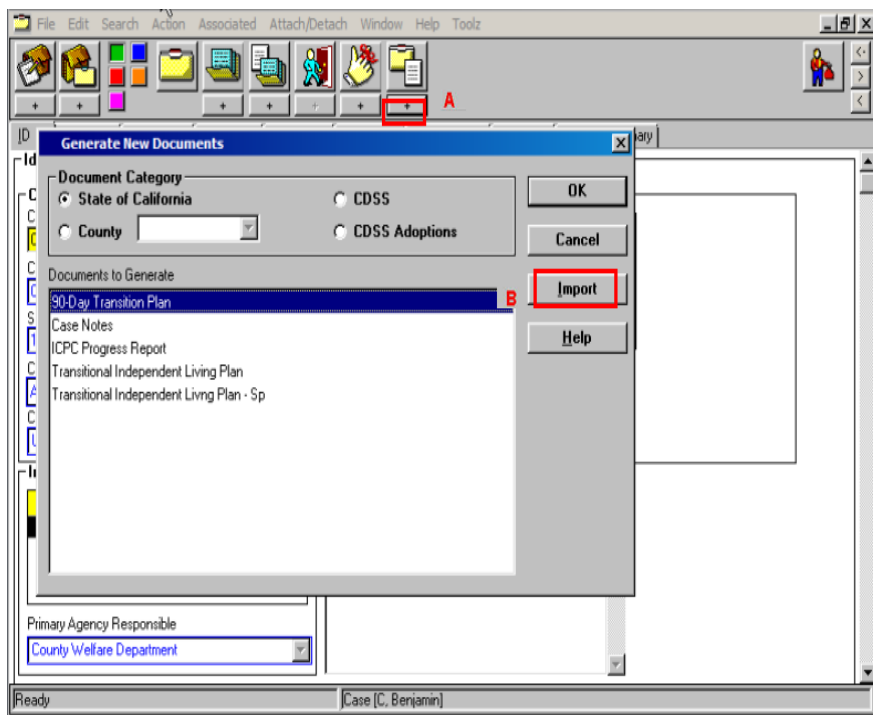
Background

Counties now have functionality that will allow the importation of .pdf, .xls, .doc, .jpeg/.jpg, .docx, .xlsx and .txt files into the CWS/CMS application. The maximum size of any single file is 5 megabytes (MB). The exception for the maximum size of any single file is Placement Home. Placement Home files can be up to 10MB. There is also a maximum storage limit of 305MB for .jpg/.jpeg and .pdf files and unlimited storage for .doc, .xls, .docx, .xlsx and .txt files per Case, Case Plan, Client, Referral, Hearing, Placement and Resource Management Placement Home.

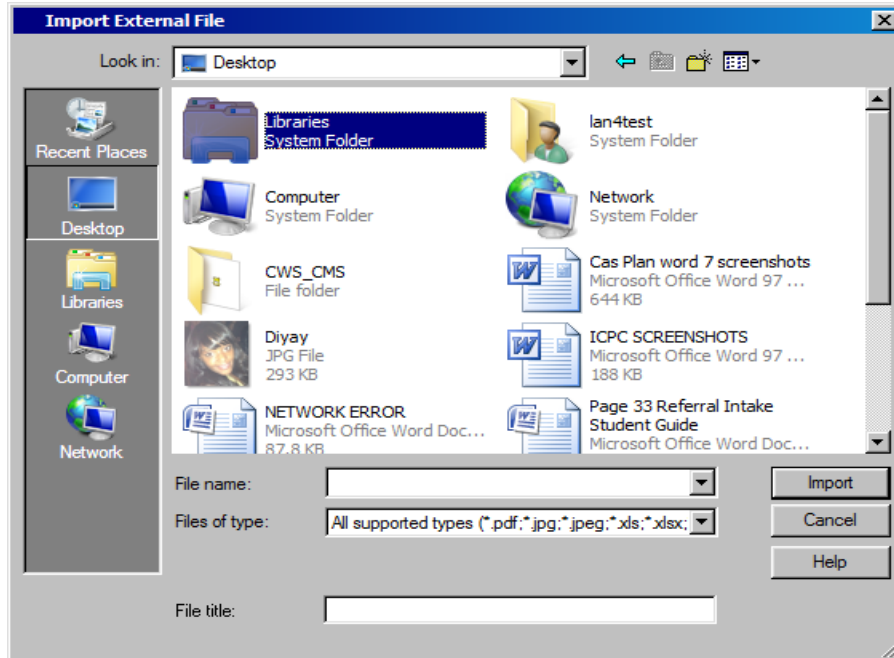
Importing into the CWS/CMS

When you are ready to import a file into the CWS/CMS application, use the following steps.

