

**COUNTY OF SONOMA
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION: MENTAL HEALTH SERVICES**

**AB1299 PRESUMPTIVE TRANSFER (PT) AND
SERVICE AUTHORIZATION REQUESTS (SAR)
PROCEDURE**

POLICY: Service Authorization for Children Placed Out of County – MHP-09

AB 1299 PRESUMPTIVE TRANSFER

REQUIREMENTS FOR PRESUMPTIVE TRANSFER:

Per the DHCS Information Notice No. 17-032, effective July 1, 2017, the responsibility for authorization, provision, and payment of Specialty Mental Health Services will transfer to the Mental Health Plan (MHP) in the foster child's county of residence for foster children placed in a county other than the county of original jurisdiction. 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)).

To provide timely provision of mental health services, the MHP in the foster child's county of residence is required to accept an assessment, if one exists, of needed SMHS for the foster child from the MHP in the county of original jurisdiction. 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 timely provision of SMHS to the child.

CONDITIONS FOR PRESUMPTIVE TRANSFER:

Condition A:

For any foster child who is placed by a placing agency out of the county of original jurisdiction on or after July 1, 2017, the responsibility to provide or arrange for the provision of and payment for SMHS will transfer to the county of residence.

Condition B:

For any foster child who resides in a county other than the county of original jurisdiction after June 30, 2017, that is not receiving SMHS consistent with his or her mental health needs as specified in the child's client plan, the responsibility to provide or arrange for the provision of and payment for SMHS will be transferred to the MHP in the county of residence.

Condition C:

For any foster child who resides in a county other than the county of original jurisdiction after June 30, 2017, and who continues to reside outside the county of original jurisdiction after December 31, 2017, the responsibility for the provision and payment of SMHS will be transferred to the county of residence 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.

EXCEPTIONS TO THE CONDITIONS OF PRESUMPTIVE TRANSFER:

The foster child, the person or agency responsible for making the mental health care decisions on behalf of the foster child, the county probation agency or the child welfare services agency with responsibility for the care and placement of the child, or the child or youth's attorney may request that the placing agency consider a waiver of presumptive transfer. The placing agency may decide to waive presumptive transfer **on an individual, case-by-case basis only** if one or more of the four exceptions listed below exists. The waiver

decisions must be documented in the child's case plan, and communicated to all other members of the CFT through a CFT coordinator, if one exists, or the placing agency's case carrying social worker or deputy probation officer, and the MHP in the county of jurisdiction.

- The transfer would negatively impact mental health services being provided to the child or youth or delay access to services provided to the foster child;
- The transfer would interfere with the family reunification efforts documented in the individual case plan;
- The foster child's placement in a county other than the county of original jurisdiction is expected to last less than six months; or
- The foster child's residence is within 30 minutes of travel time to his or her established SMHS care provider in the county of original jurisdiction.

A waiver processed based on an exception to presumptive transfer shall be contingent upon the 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 child. 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 child's case plan.

The placing agency is responsible for informing the child, his or her parent, the CFT coordinator if one exists, or the placing agency's case carrying social worker or deputy probation officer, the MHP in the county of original jurisdiction and the county of residence, and the child's attorney of a waiver request.

Action Steps for Presumptive Transfer: Condition A

1. If no exception exists to presumptive transfer, the placing agency shall inform the foster child and the Child Family Team (CFT) coordinator if one exists, or the placing agency's case carrying social worker or deputy probation officer, the child's attorney, the biological parent(s) when appropriate (if they are not already a member of the CFT) of the transfer of responsibility to provide, or arrange for the provision of and payment for SMHS transfer to the county of residence within 3-business days of this decision. Notification shall include the following information:
 - a. Name, location, and contact information of the referring placing agency;
 - b. The county of the placement; and
 - c. The date when the child will be physically placed or the date the physical placement did occur in cases where the youth's physical placement is expedited within the county of residence.

