Therap Documentation for CFS High Acuity Youth

Account/User Setup

Q: Will new agencies receive communication about a one-on-one session and how will it be set up?

A: Yes. New CPA's will receive communication with instructions for scheduling an individual onboarding session and account setup with Therap.

Q: Will new providers or staff need logins?

A: Yes. The CPA overseeing foster parents/staff will create new user Therap access for as allotted by individual agency processes.

Q: Who is responsible for training providers?

A: The CPA is responsible for training foster parents/staff. The CPA is encouraged to ask Therap logistical and account navigation questions, and CFS documentation questions.

Q: If we already have a Therap account, can we utilize this instance of the platform?

A: All CFS High Acuity youth must be documented within the CFS instance of Therap. Single sign on (SSO) can be enabled for ease of access between instances.

Population

Q: If we are already using Therap for other youth, do we have to start over?

A: Therap documentation requirements begin for services rendered on or after 06/01/2026. Prior historical data can be attached to the youth's record if preferred.

Q: Can we use Therap for all our youth, or just CFS High Acuity?

A: Implementation is limited to CFS High Acuity youth (Assessment Tier, Tier 6, Tier 7 and Tier 8). The only exception is for CFS youth assigned to a Therapeutic Family Care (TFC) Crisis Provider, for program-specific reporting only. Expansion to additional populations require future review and approval.

Q: For CFS-funded DD youth, how will we know which side of Therap to use?

A: If the youth has a DD eligibility determination, the DD instance should be used. Youth referred through the CFS initiative will be referred by the CFS Clinical Coordination teams, which identifies the correct instance for documentation.

Q: What if a CFS High Acuity youth becomes DD-eligible?

A: If an active CFS High Acuity youth becomes DD-eligible, the CFS instance will end after DD has an established assessment to determine the DD level of care. The agency may choose to add historical documentation from the CFS instance to the DD instance. Information will not automatically transfer.

Referrals and Youth Profiles

Q: Do agencies need to load individual demographics themselves?

A: No. Individual demographic information will be automatic, and updated daily. Youth should be visible within 5 business days of placement. If a youth being supported on a High Acuity Tier is not visible, contact the CFS Clinical Coordination team for assistance.

Q: Will new providers or staff be given access to youth?

A: The agency overseeing foster parents/staff will manage caseload assignments and permissions for those users who have access approved, or revoked.

Q: What happens when we stop providing High Acuity services to a youth?

A: If a youth titrates to a lower level of care that is NCR-only, or if the High Acuity youth's placement ends with an agency, the agency is responsible to discharge the youth from their Therap account once all documentation has been entered for the service period.

Q: If a CFS youth is on a High Acuity Tier and assigned to a TFC Crisis Provider at the same agency, do we enter them in one or two programs?

A: The CPA has autonomy to choose a singular program or separate programs based on organization and tracking preferences. Access to youth details should remain specific to the provider/staff assigned, and updated if one or both services end.

Documentation Modules

Q: Which modules are required?

A: ISP *Adaptive Behavior Tracking,* ISP *Maladaptive Behavior Tracking,* Case Note *Adaptive Behavior Report* and *Maladaptive Behaivor Report* are required.

Q: How often is documentation required?

A: *Adaptive and Maladaptive Behavior Trackers* are required monthly, and encouraged weekly. *Adaptive and Maladaptive Behavior Reports* are required for any moderate to severe event, and minimal to mild events are highly encouraged.

- CFS recommends syncing deadlines with ASFC requirements, and encourages documentation to be entered at a higher frequency, such as weekly or more, due to the intensive support and needs for this population.

Q: Do we need to export and submit Therap documentation via email?

A: No. CFS will share Therap documentation internally.

Q: Will the GER, MAR, T-Log or other optional modules be available?

A: General Event Report (GER) and T-Log modules are in all accounts. Medication Administration Record (MAR) is available upon request. Other modules may be added in a future state.

Q: Will agencies be able to create their own ISP programs, or utilize agency-specific forms?

A: CFS-required ISP templates and Case Notes remain the primary requirements. Additional agency-created templates and forms are optional, supplemental tools. These can be included as attachments to the youth's CFS record in Therap.

Q: What other CFS documentation requirements remain?

A: All standard CFS documentation is required per the ASFC contract, including but not limited to the Critical Incident Report. Therap documentation meets requirements of the Letter of Agreement (LOA) contract for the authorized High Acuity Tier service, and is specific to the youth's mental and behavioral health needs.