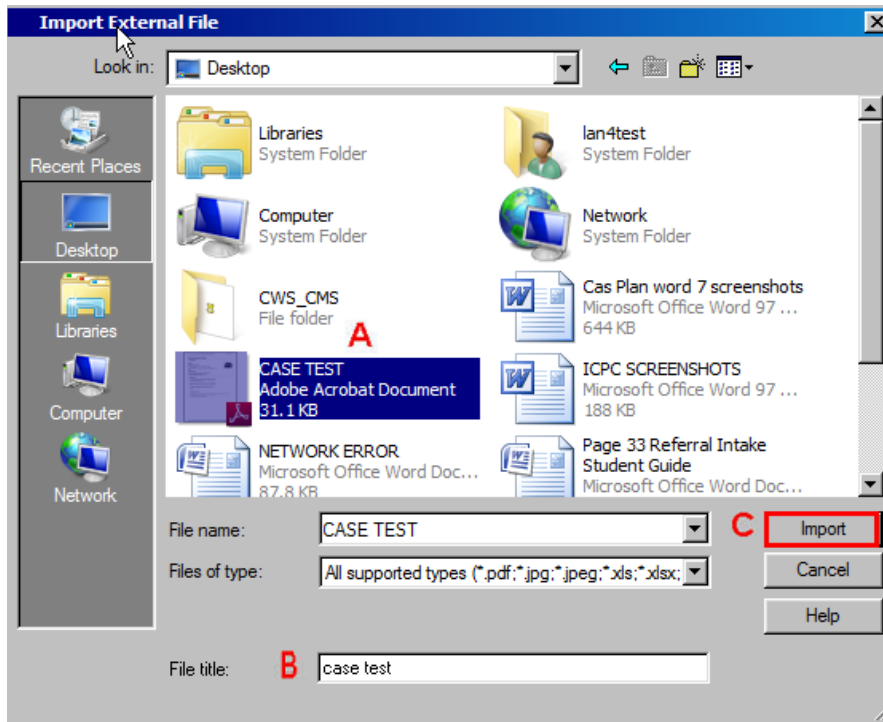
(A) Click on the **Create New Document – Case** button to open the **Generate New Documents** dialog box. (B) Click on the **Import** button. Rule 10812 added an Import File button in the Create New section on the Hearing ID page. Both methods follow the same steps shown below.



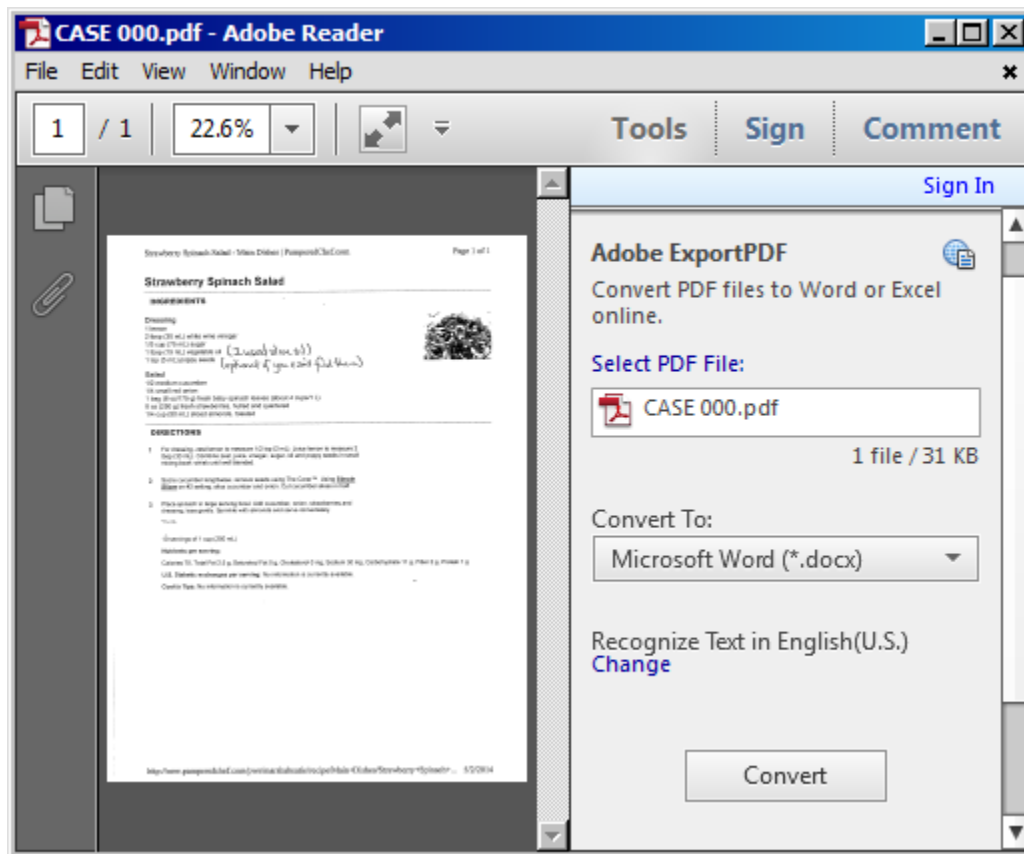
Select the file from the location where it is saved.



- (A) Browse for and select the file that you wish to import
- (B) Enter a title in the mandatory File title field
- (C) Click **Import**



Once the image is imported, it will be opened in your default image viewer. Other file types will open in the default application.



You can now retrieve the file the same way as you would other case documents by clicking on **Open Existing Document – Case**.

