

Behavioral Health Provider Minimum Qualifications  
*Day Treatment Intensive Services*  
Open Enrollment

The Sacramento County Department of Health Services (DHS), Behavioral Health Services (BHS), announces an open enrollment opportunity for organizations interested in delivering day treatment intensive (DTI) services for children ages 7 up to a youth's 21<sup>st</sup> birthday who have Sacramento County Medi-Cal. This program aims to improve outcomes for young people, as an alternative to inpatient care, who need a more intensive outpatient level of services but may not meet criteria for hospitalization. BHS seeks to identify qualified organizations to implement and provide DTI services.

**I. Important Information:**

- A. Organizations seeking to contract with BHS to provide DTI must meet the Minimum Qualifications (MQs) below.
- B. Contracts will be developed at any time in a fiscal year for those organizations that meet all the MQs to provide DTI services. Contracts expire on June 30th each year and may be renewed if the applicant continues to meet all MQs to provide DTI services.
- C. This open enrollment will stay open until funds are fully allocated or the needs of the designated population are addressed.

**II. Scope of Work:**

DTI services include, but are not limited to the following as defined by California Code of Regulations (CCR) Title 9, §1810.213:

- A. Assessment, crisis intervention, medication support, peer support, plan development, rehabilitation, therapy, and referral services. All services must follow Sacramento County's Procedure Code Manuals.
- B. Daily community/program meetings:
  - 1. Must occur a minimum of once per day but can happen more frequently.
  - 2. May, but are not required to, be part of the continuous therapeutic milieu.
  - 3. Actively involve staff and clients.
  - 4. Must include one staff who is able to claim psychotherapy as part of their scope of practice, which includes;
    - a. Licensed Clinical Social Workers (LCSWs) and registered associates
    - b. Licensed Marriage and Family Therapists (LMFTs) and registered associates
    - c. Licensed Professional Clinical Counselors (LPCCs) and registered associates
    - d. Licensed Psychologists and registered psychological associates or postdoctoral fellows
    - e. Physicians (including psychiatrists)
    - f. Nurse Practitioners (specifically those with psychiatric-mental health training and within their scope)
- C. Therapeutic milieu:
  - 1. Programs must be continuous except for lunch and short breaks which do not count in the

program time. Documented time of activities must exceed four hours per day for a full-day program. Less than 4 hours per day constitutes a half-day program.

2. Clients are required to be present for all scheduled hours of operation each day, with the exception of “unavoidable absence.” Unavoidable absence is defined as a crisis and/or illness. The unavoidable absence must be documented in the client chart and actions taken to manage the crisis must be included in the note.
- D. On-site crisis response capability.
- E. A structured weekly schedule of activities.
- F. Skill building groups to support young people in accessing multiple types of healing practices that are culturally relevant.
- G. DTI services must also include:
1. Available a minimum of 5 days per week with treatment times and frequency based on needs of clients.
  2. Evidenced based practices, culturally defined practices, and promising practices as part of programing based on specialty population, if applicable.
    - a. For disordered eating/eating disorder specialization, these added requirements must be included:
      - (i) Provide intensive case management and coordination with nutritionists, dietitians, and medical organizations to provide medical and nutritional monitoring, and
      - (ii) Provide intensive case management and referrals to obtain vitals and other lab work as needed for medical monitoring via the client’s primary care services and managed care plan benefits, and
      - (iii) Provide therapeutic interventions through individual, group, and family sessions which incorporate evidenced based practices (ex. cognitive behavioral therapy for eating disorders, dialectical behavioral therapy, family based therapy, and exposure and response prevention.
  3. Collaboration with all systems and partners involved with the young person including having a clear discharge plan to ensure relapse prevention and continued outpatient treatment.
  4. Provide transportation, or resources for transportation, from a referral source to DTI program, if needed.
  5. Remain in good standing on all currently executed contracts.

### **III. Staffing:**

- A. The program must maintain an average staffing ratio of at least one qualified staff member as defined in the CCR Title 9, §1840.350 per eight beneficiaries during program hours.
- B. Staff eligible to provide DTI services include:
  1. Physicians
  2. Nurse Practitioners
  3. Psychologists or related waived/registered professionals
  4. LCSWs/Marriage and Family Therapists (MFTs), LPCC, or related waived/registered professionals

5. Registered Nurses (RNs)
  6. Licensed Vocational Nurses (LVNs)
  7. Psychiatric Technicians
  8. Mental Health Rehabilitation Specialists (MHRS)
  9. Clinical Trainees
  10. Medical Assistants
  11. Other positions covered by the DTI benefit
- C. For programs serving more than 12 clients, staffing must include at least one person from two of the above professional groups.
- D. A California Board Certified Psychiatrist, Child/Adolescent Psychiatrist preferred, must be on staff or under contract.
- E. The program must have a licensed clinical head of service (e.g., Ph.D., LCSW, LMFT, LPCC), a designated quality management staff, and a clinical oversight/supervision manager.

