



## Services for Children Placed Out-of-County Policy

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DocuSigned by:  
*Dr. Georgina Yoshioka*  
7DF8077EFA674B2  
Georgina Yoshioka, DSW, MBA, LCSW, Director

**Policy** It is the policy of the Department of Behavioral Health (DBH), to provide timely and effective provision of, and payment for, medically necessary Specialty Mental Health Services (SMHS) to Medi-Cal beneficiaries placed or residing outside of their counties of jurisdiction in accordance with Senate Bill (SB) 785, Assembly Bill (AB) 1299, and AB 1051.

**Purpose** The purpose of this policy is to outline requirements for Department of Behavioral Health (DBH), DBH Contracted Agencies and Fee-For-Service (FFS) providers to facilitate the provision of medically necessary SMHS Medi-Cal beneficiaries who are placed or residing outside their county of jurisdiction and have an aide code as follows: Adoption Assistance Program (AAP), or the Kinship Guardianship Assistance Payment Program (KinGAP), or Foster Care. Services provided to AAP or KinGAP beneficiaries will be reimbursed in accordance with Title 9, CCR Section 1830.220(b)(4)(A). Responsibility for the authorization, provision, and payment to San Bernardino County DBH for SMHS for all other foster youth and wards is determined through notification of a Presumptive transfer or notification of a Waiver of Presumptive Transfer.

**Definitions** **Adoption Assistance Program (AAP):** The assistance Program through California Department of Social Services for children and youth adopted through county programs.

**Children's Residential Intensive Services (ChRIS):** A DBH contracted program in which agencies operating a residential facility may be contracted for the provision of Specialty Mental Health Services (SMHS). The ChRIS contract is unique in that the DBH Director is authorized to enroll new providers without seeking additional approval from the Board of Supervisors. Additionally, it is an aggregate contract with an ongoing application process that is structured to allow the addition of a new provider within thirty (30) days.

**County of Jurisdiction or County of Responsibility (COJ):** The county of origin or where legal jurisdiction has been established and/or has financial responsibility for the foster youth and wards.

**County of Residence (COR) (aka, Host County):** The county where the child or youth is living when the child or youth is not living in the County of Jurisdiction.

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### Definition(s), continued

**Foster Care:** The assistance program operated by California Department of Social Services for foster youth or wards enrolled in foster care.

- Operationally defined as foster youth or wards with a Medi-Cal aid code identified as a Foster Care aid code, or a known dependent with any type of Medi-Cal aid code.

**Kinship Guardianship Assistance Payment Program (KinGAP):** The assistance program operated by California Department of Social Services for foster youth and wards exiting the juvenile court dependency system and being placed with a legal guardian who is a relative.

**Medi-Cal Eligibility Data System (MEDS):** The state-wide computerized tracking system in which salient information, including the county of responsibility and aid code, is maintained for all Medi-Cal beneficiaries.

**Mental Health Plan (MHP):** The state agreement through which the county operates to provide and/or facilitate mental health services for Medi-Cal Beneficiaries.

**Placing Agency:** The agency within the COJ that has authority over the placement of the child or youth. This is either the county child welfare agency or the county probation agency, both of which are under authority of the courts within the COJ.

**Presumptive Transfer of Medi-Cal:** The timely transfer of the responsibility for the provision or arrangement of services, including payment for SMHS, from the County of Original Jurisdiction (COJ) to the county of residence.

**Waiver of Presumptive Transfer:** The decision to not have the Medi-Cal benefit transfer to the county of residence. The decision to waive this transfer may be made by the Child Welfare Social Worker or the Probation Officer in the original jurisdiction. The decision to waive presumptive transfer should include involvement of the foster youth or ward, the parent or guardian, the Child and Family Team (CFT) members, and be done in consultation with other professionals who serve the child or youth, as appropriate.

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### Medi-Cal Aid Codes

The Medi-Cal aid codes applicable to this policy are those related to AAP and KinGAP, as follows:

- 03: Adoption Assistance Program (AAP), Federal Financial Participation (FFP). A cash grant program to facilitate the adoption of hard-to-place foster youth or wards who would require permanent foster care placement without such assistance.

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## Services for Children Placed Out-of-County Policy, Continued

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### Medi-Cal Aid Codes, continued

- **04:** Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers cash grant foster youth or wards receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
- **06:** AAP Child. Covers foster youth or wards receiving federal AAP subsidies from out of state. Provides for Continuous Eligibility for Children (CEC) when foster youth or ward is no longer eligible under AAP prior to his/her 18<sup>th</sup> birthday.
- **07:** Title IV-E Extended AAP/FFP Medi-Cal. AAP Federal: A grant program to facilitate the adoptive placement of hard-to-place non-minors, whose initial AAP payment occurred on or after age 16 and are over age 18 but under age 21, who require Foster Care placement without such assistance and are participating in one of five employment or education conditions and retain jurisdiction eligibility for benefits.
- **4A:** Adoption Assistance Program (AAP). Program for AAP foster youth or wards for whom there is a state-only AAP agreement between any state other than California and the adoptive parent(s).
- **4F:** Kinship Guardian Assistance Payment (KinGAP). Federal program for foster youth or wards in placement with relative receiving cash assistance.
- **4G:** KinGAP State only program for children in placement with relative receiving cash assistance.
- **4S:** KinGAP Title IV-E Federal Case and Medi-Cal.
- **4T:** Title IV-E Extended for Non-Minor Dependent KinGAP/FFP Medi-Cal.
- **4W:** State Extended NMC KinGAP/FFP Medi-Cal.

