



## Services for Children Placed Out-of-County, Foster, and Probationary Youth Procedure

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DocuSigned by:  
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**Purpose** To provide the Department of Behavioral Health (DBH) a process for facilitating the provision of medically necessary Specialty Mental Health Services (SMHS) to children and youth enrolled in foster care who are Medi-Cal beneficiaries and residing outside of their County of Jurisdiction (COJ) by authorizing, documenting, reimbursing and being reimbursed for services. Services provided to dependents and wards with the proper Foster Care Aide Code will be reimbursed in accordance with Title 9, CCR § 1830.220(b)(4)(A) and under the provisions of Assembly Bill (AB) 1299 and AB 1051.

**Authorization to Provide Out-of-County Services** In accordance with AB 1299, foster youth and wards who are placed out of their COJ will require authorization by the placing agency to transfer Medi-Cal to the host county and start SMHS in their County of Residence (COR). The presumptive transfer of Medi-Cal Benefits process will be monitored by Child and Youth Collaborative Services (CYCS); however, CYCS does not have the authority to transfer or prevent the transfer of Medi-Cal. That authority is held by the placing agency. The presumptive transfer process ensures timely conversion of the responsibility for the provision of services, or arrangement and payment for SMHS from the COJ to the COR. Senate bill 785 forms will not be applicable in a presumptive transfer.

In accordance with AB 1051 and Behavioral Health Information Notice (BHIN) 24-025, effective July 1, 2024, the conditions and requirements for presumptive transfer are modified when a child or youth in foster care is placed into certain out-of-county residential settings. In this situation Medi-Cal will not be transferred to the COR.

**San Bernardino County Hosting Foster Children** CYCS will work closely with their out-of-county partner(s) to ensure proper processing of Presumptive Transfer referrals. The Presumptive Transfer process is initiated when a Notice of Presumptive Transfer (NOPT) of Medi-Cal is received.

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# Services for Children Placed Out-of-County, Foster, and Probationary Youth Procedure, Continued

**San Bernardino  
County Hosting  
Foster  
Children,  
continued**

The following table outlines the roles and responsibilities for all parties involved in the presumptive transfer process for minors entering the DBH system of care:

<b>Roles</b>	<b>Responsibilities</b>
CYCS	<ol style="list-style-type: none"> <li>1. Receives the notice of presumptive transfer (NOPT) or notice of waiver (NOW) requests/referrals through one of the following points of entry/contact: <ul style="list-style-type: none"> <li>• Email at <a href="mailto:DBH-AB1299@dbh.sbcounty.gov">DBH-AB1299@dbh.sbcounty.gov</a></li> <li>• Telephone at (909) 387-531</li> <li>• Fax at (909) 771-1127</li> </ul> </li> <li>2. Processes the notice of presumptive transfer or notice of waiver requests in order to provide appropriate and expedited assessments and recommendations for the referred child/youth. <ul style="list-style-type: none"> <li>• NOPT: Provides a copy and any additional information to the identified clinical program.</li> <li>• Waivers from San Bernardino County Placing Agency: Provide a copy and any additional information to current Mental Health Plan (MHP) provider or facilitate access to an assessment.</li> <li>• Waivers from another County: <ul style="list-style-type: none"> <li>○ Review MyAvatar to identify any currently involved MHP providers</li> <li>○ Send email acknowledgment to COJ Placing Agency and include current providers, if any.</li> </ul> </li> </ul> </li> <li>3. AB1299 Urgent Referrals <ul style="list-style-type: none"> <li>• Urgent referrals received by AB1299 unit are assigned to a case manager;</li> <li>• AB1299 case manager will review information provided on urgent/expedited referrals assigned;</li> <li>• AB1299 case manager will contact client/caregiver/social worker/probation officer to complete screening to assess for reason for urgent/expedited referral within <b>48 hours</b> of receipt of referral;</li> <li>• Typical indicators of urgent need are <ul style="list-style-type: none"> <li>○ High reports of behavioral or emotional issues on Pediatric Symptom Checklist 35 (PSC-35);</li> <li>○ Current danger to self or others;</li> <li>○ Individuals at risk for losing placement;</li> <li>○ Frequent placement changes due to behavioral problems or a recent hospitalization.</li> </ul> </li> </ul> </li> </ol>

