

State of California-Health and Human Services Agency



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September 18, 2019

ALL COUNTY LETTER (ACL) NO. 19-94
BEHAVIORAL HEALTH (BH) INFORMATION NOTICE NO. 19-041

TO: ALL ADOPTION REGIONAL OFFICES
ALL CHIEF PROBATION OFFICERS
ALL COUNTY ADOPTION AGENCIES
ALL COUNTY WELFARE DIRECTORS
ALL FOSTER FAMILY AGENCIES
ALL GROUP HOME PROVIDERS
ALL TITLE IV-E AGREEMENT TRIBES
COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
OF CALIFORNIA
COUNTY WELFARE DIRECTORS ASSOCIATION OF
CALIFORNIA
CHIEF PROBATION OFFICERS OF CALIFORNIA
CALIFORNIA STATE ASSOCIATION OF COUNTIES
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL
HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM
EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: PRESUMPTIVE TRANSFER FOR CHILDREN AND YOUTH
PLACED IN SHORT-TERM RESIDENTIAL THERAPEUTIC
PROGRAMS

REFERENCE: [ACL NO. 18-60 / MHSUDS IN NO. 18-027](#)
[ACL NO. 17-77 / MHSUDS IN NO. 17-032](#)

This California Department of Social Services (CDSS) ACL and Department of Health Care Services (DHCS) BH Information Notice (IN) clarifies roles and

responsibilities and provides guidance on the presumptive transfer process for foster children and youth placed outside of their counties of original jurisdiction in Short-Term Residential Therapeutic Programs (STRTPs). This guidance was developed in collaboration with the County Welfare Directors Association, the County Behavioral Health Directors Association of California, and the Chief Probation Officers of California.

Presumptive Transfer and Considerations Related to STRTPs

Assembly Bill 1299 (Ridley-Thomas, Chapter 603, Statutes of 2016) established presumptive transfer. Presumptive transfer means a prompt transfer of the responsibility for providing or arranging and paying for specialty mental health services (SMHS) from the county of original jurisdiction to the county in which the foster child or youth resides. Presumptive transfer is intended to provide foster children and youth who are placed outside of their counties of original jurisdiction with timely access to SMHS consistent with their individual strengths and needs, and Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

By definition, STRTP placements are intended to be short-term. Considering this, and the statutory allowance for an exception to presumptive transfer when a foster child or youth's placement in a county other than the county of original jurisdiction is expected to last less than six months, it is often appropriate and in the best interest of the foster child or youth for the placing agency (child welfare or probation) to waive presumptive transfer for a foster child or youth placed in an out of county STRTP.

In addition to meeting one or more of the exceptions to presumptive transfer, in order to waive presumptive transfer, the County Mental Health Plan (MHP) in the county of original jurisdiction is required to have an existing contract with an SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS to the foster child or youth. If the MHP is unable to meet these requirements, the waiver cannot be granted.

Expectations for Collaboration

The intent of presumptive transfer is to ensure foster children and youth placed outside of their counties of original jurisdiction receive timely access to medically necessary SMHS. As such, DHCS and CDSS remind MHPs and placing agencies that, consistent with the California Integrated Core Practice Model, they have a shared responsibility to ensure children, youth, and families are engaged and involved in the decision-making process via the child and family team and, for STRTP placements, via the Interagency Placement Committee. To this end, DHCS and CDSS expect counties to work together so that placing agencies have the information they need to make informed and appropriate waiver determinations. In addition, DHCS and CDSS expect MHPs to be proactive in establishing contracts with STRTPs where foster children and youth from their counties are typically placed. MHPs should know the options available to allow them to enter into a

contract quickly with an out of county STRTP in cases where presumptive transfer is waived. MHPs should also have options available to establish a way to arrange and pay for SMHS when the full contracting process would delay timely access to SMHS (e.g., individual case agreements, single service agreements, or other payment agreements).

Information and Guidance

MHPs are required to ensure timely access to federally entitled EPSDT SMHS for children and youth placed in STRTPs, regardless of whether or not the MHP has a contract with the STRTP. Therefore, effective communication between counties of jurisdiction and counties of residence is critical to the process of either transferring or waiving the responsibility for SMHS (including work related to entering into a contract or service agreement) and ensuring that children and youth do not experience delays in care. Placing agencies and MHPs must work together to ensure this communication occurs. To facilitate this communication, [county single points of contact for child welfare, mental health, and probation](#) are posted on the CDSS website at www.cdss.ca.gov/inforesources/Foster-Care/Presumptive-Transfer.

The attachment to this ACL/IN provides a sequential guide outlining the way in which DHCS and CDSS intend for presumptive transfer to operate for foster children or youth placed outside of their counties of original jurisdiction in STRTPs and includes the roles and responsibilities of the various parties involved. DHCS and CDSS expect MHPs and placing agencies to work collaboratively to ensure that these foster children and youth receive timely and appropriate SMHS in the STRTP in which they are (or will be) placed.

Questions regarding placing agency responsibilities may be directed to the CDSS Integrated Services Unit, at (916) 651-6600, or via email at CWScoordination@dss.ca.gov or PresumptiveTransfer@dss.ca.gov. Questions regarding authorization of and payment for SMHS may be directed to the [DHCS Medi-Cal Behavioral Health Division County and Provider Monitoring Section Liaison](#).

The current list of county assignments can be found at www.dhcs.ca.gov/services/MH/Pages/CountySupportUnit.aspx.

Sincerely,

Original Document Signed By

KELLY PFEIFER, MD
Deputy Director
Behavioral Health
Department of Health Care Services

GREGORY E. ROSE, MSW
Deputy Director
Children and Family Services Division
California Department of Social Services

Attachment