

 <p style="text-align: center;"><b>County of Sacramento Department of Health Services Division of Behavioral Health Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>QM</b>
	Policy Number	<b>QM-02-04</b>
	Effective Date	<b>12-01-2020</b>
	Revision Date	
Title:	Functional Area:	
<b>Presumptive Transfer (Assembly Bill 1299)</b>	<b>Coverage and Authorization</b>	
Approved By: (Signature on File) <b>Signed version available upon request</b>		
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**Background/Context:**

In compliance with Assembly Bill 1299 (AB1299) Presumptive Transfer (PT) legislation, this policy ensures that all Medi-Cal eligible children, youth, and non-minor dependents (under the age of 21) in foster care who are placed outside of their counties of original jurisdiction receive timely access to Specialty Mental Health Services (SMHS) consistent with their individual strengths and needs, and Medi-Cal’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements in accordance with CCR §1830.220(b)(4)(A).

Presumptive transfer means a prompt transfer of the responsibility for the authorization, provision of, or arranging and payment for SMHS from the county of original jurisdiction to the county in which the foster child resides. Discussions regarding presumptive transfer should occur with the child and his or her caregiver, with the Child and Family Team (CFT) members, and in consultation with other professionals who serve the child or youth, as appropriate. Placing agencies (Child Welfare or Probation) are responsible for the informing of presumptive transfer requirements under Assembly Bill (AB 1299) to the foster child, the person or agency responsible for making mental health decisions on the behalf of the foster child, and the child’s attorney. This information should include descriptions of exceptions, the option to request a waiver of Presumptive Transfer (if an exception exists), and how to make such a request to the placing agency. Placing agencies are responsible for submitting an official notification of AB 1299 status to the MHP of the foster child’s county of residence. Upon presumptive transfer, the MHP in the county in which the foster child resides shall assume responsibility for the authorization and provision of SMHS, and the payment for services (Welfare and Institutions Code § 14717.1, subdivision (f)).

Accessing specialty mental health services in a timely manner through the PT process cannot be delayed or require the transfer of funds between counties. California Mental Health Services Authority (CalMHSA) is working with counties to analyze the use of

CalMHSA as a fiscal agent to more efficiently and cost-effectively process payments between counties.

**Definitions:**

**Beneficiary Review:** Ensures the beneficiary is associated with the County of Jurisdiction and services rendered by the county of residence are in alignment with medical necessity/patient's diagnoses.

**CalMHSA Review:** Final review from CalMHSA, prior to payment to the Host County.

**Child and Family Team (CFT):** A group of individuals that includes the child or youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth and family's success. The CFT shares responsibility to assess, plan, intervene, monitor and refine services and supports provided in the least restrictive setting.

**County of Jurisdiction:** County in which a child or youth is under court ordered dependency/wardship through the child welfare or juvenile probation system.

**County of Residence (Host County):** County in which a foster child/youth resides.

**Department of Child, Family and Adult Services (DCFAS):** The department in which Child Protective Services operates.

**Mental Health Plan (MHP):** County mental health agency.

**Non-Minor Dependent (NMD):** A status under AB 12. A foster youth between the ages of 18 to 21.

**Placing Agency:** County child welfare or juvenile probation agency responsible for the care and placement of a child or youth.

**Presumptive Transfer:** A prompt transfer of the responsibility for the provision of, arrangement, and payment for Specialty Mental Health Services (SMHS) from the county of-jurisdiction to the county of residence.

**Sacramento County Access Team (Access):** Links Medi-Cal Beneficiaries to culturally and linguistically competent, recovery-focused mental health services in the Mental Health Plan.

**Specialty Mental Health Services (SMHS):** A category of mental health services provided to Medi-Cal beneficiaries, including, but not limited to, outpatient and inpatient services.

**Waiver of Presumptive Transfer:** Maintains responsibility for the authorization, provision, and payment of SMHS with the Mental Health Plan of the county of jurisdiction for a foster child, youth, or NMD who is placed in another county.