SCBH Staff will:

- a. If the placing agency does not send notification with all of the required information listed above, SCBH will send placing agency form **MHS 854 AB1299 Checklist Presumptive Transfer for SMHS** to be completed by the placing agency.
 - It is acceptable to receive notification from another county and use their form for our records
 - If form MHS 854 is returned with "Notification only (Waiver in place)":
 - i. A folder will be created and stored with the SARS folders (see pages 5-8 of this procedure for details on SARS requirements)
 - b. This form will be maintained in the client's record
 - c. Track all presumptive transfers in the **SAR Database**, and include (upload) the written notification of the presumptive transfer for each beneficiary into this database. **Refer to pages 5-8 of this procedure for further details on the SAR database.**
2. The placing agency shall notify the MHP where the child resides through their posted single point of contact within 3-business days of the presumptive transfer decision 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. This notification shall include the following information:
 - a. Identifying information about the child: name, date of birth, and address;
 - b. Name, location, and contact information of the referring placing agency;
 - c. Name and contact information of who can sign releases of information;
 - d. Name and contact information of who can sign consents;

- e. Send, or arrange to have sent to, the MHP the most recent consent for services, and consent for medication, including the JV-220; and
- f. Send, or arrange to have sent to, the MHP the most recent mental health records, including the most recent mental health assessment. 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.

SCBH staff will:

1. If SCBH has not received all the above information, form **MHS 854 AB1299 Checklist Presumptive Transfer for SMHS** will be sent to the MHP in county of original jurisdiction requesting the required information/documentation.
 2. SCBH will obtain consent to provide SMHS, and will utilize form **MHS 115 Consent for Treatment**, and request a signature from the person who is authorized to provide consent.
 3. Any forms that have been completed and/or sent to SCBH regarding a presumptive transfer will ultimately reside in the beneficiaries' record.
3. All determinations regarding waiver of presumptive transfer are required to be made in consultation with the child's CFT members, and other professionals who serve the child as appropriate, and documented in the foster child's case plan.

Action Steps for Presumptive Transfer: Condition B

1. Counties must follow steps described for Condition A in 1 through 3 above; and
2. For children subject to Condition B the following additional steps shall be followed:
 - a. The placing agency shall ensure that the child or youth has been provided a mental health screening prior to completing the steps for presumptive transfer, unless a waiver is requested.
 - b. If a foster child has been screened and assessed as needing SMHS but is not receiving SMHS, the applicable placing agency will transfer the foster child utilizing steps described for Conditions A in 1 through 3 above unless a waiver is requested.

Action Steps for Presumptive Transfer: Condition C

1. At least 10-calendar days prior to the child's next status review hearing that occurs after December 31, 2017, the placing agency shall notify the foster child and the CFT coordinator if one exists, or the placing agency's case carrying social worker or deputy probation officer, the child's attorney, the biological parent(s) when appropriate (if they are not already a member of the CFT) of the transfer of responsibility to provide, or arrange for the provision of, SMHS and payment for SMHS to the county of residence when a youth is placed outside of the county of original jurisdiction.
2. All determinations regarding waiver of presumptive transfer are required to be made in consultation with the child's CFT members, and other professionals who serve the child as appropriate and documented in the foster child's case plan and client plan.
3. The placing agency shall notify the MHP where the child resides through their posted single point of contact within 10-calendar days of the presumptive transfer decision and ensure that the foster child's residence address is updated in the MEDS.
4. Placing agencies may discuss and initiate the transfer of SMHS with the foster child, CFT, child's attorney, and biological parents earlier than the next status review hearing.

WAIVER REQUESTS

Presumptive transfer can only be waived by the placing agency when an individualized determination has been made that an exception outlined in statute applies (Welfare and Institutions Code § 14717.1 (b) 2(A)), and a demonstration that the MHP in the county of original jurisdiction can contract and provide services within 30 days.

A request for waiver may be made by the foster child, the person or agency that is responsible for making mental health care decisions on behalf of the foster child, the probation agency, or the child welfare services agency with responsibility for the care and placement of the child, or the child's attorney. Once a waiver request is made, the presumptive transfer is on hold pending the final decision by the placing agency or court.

