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| Health Care Agency Behavioral Health Services Policies and Procedures | Section Name: | Care and Treatment |
| | Sub Section: | Referral |
| | Section Number: | 01.01.02 |
| | Policy Status: | <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised |

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| | SIGNATURE | DATE APPROVED |
| Director of Behavioral Health Services | _____ Signature on File | _____ 2/19/19 |

SUBJECT: Presumptive Transfer (AB 1299)

PURPOSE:

To provide children, youth, and non-minors in foster care who are placed outside their counties of original jurisdiction access to Specialty Mental Health Services (SMHS) in a timely manner in compliance with Presumptive Transfer (AB 1299). Presumptive Transfer does not apply to children or youth with Kinship Guardianship Assistance Payment (Kin-GAP) or Adoption Assistance Program (AAP).

POLICY:

Upon Presumptive Transfer to Orange County of a foster child, youth, or non-minor with Medi-Cal residing in Orange County, the Mental Health Plan (MHP) shall assume responsibility for the authorization and provision of SMHS, and the payment for services (Welfare and Institutions Code § 14717.1, subdivision (f)).

SCOPE:

This policy applies to all foster children, youth, or non-minors with Medi-Cal requiring SMHS in Orange County.

REFERENCES:

[All County Letter No. 17-77 \(July 14, 2017\) Mental Health and Substance Use Disorder Services Information Notice Number 17-032 Implementation of Presumptive Transfer for Foster Children Placed Out of County](#)

[Welfare and Institutions Code §14717.1](#)

PROCEDURE:

- I. Children and Youth Behavioral Health (CYBH) receives notification regarding a Presumptive Transfer case through the CYBH single point of contact, posted publically at the Orange County Health Care Agency website, from the placing agency in the county of original jurisdiction.

- II. CYBH assumes responsibility for authorization, provision, and payment of SMHS for a foster child, youth, or non-minor placed in Orange County.
 - A. Referral information is entered into CYBH Presumptive Transfer Spreadsheet. This spreadsheet will be maintained by the designated Presumptive Transfer person in CYBH Administration.
 - B. CYBH determines if the child, youth, or non-minor has already been linked or placed with SMHS County or County Contracted provider in Orange County.
 - C. If the child, youth, or non-minor has not been linked, then CYBH Administration will facilitate linkage to a SMHS County or County Contracted provider by contacting the provider and giving them the necessary information to contact the placing agency and caregiver to generate the referral for SMHS.
 - D. CYBH Administration will inform the placing agency of the County or County Contracted provider's contact information so the placing agency may send the required mental health documentation.
 - E. Within five working days, the County or County Contracted provider will notify CYBH Administration of the scheduled initial intake appointment and the assigned therapist. This information is entered in the CYBH Presumptive Transfer spreadsheet by the CYBH designated Presumptive Transfer person in CYBH Administration.
- III. Services provided are to be consistent with the child, youth, or non-minor's treatment needs and goals as documented in the mental health client/care plan and as determined by the child, youth, or non-minor's Child and Family Team (CFT).
- IV. CYBH is required to accept an assessment, if one exists, of needed SMHS for the foster child, youth, or non-minor from the MHP in the county of original jurisdiction. Nothing should preclude CYBH from updating the assessment or conducting a new assessment if clinically indicated, but these updates or new assessments may not delay the timely provision of SMHS to the child, youth, or non-minor.