**Purpose:**

The purpose of this policy is to provide guidelines, explain requirements and procedures for timely provision of SMHS, MHP notification and provision of services to children who are presumptively transferred or waived. In accordance with AB 1299, Sacramento County Behavioral Health point of contact information is posted on the [BHS website](#). Access receives presumptive transfer notification from other counties that place foster youth in Sacramento County and receives both Notices of Presumptive Transfers or Notices of Waivers of Presumptive Transfer from Sacramento County placing agencies. All notices with completed demographic information are processed as a service request, and tracked in the county electronic health record (Avatar).

This policy will also outline the process to use the CalMHSA 1299 portal for reimbursement and payments between county Mental Health Plans. Sacramento County MHP entered into a contract with CalMHSA as of July 24, 2018 to facilitate reciprocal payments with other counties.

**Details:****I. Referral Process for Out of County Foster Youth Placed in Sacramento County as a Presumptive Transfer to the Sacramento County MHP:**

1. The placing agency (Child Welfare or Probation) shall notify the county Mental Health Plan (MHP) where the foster child resides within 3-business days of presumptive transfer decisions and ensure that the foster child's residence address is updated in the Medi-Cal Eligibility Data System (MEDS) within 2-business days of making the determination.
  - a. This notification is sent to [1299-SacramentoMHP@saccounty.net](mailto:1299-SacramentoMHP@saccounty.net) mailbox and shall include the following information:
    - i. Identifying information about the child: name, date of birth, and address;
    - ii. Name, location, and contact information of the referring placing agency;
    - iii. Name and contact information of who can sign releases of information;
    - iv. Name and contact information of who can sign consents;
    - v. The most recent consent for services, and consent for medication, including the JV-220 or an arrangement to have them sent to the MHP; and
    - vi. The most recent mental health records, including the most recent mental health assessment or an arrangement to have them sent to

the MHP. Nothing should preclude the MHP of residence from updating the assessment or conducting a new assessment if clinically indicated, but these updates or new assessments may not delay the provision of SMHS to the child.

- b. Legal custody of out of county foster children and youth remains with the county of jurisdiction, including the JV220 application process for psychotropic medications, if applicable.
  - c. The following are not covered under AB 1299:
    - i. Adopted or Kin-Gap placement children/youth from another county.
    - ii. Children and Youth who are in Family Maintenance (FM) and living with a parent.
    - iii. Children and Youth Living with a non-relative Legal Guardianship (LG) placement.
2. Sacramento County Access (Access) receives official notification of AB 1299 status (PT or Waiver of PT) via the [1299-SacramentoMHP@saccounty.net](mailto:1299-SacramentoMHP@saccounty.net) mailbox and creates an Avatar chart, where the documentation will be uploaded, and creates a service request in coordination with the listed caregiver and/or placing agency. An exception is to be made in situations when that foster child is in imminent danger to themselves or others or is experiencing an emergency psychiatric condition. In addition, a caregiver or placing agency may be notified after a linkage to a mental health provider is made.
- a. If additional information is needed to determine medical necessity, Access will request additional information and make a determination within 14 working days of receipt of additional information or 10 calendar days of receipt of original request, whichever is less.
  - b. Once Access has determined that the documentation and service request are requesting SMHS through the Sacramento County MHP through a Notice of Presumptive Transfer, then the client will be offered an over the phone assessment to verify medical necessity including functional impairment, safety assessment, and link to the Sacramento County MHP.
  - c. The Access Team will process service requests for foster children or youth who are in imminent danger to themselves or others, experiencing an emergency psychiatric condition, or other immediate mental health need, by close of business same day, without prior authorization.
  - d. Access Team will process service requests from placing agencies for foster children placed outside of their county of original jurisdiction who are not in imminent danger to themselves or others, experiencing an emergency

psychiatric condition, or other immediate mental health need within 48 hours of receipt.