Action Steps for Waiver Requests

1. The waiver request must be made to the placing agency within 7-calendar days of the placing agency's determination of where the foster child will be placed out of county. The waiver request must include, at a minimum the following information:
 - a. Name of the child;
 - b. Name and contact information of the requester and their legal relationship to the child; and
 - c. A brief description of which exception(s) are believed to apply to waive presumptive transfer.
2. The placing agency shall inform the foster child, person or agency responsible for making mental health care decisions on behalf of the foster child, the child's attorney of the waiver request, and the CFT coordinator if one exists, or the placing agency's case carrying social worker or deputy probation officer.
3. The placing agencies shall make their determination of the waiver request in consultation with the CFT.
4. Once a determination is made, the person who requested the waiver of presumptive transfer, along with any other parties to the child's welfare or probation case, shall receive notice of the county placing agency's determination of whether to waive presumptive transfer.
5. The individual who requested the waiver or any other party to the case who disagrees with the determination made by the placing agency may request judicial review prior to the county's determination becoming final.
6. The court may set the matter for hearing and may confirm or deny the transfer of responsibility or application of an exception based on the best interest of the child.
7. If the court confirms the waiver request, the responsibility for authorization of and payment for SMHS shall remain with the child's county of original jurisdiction.
8. If the waiver request is denied, the responsibility for authorization and payment of SMHS shall transfer to the child's county of residence. The placing agency shall notify the MHP of county of original jurisdiction and the MHP of the county of residence within 3-business days of the receipt of the judicial denial, provide the required documentation and change the foster child's residence address in the MEDS to the child's address in the county of residence. The placing agency will notify the MHP where the child resides that the change in MEDS has occurred within 2-business days of making the change. The MHP where the child resides shall include the foster child in its caseload for claiming purposes (child will be assigned to a Care Coordinator in Youth & Family Services).
9. The placing agency shall inform the MHP in the county of original jurisdiction within 3-business days of all final determinations for a waiver regarding a foster child receiving SMHS under the responsibility of the county of original jurisdiction. The following information shall be provided:
 - a. Determination of the exception(s) that support the waiver; and
 - b. Exception(s) claimed as the basis for the request.

SINGLE POINT OF CONTACT

Sonoma County has established a Presumptive Transfer/SAR unit, and has a dedicated phone number and e-mail address, which has been posted to the SCBH public website to ensure timely communication. (Webpage: <http://sonoma-county.org/health/contact.asp>).

SAR/Presumptive Transfer Unit:

SAR & AB1299 Coordinator

SAR.AB1299@sonoma-county.org

(707) 565-3505

Secondary Contact:

Youth & Family Services Section Manager

(707) 565-4750

SAR PROCEDURE FOR KIN-GAP, AAP, AND WAIVERED YOUTH:

1. Hosted by Other County SAR Clerical Tasks

- A. New or Re-Authorization SAR received from other county (other county initiated request)
- Verify MEDS if none received with SAR
 - Log identifying information into database including name and DOB
 - Forward to Clinician for review and approval (Review and Approve within 3 business Days)
 - Fax back approved SAR within 3 business days (or 14 calendar days or less if more information requested)
 - Scan fully executed SAR into correct SAR folder (Hosted by Other Counties)
 - Copy link of scanned SAR into database
 - If SAR is new create SAR folder
 - File hardcopy of SAR and MEDS in client's SAR folder
 - If SAR is DENIED or MODIFIED by clinician, coordinate with clinician to send client/client family a **Notice of Adverse Benefit Determination (NOABD)** Refer to NOABD policy MHP-05 for requirements on issuing NOABD's; send to Beneficiary and fax to Host County (original to beneficiary within 3 business days, copy to Host County, copy YFS NOABD Binder. Modified includes increasing or decreasing authorized minutes or changing PRN to any number of minutes.
 - If SAR is not completed within the required timeline (either 3 business days or 14 calendar days if more information was requested), a NOABD must be issued. Refer to NOABD policy MHP-05 for requirements on issuing NOABD's.
 - Document actions taken in SAR database
- B. New SAR generated by Sonoma County
- Forward copy of requested documents from client's SCBH chart if requested by clinician
 - Receive completed SAR from clinician (clinician generated SAR in database)
 - Fax fully executed SAR to Host County with MEDS (included statement on Fax Coversheet requesting Host County contact family)
 - Scan fully executed SAR into correct SAR folder
 - Copy link of scanned SAR into database
 - File hardcopy of SAR and MEDS in client's SAR folder
 - Document actions taken in SAR database
- C. Tracking expiration date for on-going SARs
- Fax "Expiring SAR Notification" to Host County 14 – 30 business days prior to SAR expiration
 - Process Re-Authorization SARs as above
 - If Re-Authorization not received from Host County document in SAR database and make "Inactive" in SAR database and move SAR folder to appropriate inactive file section
 - Document actions taken in SAR database