#### **IV. Documentation:**

- A. Have a plan to be in compliance with Department of Health Care Services (DHCS) DTI documentation standards or already provide this level of documentation.
- B. Daily progress notes reviewed and signed by a licensed or waived/registered mental health professional (MD, RN, psychologist, LCSW, LPCC, or MFT).
- C. Daily Progress Notes must document the relevant aspects of client care directly related to:
1. Medical necessity and the included diagnosis.
  2. How the services provided reduced impairment, restored functioning, and/or prevented significant deterioration in an area of life functioning as identified in the client plan goal.
  3. Proof of client encounter, including but not limited to, relevant clinical decisions, when decisions are made, and alternative approaches for future interventions.
  4. Interventions applied and the client's response to those interventions.
  5. Referrals to community resources/other agencies, follow up care, and discharge summaries when relevant.
- D. Verification of Group Attendance:
1. DHCS requires that client participation in groups must be verified and documented.
  2. All programs must comply with this requirement through:
    - a. A Daily Attendance Log for each client per day whereby clients sign-in at arrival time and sign-out at departure time.
    - b. A Group Attendance Log for each group for client to sign-in and out.
    - c. Per HIPPA these logs must not be scanned onto the client chart due to other client names visible to others.
- E. The Child and Adolescent Needs and Strengths (CANS) shall be administered in the following time frames:
1. At opening; must be completed prior to the client plan completion and must be used to

inform the client plan.

2. At 6 months: re-assessment must be completed within the calendar month prior to 6th month.
3. At 12 months: re-assessment must be completed within the calendar month prior to the opening episode month.
4. At Discharge: must be completed prior to closing the case.

F. Unavoidable Absences Documentation Requirements:

1. An unavoidable absence is defined as a crisis and/or illness and is infrequent. Examples may include:
  - a. Family emergency
  - b. Client illness
  - c. Court appearance
  - d. Appointment that cannot be rescheduled (note needs to explain why an appointment cannot be rescheduled). Medical appointments do not meet this criteria unless documented that this was the only available appointment within the treatment timeframe needed.
  - e. Family event (e.g., funeral, wedding)
  - f. Transportation issues
2. Unavoidable Absences must be documented only when the client has attended 50% of the scheduled day but less than a full day.
3. The Unavoidable Absence note must be a stand-alone entry and include:
  - a. Reason for the absence, and
  - b. The total number of minutes/hours of actual attendance.
4. In cases where a client has frequent absences, typically defined as three or more unexcused absences within a 30-day period, it is the responsibility of the program to ensure that the provider re-evaluates the client's continued need for DTI services and takes appropriate clinical action, such as modifying the treatment plan or initiating a referral to a more appropriate level of care.

G. Weekly contact with the family, caregiver, or significant support person for minors, focusing on supporting community reintegration.

H. Community/program meeting documentation should demonstrate that relevant items are discussed. These include, but not limited to:

1. The daily schedule,
2. Current events,
3. Individual issues that clients or staff wish to discuss and elicit support of the group milieu process, and
4. Conflict resolution.

I. Submission of Clinical Documents:

1. By day one (first billed day) an Interim Assessment and Client Plan must be in place.
2. A completed full assessment and full client plan must be in place by day seven (7).

3. Daily Progress Notes are due within one working day of client's day of service/scheduled attendance. After 5 business days, the note is considered "late" and must be documented as such.
- J. Program Documents Required for Auditing:
1. Weekly Schedules
  2. Proof of Staffing Ratios (usually included in the Weekly Schedule and group sign-in sheets)
  3. Crisis Response Protocol
  4. Full Staff List/Roster including:
    - a. Staff names,
    - b. Staff signatures,
    - c. Job Titles and credentials,
    - d. If the program uses staff who have multiple responsibilities (i.e.: as staff of a group home, a school, or another mental health treatment program) there must be documentation of the scope of responsibilities for these staff and the specific times in which DTI activities are being performed exclusively to other activities (what percentage of FTE), and
    - e. MHRS – Include copy of resume to demonstrate proof of experience.
  5. Detailed Weekly Schedule:
    - a. A detailed weekly schedule indicates when and where the service components will be provided and by whom. Must include:
      - (i) Program and milieu staff list,
      - (ii) Staff qualifications/credentials,
      - (iii) Group sub-type,
      - (iv) Group leaders (with backups),
      - (v) Staffing ratios, and
      - (vi) Staff scope of responsibilities.
  6. The weekly schedule must be readily available to clients and, as appropriate, to their families, caregivers, or other significant support persons.
- K. Client Level Documentation Requirements:
1. Daily Progress Notes,
  2. Documentation of total number of minutes or hours attended (must be minimum of 4 hours (excluding lunch and breaks) for full-day and 3 hours (excluding lunch and breaks) for half-day,
  3. Daily Attendance Logs,
  4. Group Attendance Log with name and duration & client's sign-in signature, and
  5. Unavoidable absences.
  6. Compliance with rigorous data collection, reporting, and audits, including use of an electronic health record system.