- e. If the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP in the county in which the foster child resides shall accept that assessment. The Access Team will review that current assessment with the caregiver to verify continued medical necessity including functional impairment for specialty mental health services, and link to the MHP.
- f. Access will complete the admission form in the client's chart in Avatar. Fast financial, and managed care forms will be utilized for time limited authorizations only (see MH Access 02-04 Authorization Requests policy and procedure for specialty mental health service types that are time limited or aid codes that are associated with SB 785).
- g. If a Notice of Waiver is received from another county to Sacramento County, Access will upload the documentation in the client's Avatar chart.
- h. Access will upload the Notice of Presumptive Transfer or Notice of Waiver into the client's chart and attach to the Sacramento County Mental Health Plan Provider's episode.
- i. Access will complete the "Special Population Tracking" Form in Avatar, a mechanism to log PT's. This information can be found via running the *Special Population Census Report* in Avatar.
- j. After a service request has been processed for a Presumptive Transfer or Notice of Waiver, Access will call the sender of the Presumptive Transfer or Notice of Waiver and inform them of the disposition of the service request.

II: Referral Process for Sacramento County Foster Youth Placed Outside of Sacramento County as a Presumptive Transfer to an Out of County MHP:

1. The placing agency (DCFAS or Probation) AB1299 Presumptive Transfer designee would discuss and inform the CFT as well as refer to the MHP of the county of residence with consents and authorization forms for SMHS for children, youth, and NMDs ages 0-21.
  - a. The placing agency AB 1299 Presumptive Transfer designee shall notify the [1299-SacramentoMHP@sacounty.net](mailto:1299-SacramentoMHP@sacounty.net) mailbox to inform of the PT or Waiver of the PT for the child, youth or NMD.
  - b. All parties (including DCFAS and Probation) must comply with Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements and all applicable Federal and State regulations enacted by HIPAA when making

Presumptive Transfers, providing notifications and requesting information regarding the foster child per [MHSUDS IN NO. 17-032](#).

2. Access receives official notification of AB 1299 status (PT. Access will take documentation for the notification of AB 1299 status (PT or Waiver of PT) from the [1299-SacramentoMHP@sacounty.net](mailto:1299-SacramentoMHP@sacounty.net) mailbox and create an Avatar chart, where the documentation will be uploaded, and create a service request in coordination with the listed caregiver and/or placing agency.
  - a. If additional information is needed to determine medical necessity, Access will request additional information and make determination within 10 working days of receipt of additional information or 14 calendar days of receipt of original request, whichever is less.
  - b. Once Access has determined that the documentation and service request are for a request for SMHS through the Sacramento County MHP through a Notice of Presumptive Transfer, then Access will outreach and engage the listed caregiver or client to offer an over the phone assessment to verify medical necessity including functional impairment, safety assessment, and link to the Sacramento County MHP without delay.
  - c. Access will complete the admission form in the client's chart in Avatar. Fast financial, and managed care forms will be utilized for time limited authorizations only (see MH Access 02-04 Authorization Requests policy and procedure for specialty mental health service types that are time limited or aid codes that are associated with SB 785).
  - d. Access will upload the Notice of Presumptive Transfer or Notice of Waiver into the Sacramento County Mental Health Plan provider's episode or Access Team episode.
  - e. Access will complete the "Special Population Tracking" Form in Avatar, a mechanism to log PT's. This information can be found via running the Special Population Census Report in Avatar.
  - f. Access upon completion of a Presumptive Transfer or Notice of Waiver, will call the sender of the Presumptive Transfer or Notice of Waiver and inform them of the disposition of the service request.
3. Access will take documentation for the notification of AB 1299 status (Waiver of PT) from the [1299-SacramentoMHP@sacounty.net](mailto:1299-SacramentoMHP@sacounty.net) mailbox and create an Avatar chart, where the documentation will be uploaded, and create a service request in coordination with the listed caregiver and/or placing agency.
  - a. Access will complete the admission form in the Access Episode in the client's chart in Avatar.

- b. Access will upload the Notice of Presumptive Transfer or Notice of Waiver into the Sacramento County Mental Health Plan provider's episode or Access Team episode.
- c. Access will disposition of the service request to be "Completed."