**San Bernardino  
County Hosting  
Foster  
Children,  
continued**

	<b>Important Notices:</b> <ul style="list-style-type: none"> <li>If a client has any indicators noted above, or any others that are not listed but urgent needs are evident, an AB1299 clinician will be assigned to the client.</li> </ul>
<b>Roles</b>	<b>Responsibilities</b>
CYCS, continued	<ul style="list-style-type: none"> <li>When CYCS receives an urgent referral, the transfer procedure will be expedited to within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.</li> <li>When the county of original jurisdiction has completed an assessment of needed services for a foster/probation child or youth, CYCS will accept that assessment.</li> </ul>
DBH Service Provider	<ol style="list-style-type: none"> <li>Obtain a completed Authorization of Release of Protected Health Information (PHI) (COM001) to ensure that DBH may provide information regarding services to the child welfare agency in the COJ.</li> </ol> <p><b>Note:</b> This authorization is not required to conduct the assessment and should not delay the provision of services.</p> <ol style="list-style-type: none"> <li>Conduct a clinical assessment (unless one has completed by the original county of jurisdiction, in such a case, this assessment will be used), complete all departmental documentation, and proceed with planning and providing services as appropriate.</li> <li>Complete all documentation within the timeline consistent with DBH documentation requirements.</li> <li>Communicate with the placing agency in a consistent manner, which may include participating in Child and Family Team Meetings and providing copies of medical records as appropriate.</li> </ol>

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# Services for Children Placed Out-of-County, Foster, and Probationary Youth Procedure, Continued

## San Bernardino County Foster Youth placed Out-of-County

In accordance with ACL 24-43 (aka, BHIN 24-025) the placing agency shall notify the County Mental Health Plan that shall be responsible for SMHS prior to, or within three (3) business days of, the placement into a Community Treatment Facility (CTF), Group Home (GH), Short Term Therapeutic Program (STRTP), or Children's Crisis Residential Program (CCRP). For San Bernardino County, this notice is to be sent to CYCS.

The following table outlines the roles and responsibilities for all parties involved in arrangement of SMHS within thirty (30) days for a child or youth enrolled in foster care, placed in one of the specific residential facilities, and will not have their Medi-Cal transferred to the COR:

Roles	Responsibilities
CYCS	<ol style="list-style-type: none"> <li>1. Receives the notice of placement through one of the following points of entry/contact: <ul style="list-style-type: none"> <li>• Email at <a href="mailto:DBH-AB1299@dbh.sbcounty.gov">DBH-AB1299@dbh.sbcounty.gov</a></li> <li>• Telephone at (909) 387-5316</li> <li>• Fax at (909) 771-1127</li> </ul> </li> <li>2. Processes the notice of placement in order to provide appropriate actions to ensure SMHS. Options include: <ul style="list-style-type: none"> <li>• When residential program is a Children Residential Intensive Services (ChRIS) contractor, ensure youth is enrolled and provided SMHS.</li> <li>• When residential program is not a current ChRIS contractor, then contact the provider and initiate the creation of new contract for SMHS. This includes: <ul style="list-style-type: none"> <li>○ Providing an application to residential program ;</li> <li>○ Following up with placing agency as needed to engage provider in process;</li> <li>○ Assist in the review and processing of the application with the DBH Contracts Development Unit (CDU) and DBH Fiscal Unit – Provider Support;</li> <li>○ Assist in the Medi-Cal certification process and onboarding as a ChRIS provider, and</li> <li>○ Providing ongoing support as a ChRIS provider.</li> </ul> </li> </ul> </li> </ol>
DBH Fiscal Unit – Provider Support	<ol style="list-style-type: none"> <li>1. Assist in the processing of the application by: <ul style="list-style-type: none"> <li>• Concurrently reviewing fiscal information within application, and</li> <li>• Assisting the provider as needed to clarify and complete application to ensure an accurate evaluation.</li> </ul> </li> </ol>