**V. Population:**

- A. Per the DTI Minimum Qualification Checklist, organizations are required to specify the population(s) they intend to serve. BHS is particularly interested in the provision of developmentally age-appropriate and specialized services for youth experiencing high-acuity symptoms and behaviors who will engage in a structured setting. DTI services will be available for young people who may be struggling with:
1. Suicidal ideation or thoughts of harming others,
  2. Emerging thought disorganization, perceptual disturbances, or fixed unusual beliefs that interfere with daily functioning but do not yet require inpatient care,
  3. Stepping down from a psychiatric hospital or other locked setting, or
  4. Demonstrates minimal ability to regulate behavior with structured support, not currently a danger to others.
- B. Below is an overview of the age groups and specialty programming for which Sacramento County currently has a significant need:
1. Age Groups and Milieus
    - a. DTI Program 1: Children who are developmentally equivalent to, or whose chronological age is between 7 and 11 years old (up to their 12th birthday).
    - b. DTI Program 2: Youth who are developmentally equivalent to, or whose chronological age is 12 through 20 (up to their 21st birthday).
  2. Services must be delivered within distinct milieus tailored to each age group.
- C. Specialty DTI Services/Programming
1. Treatment addressing eating disorders and disordered eating.
  2. Services for youth at high risk for, or currently experiencing, commercial sexual exploitation.
  3. Treatment for co-occurring substance use concerns.
  4. Interventions for young people engaging in high-risk sexual behaviors, including sexual offender behaviors.
- D. Sacramento County is seeking organizations with the capacity and expertise to deliver these targeted services to meet the complex needs of these populations.

**VI. Funding:**

- A. Available annual pool funding to be shared among all contracted providers: \$2,000,000.

Funding Source	Total Available Services Funds for Fiscal Year 2025/2026
Patient Care Revenue (PCR)	\$2,000,000

- B. The provider(s) will be reimbursed based on the following rates per child per day:

Code Description, Time Base	Rate
DTI: Full Day, > = 4.0 hours	\$604
DTI: Half Day, < 4.0 hours	\$402

- C. BHS reserves the right to adjust the contract maximum.
- D. Funds will solely support DTI services for Sacramento County Medi-Cal beneficiaries.

**VII. Minimum Qualifications:**

- A. DTI MQs include the following.
  - 1. Our organization has the capacity and infrastructure to expand and support DTI programming for Sacramento County Medi-Cal beneficiaries, in accordance with Sections II, III, IV, and V of the Behavioral Health Provider Minimum Qualifications narrative.
  - 2. We will become Sacramento County Medi-Cal certified within 60 days of contract execution prior to delivering, billing, or claiming Medi-Cal services.
  - 3. We have, or will recruit, staff to meet DTI staffing requirements, in accordance with CCR Title 9, §1840.350, within 90 days of contract execution to implement DTI services.
  - 4. We will have the technology infrastructure in place, per Sacramento County DHS guidelines <https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/Avatar.aspx> to successfully bill and claim Specialty Mental Health Services, using Sacramento County electronic health record, SmartCare. We will ensure the necessary technological infrastructure is in place and will utilize SmartCare to enter and bill services within 90 days of contract execution.
  - 5. We are aware of the DHCS documentation standards for DTI. We will participate in training, comply with all documentation, reporting, audit requirements, including daily progress notes, weekly clinical summaries, and use of SmartCare, in accordance with Section IV of the Behavioral Health Provider Minimum Qualifications narrative.
  - 6. Our organization is in good standing on all currently executed contracts.
  - 7. We agree to implement the program in accordance with our Program Narrative approved by the county, attach Program Narrative.
  - 8. We agree that once a contract is executed, we will implement DTI services within 90 days of contract execution.