### III. Exception to a Presumptive Transfer (Waiver)

1. Presumptive transfer may be waived by the placing agency and therefore the responsibility for authorization, provision of, or arranging and payment for SMHS would remain with the county of original jurisdiction; only if all of the following conditions are met:

- a. An individualized determination has been made that an exception outlined in statute applies (Welfare and Institutions Code § 14717.1 (b) 2(A)), and
- b. A demonstration that the MHP in the county of original jurisdiction can contract and provide services within 30 days.

2. The placing agency may decide to waive presumptive transfer on an individual or case-by-case basis only if one or more of the four exceptions listed below exists. The waiver decision must be documented in the Child's Case Plan, CFT Meeting Minutes and communication to all other members of the CFT.

- a. It is determined the transfer would disrupt continuity of care or delay access to services provided to the foster child/nonminor.
- b. It is determined the transfer would interfere with family reunification efforts documented in the individual case plan.
- c. The foster child/nonminor's placement in a county other than the county of original jurisdiction is expected to last less than six months.
- d. The foster child/nonminor's residence is within 30 minutes of travel time to their established specialty mental health care provider in the county of original jurisdiction.

3. If a Sacramento County placing agency notifies the [1299-SacramentoMHP@sacounty.net](mailto:1299-SacramentoMHP@sacounty.net) of a Waiver of PT for a foster child, youth, or NMD living out of the county, Sacramento County shall maintain responsibility for SMHS while that child, youth or NMD is placed out of the county. A waiver processed based on exception to presumptive transfer shall be contingent upon Sacramento County MHP demonstrating an existing contract with a SMHS provider, or the ability to deliver timely SMHS directly to the foster child. The availability of an existing contracted service or ability to contract and provide services within 30 days shall be directly communicated by the assigned Contract Monitor to the placing agency AB1299 PT point of contact.

- a. For Notice of Waivers, Access will coordinate with Sacramento County Behavioral Health Contract Monitors and the Sacramento County placing agency to link the youth who resides in another county to a Sacramento County MHP contracted provider if clinically appropriate.

- i. Resource mailboxes in Sacramento County are:

1. DCFAS at: DCFAS-PresumptiveTransfer@saccounty.net
2. Probation at: quickm@saccounty.net.

#### IV. CalMHSA Portal and County Roles

1. In order to obtain access to the CalMHSA portal, staff must complete the [Inter-Member Transfer-Authorization Statement](#) and submit to CalMHSA for approval. There are five roles in the CalMHSA portal.
  - a. Administrative/Other Staff Access – This staff person is identified as the individual who will be creating invoices in the portal for services provided to a youth from another jurisdiction. This also known as the County Administrator.
  - b. Director or Other Staff Access – This individual will be prompted when an invoice has been created by the above individual and waiting for their review, approval and submittal. This is also known as the County Initial Reviewer.
  - c. Clinical Staff Access – This staff person is identified as the individual who will verify the youth receiving services from another jurisdiction. This is also known as the Beneficiary Reviewer.
  - d. Fiscal Staff Access – This staff person is identified as the individual who will verify the services/Form 835 Info./Payments to Receiving County for youth who received services. This is also known as the Fiscal Reviewer.
  - e. Final Approval Staff – This staff person is the final authority for approval of confirming the fund transfer. Upon that approval CalMHSA is notified to perform a fund transfer. This is also known as the County Final Reviewer.

#### V. CalMHSA Presumptive Transfer Invoicing Process when Sacramento County is the County of Residence and serving Foster Children placed from another county

1. The County Administrator is responsible for creating outgoing invoices to be submitted to the counties of jurisdiction and sends QM a request to review the clinical documentation within the MHP Provider's Episode. QM receives the following information:
  - a. Client Name
  - b. Date of Birth
  - c. Avatar ID
  - d. Provider Name
  - e. Service Period Start & End Dates
2. Review by QM staff to justify the integrity of the services that will be invoiced through the CalMHSA 1299 portal.
3. QM notifies the designated County Final Reviewer whether services are allowed or disallowed along with rational for the decision and provides copies of the clinical



documentation that was reviewed to support the integrity of submitting an invoice through the CalMHSA 1299 portal.

