

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH**

**CHILDREN, YOUTH, AND FAMILY PROGRAMS  
AB2726 FINANCIAL LIABILITY**

When a referral for AB2726 Assessment is received from a public school district, the Department of Behavioral Health (DBH) at no cost to the client or the client's family will complete an outpatient assessment. However, DBH will request that the family voluntarily provide a copy of current evidence of Medi-Cal for those eligible. DBH will also request authorization to bill any other family health insurance for covered services. The family will not be held responsible for any deductibles or co-payments. If other family members other than the AB2726 client request services they may be liable for certain costs as stated in item #5 on the DBH consent for Outpatient Treatment.

After the AB2726 Assessment is completed, outpatient services will be provided to the client at no cost if DBH, the School and the Parent/Guardian sign an Individualized Education Program (IEP) agreement for such services. DBH will still request Medi-Cal verification and voluntary assignment of any available insurance benefits for such services. If an IEP is not signed for AB2726 services, then item #5 on the DBH Consent for Outpatient Treatment will apply.

**NOTE: SERVICES NOT COVERED:**

**INPATIENT SERVICES** (both public and private), **MEDICATIONS**, **CRISIS INTERVENTIONS**, AND **LABORATORY WORK** ARE NOT COVERED BY AB2726 FUNDS

**AB2726 PARENT/GUARDIAN RIGHTS**

The following rights are assured you as Parent/Guardian when an AB2726 Assessment of your child is conducted by DBH:

1. Receive a written AB2726 Assessment Plan from DBH within 15 calendar days after DBH receives the referral
2. Have your child's AB2726 Assessment conducted by qualified mental health professionals
3. Give written consent for acquisition of confidential information or school background data to be used during the assessment process
4. Have an Expanded IEP scheduled within 50 calendar days, not including school holidays or summer vacation, from the date of your signing of the DBH Assessment Plan
5. Attend the IEP Team Meeting devoted to the discussion of program placement recommendations, and give written consent for all services covered in the IEP (May request interpreter in the language that is most comfortable for the parent/guardian)
6. Have a mental health professional present if the IEP Team recommends a 24-hour out-of-home placement
7. Have the IEP Team consider all possible alternatives to 24-hour out-of-home placement
8. At no cost to parent/guardian, have therapy provided to the child by DBH to enable him/her to benefit from a special education program

You are **required** to speak to a DBH Financial Interviewer in order to enroll your child for DBH services.

**DECLARATION:**

**I have read the above and I am aware of the conditions of my financial liability and my rights. I acknowledge that I have received a copy of this agreement.**

AB2726 Client name: \_\_\_\_\_ sign: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name: \_\_\_\_\_ sign: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ sign: \_\_\_\_\_