**VIII. Request to Join Open Enrollment Instructions:**

- A. This is an open enrollment; applications will be reviewed on a first-come, first-served basis until funds are fully allocated, or the needs of the designated population are addressed. To participate in this open enrollment:
  - 1. Organizations must complete and submit to [dhs-bhs-procurement@saccounty.gov](mailto:dhs-bhs-procurement@saccounty.gov) a signed Behavioral Health Provider Minimum Qualifications (MQ) Checklist (included below in this document) and program narrative, per the guidelines defined on checklist, demonstrating that they meet all minimum qualifications. Submitting organizations will receive an auto reply message that their submission was received.
  - 2. For questions or support with the application process, email [dhs-bhs-procurement@saccounty.gov](mailto:dhs-bhs-procurement@saccounty.gov).

## Behavioral Health Provider Minimum Qualifications (MQ) Checklist

### *Day Treatment Intensive (DTI) Pool*

Organization Name: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Primary Contact Name and Title: \_\_\_\_\_

Email and Phone: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Day Treatment Intensive Program Address if different than above: \_\_\_\_\_

Medi-Cal Provider Number (if already certified with Sacramento County): \_\_\_\_\_

### Minimum Qualifications

Please check each box below to indicate compliance with minimum qualifications and attach program narrative.

Our organization has the capacity and infrastructure to expand and support DTI programming for Sacramento County Medi-Cal beneficiaries, in accordance with Sections II, III, IV, and V of the Behavioral Health Provider Minimum Qualifications narrative.

We will become Sacramento County Medi-Cal certified within 60 days of contract execution prior to delivering, billing, or claiming Medi-Cal services.

We have, or will recruit, staff to meet DTI staffing requirements, in accordance with CCR Title 9, §1840.350, within 90 days of contract execution to implement DTI services.

We will have the technology infrastructure in place, per Sacramento County DHS guidelines <https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/Avatar.aspx> to successfully bill and claim Specialty Mental Health Services, using Sacramento County electronic health record, SmartCare. We will ensure the necessary technological infrastructure is in place and will utilize SmartCare to enter and bill services within 90 days of contract execution.

We are aware of the DHCS documentation standards for DTI. We will participate in training, comply with all documentation, reporting, audit requirements, including daily progress notes, weekly clinical summaries, use of SmartCare, in accordance with Section IV of the Behavioral Health Provider Minimum Qualifications narrative.

Our organization is in good standing on all currently executed contracts.

We agree to implement the program in accordance with our Program Narrative approved by the county, attach Program Narrative.

We agree that once a contract is executed, we will implement DTI services within 90 days of contract execution.

### Areas of Interest

Please select the age group(s) you are interested in serving within DTI program, check at least 1:

- ☐ Children who are developmentally equivalent to, or whose chronological age is between 7 and 11 years old (up to their 12th birthday).
- ☐ Youth who are developmentally equivalent to, or whose chronological age is 12 through 20 (up to their 21st birthday).



Please indicate your areas of interest for specialty DTI programming (check all that apply, if applicable):

- ☐ Treatment addressing eating disorders and disordered eating.
- ☐ Services for youth at high risk for, or currently experiencing, commercial sexual exploitation.
- ☐ Treatment for co-occurring substance use concerns.
- ☐ Interventions for young people engaging in high-risk sexual behaviors, including sexual offender behaviors.

### Program Narrative

Please provide a narrative (maximum 2 pages, 12pt Times New Roman font, and single spaced) addressing the following:

1. **Areas of Interest:** Please share more about your interest and clinical expertise in working with the “areas of interest” identified above.
2. **Program Model and Services:**
  - a. Outline your DTI program structure, including referral process, core therapeutic activities, daily schedule, and community/program meetings.
  - b. Describe how you will provide assessment, crisis intervention, medication support, peer support, plan development, rehabilitation, therapy, and referral services in accordance with CCR Title 9, §1810.213. This should include evidence-based practices or promising practices your program will incorporate in treatment and programming.
  - c. Explain how you will ensure family, school, and system coordination, including crisis response and discharge planning.
3. **Cultural and Clinical Competence:** Describe how your program will provide culturally relevant, developmentally appropriate, evidence-based or promising practices.
  - a. If proposing specialty services (e.g., eating disorders), detail your approach and partnerships for medical/nutritional monitoring and therapeutic interventions.
4. **Quality Assurance and Compliance:** Explain your plan for documentation, data collection, reporting, and compliance with Sacramento County and DHCS requirements.

### Certification of Accuracy

I hereby certify that the information provided above is true, accurate, and complete to the best of my knowledge. I understand that any falsification or omission may result in denial or revocation of participation in the DTI Pool.

Authorized Representative Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_