4. County Administrator submits the invoice through the CalMHSA 1299 portal. County of jurisdiction designee would approve or reject the the invoice.
  - a. If the invoice is approved by the county of jurisdiction, funds will be deposited into the Sacramento County 1299 account at CalMHSA
  - b. If the invoice is rejected by the county of jurisdiction, then the county of residence would receive a denial notice.

#### VI. CalMHSA Presumptive Transfer Invoicing Process when Sacramento County is the County of Jurisdiction to Foster Children served in another county.

1. Upon receipt of an invoice from another county, the designated Beneficiary Reviewer reviews the following information:
  - a. Determine that a presumptive transfer was completed prior to the service dates being invoiced.
  - b. Verify Medi-Cal eligibility for the service period being invoiced.
  - c. *Medical Necessity*: Verify that an included primary DSM 5/ICD 10 diagnosis and/or clinical information has been provided to justify the services rendered.
  - d. *Services Billed Match Medical Necessity*: Review the service descriptions and/or HCPCS codes provided to verify that the services rendered match the diagnosis and/or clinical information provided.
  - e. *Verify That Service Period Start & End Dates Match On The Invoice & Excel Spreadsheet (Supporting Documents)*: Dates must be for services provided on July 24, 2018 or later per Sacramento County's contract start date with CalMHSA.
  - f. *Required Invoice Information*: All required info to approve an invoice is included (PT Memo from CalMHSA, [Presumptive Transfer – County Invoice Approval Required Information](#) dated, 5-11-2020)
  - g. QM has a mechanism to log all CalMHSA Beneficiary Reviews:
    - i. CalMHSA Beneficiary Reviewer Tracking Sheet (Master List) with invoice disposition status (include comments if rejected) and invoice information.
    - ii. Host County Tracking Sheet with more specific information pertaining to the invoice.

- h. Once the above information is reviewed, then the invoice will either be approved to move to the next level of review (Fiscal Review) or rejected with an explanation to the county that submitted the invoice.
2. The Fiscal Reviewer reviews the following information:
    - a. The Fiscal Reviewer logs into the CalMHSA portal to determine whether the requested repayment matches expectations for the County of Jurisdiction and approves the invoice from a Fiscal perspective.
  3. The County Final Reviewer reviews the invoice and provides the final confirmation from the County of Jurisdiction and final approval of the invoice in the CalMHSA portal.

**Reference(s)/Attachments:**

- [ALL COUNTY LETTER \(ACL\) NO. 17-77. MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES \(MHSUDS\) INFORMATION NOTICE NO. 17-032. Released on July 14, 2017. Subject: IMPLEMENTATION OF PRESUMPTIVE TRANSFER FOR FOSTER CHILDREN PLACED OUT OF COUNTY](#)
- [ALL COUNTY LETTER \(ACL\) NO. 18-60. MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES \(MHSUDS\) INFORMATION NOTICE NO. 18-027. Released on June 22, 2018. Subject: PRESUMPTIVE TRANSFER POLICY GUIDANCE](#)
- [ALL COUNTY LETTER \(ACL\) NO. 19-94. BEHAVIORAL HEALTH \(BH\) INFORMATION NOTICE NO. 19-041. Released on September 18, 2019. Subject: PRESUMPTIVE TRANSFER FOR CHILDREN AND YOUTH PLACED IN SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS](#)
- [CalMHSA Inter-Member Transfer-Authorization Statement](#)
- [Presumptive Transfer – County Invoice Approval Required Information](#)

**Related Policies:**

- QM 10-26 Core Assessment
- QM 10-27 Client Plan
- QM 01-07 Determination for Medical Necessity and Target Population
- QM 10-23 Out of County Authorization Documentation and Billing Procedures
- MH Access 02-04 Authorization Requests

**Distribution:**

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		

X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use Prevention and Treatment		
X	Specific grant/specialty resource		

**Contact Information:**

- Quality Management Information  
[QMInformation@saccounty.net](mailto:QMInformation@saccounty.net)