# Services for Children Placed Out-of-County, Foster, and Probationary Youth Procedure, Continued

## San Bernardino County Foster Youth placed Out-of-County, continued

DBH – Contracts Development Unit	<ol style="list-style-type: none"><li>1. Assist in the processing of the application by:<ul style="list-style-type: none"><li>• Overseeing the formal process of the application process;</li><li>• Completion of all contract development requirements (e.g., creation of formal contract, development of recommendation memo, arranging negotiation meeting, etc.), and</li><li>• Finalizing ChRIS contract with provider.</li></ul></li></ol>
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If the provider refused to enter into a contract with DBH, then CYCS will consult with placing agency regarding alternative placement options. If placement with a provider who refuses to enter into a contract with DBH is essential, then CYCS will contact COR Mental Health Plan and seek to arrange to reimburse them for the cost of provision of SMHS.

## Waiver Requests

The foster youth, the person or agency responsible for making mental health care decisions on behalf of the foster youth, the agency with responsibility for the care and placement of the foster youth, or the attorney for the foster child may request a waiver. Once a waiver request is made, the presumptive transfer is on hold pending the final decision by the placing agency or court. The placing agency must submit the waiver within seven (7) calendar days of the placing agency's determination of where the foster child will be placed out of the county.

The waiver request must include, at a minimum the following information:

- Name of the foster youth;
- Name and contact information of the requestor and their legal relationship to the foster youth, and
- A brief description of which exception(s) is/are believed to apply to waive the presumptive transfer.

## Presumptive Transfer Waiver

A processed waiver based on an exception to presumptive transfer shall be contingent upon the COJ demonstrating at least one the following conditions:

- Determination the transfer would interfere with family reunification efforts documented in the individual care plan;
- Determination the transfer would interfere with family reunification efforts documented in the individual care plan;
- The foster child's placement in a county other than the COJ is expected to last less than six months;

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# Services for Children Placed Out-of-County, Foster, and Probationary Youth Procedure, Continued

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## **Presumptive Transfer Waiver, continued**

- The foster child's residence is within 30 minutes of travel time to his or her established specialty mental health care provider in the county of original jurisdiction;
- An existing contract with a Specialty Mental Health Services (SMHS) provider, or
- The ability to enter a contract with an SMHS provider within 30 days of the waiver decision and the ability to deliver timely SMHS directly to dependents and wards.

The placing agency is responsible for communicating the decision to waive presumptive transfer to all relevant parties. In accordance with AB 1051, when a child or youth enrolled in foster care is placed outside of their COJ and into a specific type of residential program their Medi-Cal is not transferred to the COR unless specific conditions are met. When the Medi-Cal is not transferred to the COR, then CYCS staff shall work with their counterparts in the other county and with providers to ensure SMHS are arranged.

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## **Related Policies and Procedures**

### [DBH Standard Practice Manual and Departmental Forms:](#)

- [Financial Interviewer Procedure \(CHD0308\)](#)
- [Services for Children Placed Out-of-County Policy \(CHD0311\)](#)
- [Services for Children Placed Out-of-County, Adoption Assistance Program \(AAP\) and Kinship Guardianship Assistance Payment \(KinGAP\) Procedure \(CHD0311-2\)](#)

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## **References**

[Assembly Bill 1299 Medi-Cal Specialty Mental Health Services: Foster Children \(2015-2016\)](#)  
[Assembly Bill 1051 Medi-Cal Specialty Mental Health Services: Foster Children \(2021-2022\)](#)  
[California Code of Regulations \(CCR\), Title 9, 1830.220 \(b\)\(4\)\(A\)](#)  
[California Department of Health Care Services \(DHCS\), Behavioral Health Information Notice \(BHIN\) No. 24-025](#)  
[Mental Health and Substance Use Disorder Services \(MHSUDS\) Information Notice No.17-032](#)  
[Senate Bill 785 Foster Children: Mental Health Services \(2007-2008\)](#)  
[Welfare and Institutions \(W&I\) Code Transition of Community-Based Medi-Cal Mental Health Sections 14714, 14717.1, 14717.2, 14717.25, and 14717.26](#)

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