The Medi-Cal aid codes applicable to this policy are those related to Foster Children, as follows:

- **4H:** Foster Care children in CalWORKs.
- **4L:** Foster Care Children in Section 1931(b).
- **4N:** CalWORKs FC State Case Aid/FFP Medi-Cal

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## Services for Children Placed Out-of-County Policy, Continued

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### Medi-Cal Aid Codes, continued

- **40:** AFDC-FC/Non-Fed (State FC). Provides financial assistance for children in need of substitute parenting who have been placed in foster care.
- **42:** AFDC-FC/Fed (FFP): Provides financial assistance for foster youth or wards in need of substitute parenting who have been placed in foster care.
- **43:** State Extended Foster Care/FFP Medi-Cal. AFDC-FC State: Covers non-minor dependents (NMDs), age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for state-only Foster Care placement.
- **46:** Interstate Compact on the Placement of Children – Child. Covers foster youth or wards placed in California from another state. Provides eligibility for CEC in the event the foster youth or ward is no longer eligible under FC prior to his/her 18th birthday.
- **49:** AFDC-FD Title IV-E/Federal Cash and Medi-Cal.
- **5K:** Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.

**Note:** A known foster youth with any Medi-Cal aid code should be served through this procedure.

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### Conditions of Presumptive Transfer

In accordance with California Department of Health Care Services (DHCS) Mental Health and Substance Use Disorders Information Notice No. 17-032 [aka, All County Letter (ACL) 17-77] effective July 1, 2017, San Bernardino County will assume the authorization, provision, and payment for out-of-county foster youth and wards under the following conditions:

Condition	Description
A	Any foster youth or ward placed in San Bernardino County by a placing agency outside the county on or after July 1, 2017.
B	Any out-of-county foster youth or ward residing in San Bernardino County after June 30, 2017, and not receiving SMHS consistent with his or her mental health needs as specified in the child's client plan.

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## Services for Children Placed Out-of-County Policy, Continued

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### Conditions of Presumptive Transfer, continued

C	Any foster youth or ward who continues to reside in San Bernardino County after December 31, 2017, must be transferred to San Bernardino County no later than the child's first regularly scheduled status review hearing conducted pursuant to Welfare and Institutions Code Section 366 in the 2018 calendar year unless there is an established waiver.
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In accordance with Behavioral Health Information Notice No. 24-025, effective July 1, 2024, San Bernardino County will follow the modified conditions and requirements for presumptive transfer when a child or youth in foster care is placed into certain out-of-county residential settings. When a San Bernardino County Foster Youth is placed outside of their county of original jurisdiction into a community treatment facility (CTF), group home (GH), short-term residential therapeutic program (STRTP), or a children's crisis residential program (CCRP), the responsibility to provide or arrange and pay for Specialty Mental Health Services (SMHS) shall remain with DBH unless the placing agency decides specific circumstances warrant the transfer of Medi-Cal to the COR.

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### Waiver of Presumptive Transfer

For Foster Youth placed outside of their original jurisdiction county into a setting other than a CTF, GH, STRTP, or CCRP, a request for a waiver of presumptive transfer may be made by the foster youth or ward, the person or agency responsible for making the mental health care decision on behalf of the foster youth or ward, the county probation agency, the child welfare services agency with responsibility for the care and placement of the foster youth or ward, or the foster youth or ward's attorney.

The placing agency may decide to waive presumptive transfer on an individual, case-by-case basis only if one (1) or more of the six (6) exceptions exist:

- It is determined the transfer would disrupt the continuity of care or delay access to services provided to the foster child;
- It is determined 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;
- 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 exists with a Specialty Mental Health Services (SMHS) provider, or

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## Services for Children Placed Out-of-County Policy, Continued

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### Waiver of Presumptive Transfer, continued

- The COJ has the ability to enter into a contract with an SMHS provider within 30 days of the waiver decision or the ability to deliver timely SMHS directly to dependents and wards.

A waiver based on an exception to presumptive transfer shall be contingent upon MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract with a SMHS provider within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster youth or ward. Such information may be obtained by the placing agency verbally or in writing from the MHP in the county of original jurisdiction. That information shall be documented in the foster youth or ward's case plan.

For Foster Youth placed outside of their original jurisdiction county into a CTF, GH, STRTP, or CCRP, the transfer of Medi-Cal will not occur unless the placing agency determines either of the following circumstances exist:

- The child or youth's case plan specifies that the child or youth will transition to a less restrictive placement in the same county as the facility in which the child has been placed; or
- The placing agency determines, as informed by the Child and Family Team (CFT) that the child or youth will be negative impacted if responsibility for providing or arranging for SMHS is not transferred to the COR.

**Note:** Presumptive transfer process specifics are outlined in CHD0311-1: Services for Children Placed Out-of-County, Foster and Probationary Youth Procedure.

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### Related Policy or Procedure

#### [DBH Standard Practice Manual:](#)

- [Services for Children Placed Out-of-County, Foster and Probationary Youth Procedure \(CHD0311-1\)](#)
- [Services for Children Placed Out-of-County, Adoption Assistance Program \(AAP\) and Kinship Guardianship Assistance Payment \(KinGAP\) Procedure \(CHD0311-2\)](#)

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### Reference(s)

[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](#)

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## Services for Children Placed Out-of-County Policy, Continued

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**Reference(s),**  
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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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