2. Hosted by Sonoma County SAR Clerical Tasks

- A. Tracking New (fully executed) SAR received from Other County authorizing Sonoma County to provide services – **Received directly via YFS fax**
- Verify MEDS if none received with SAR
 - Notify clinician new SAR received and forward copy of SAR (and supporting documentation, if any) for review
 - Log SAR into database (enough information to facilitate tracking)
 - Forward copy to Clerical for Referral Tracking and Notify YFS Program Manager(s) of incoming referral
 - Notify County of Origin SAR received and processed, provide name of PSC and contact information – **notify by phone**
 - Maintain action notes in SAR database
 - Create SAR folder and file hardcopy with MEDS (stored in SAR Office file cabinet)
- B. Tracking New Referral that requires a SAR – **Received indirectly via SCBH Access or via Hospital Liaison (UR) Teams**

- Clerical gives copy of the Access Screening or CAPE referral and MEDS to SARs Clerical if client has MCal with a Aid Code in another county (Not a Sonoma County Beneficiary)
 - SAR Clerical checks to verify Aid Code is AAP/KinGap – if yes go to next step, if no notify YFS Program Manager that family will need to update MCal to Sonoma County
 - Log into database (enough information to track)
 - SAR Clerical informs clinician of new referral needing SAR and provides copy of referral
 - Fax (unsigned) SAR to County of Origin with supporting documentation including MEDS
 - Monitor for timely return of SAR from County of Origin (within 3 business days unless more information is requested by County of Origin)
 - Notify clinician of any delays in getting fully executed SAR returned – coordinate with clinician to contact county for status of SAR if necessary
 - Upon return of fully executed SAR forward copy to clinician for review IF ANY changes were made to SAR by County of Origin
 - If SAR minutes are reduced or less than SCBH standard minutes forward copy of SAR to the appropriate YFS Manager
 - Scan fully executed SAR into correct SAR folder and copy link into SAR database
 - Document actions in SAR database
 - File hardcopy with MEDS in client's SAR folder
 - Create SAR folder and file hardcopy of SAR, Access Referral with MEDS (stored in SAR Office file cabinet)
- C. Track SAR expiration dates, including TBS, ICC & IHBS services (TBS typically have a separate expiration date), for Re-Authorization
- Coordinate with clinician to generate Re-Authorization of SAR 7 – 10 days before expiration date
 - Obtain copy of supporting documentation for type of SAR (Assessment & Client Plan, TBS Authorization & TBS Summary Report, Katie A./ICC/IHBS Screening, etc.) and MEDS, forward to clinician
 - Fax (unsigned) SAR to County of Origin with supporting documentation including MEDS
 - Monitor for timely return of SAR from County of Origin (within 3 business days unless more information is requested by County of Origin)
 - Notify clinician of any delays in getting fully executed SAR returned – coordinate with clinician to contact county for status of SAR if necessary
 - Upon return of fully executed SAR forward copy to clinician for review IF ANY changes were made to SAR by County of Origin
 - If SAR minutes are reduced or less than SCBH standard minutes forward copy of SAR to the appropriate YFS Manager
 - Scan fully executed SAR into correct SAR folder and copy link into SAR database
 - If client receiving services from Contractor, fax copy to Contractor and Claiming Unit Manager
 - Notify PSC and YFS Program Manager if SAR contains non-standard services i.e., ICC, IHBS, TBS
 - Document actions in SAR database
 - File hardcopy with MEDS in client's SAR folder

1. Hosted by Other County SAR Clinician Tasks

- A. New SAR received from other county (other county initiated request)
- Verify MEDS if none received with SAR
 - Review SAR and any supporting documentation and return fully executed SAR within 3 business days
 - If additional information is required, request additional information from Host County directly or coordinate request with Clerical Staff – **request information by phone**
 - Upon receiving additional documentation, Review and Approve or Deny SAR within 3 business days from date additional information is received or 14 calendar days from receipt of the original request, whichever is less
 - If requested additional information is not received within 14 calendar days from date of original request, Deny SAR and instruct Other County to resubmit the SAR with the additional information requested, if necessary

- If SAR is DENIED or MODIFIED by clinician, coordinate with clinician to send client/client family a **Notice of Adverse Benefit Determination (NOABD)** Refer to NOABD policy MHP-05 for requirements on issuing NOABD's; send to Beneficiary and fax to Host County (original to beneficiary within 3 business days, copy to Host County, copy YFS NOABD Binder. Modified includes increasing or decreasing authorized minutes or changing PRN to any number of minutes.
 - If SAR is not completed within the required timeline (either 3 business days or 14 calendar days if more information was requested), a NOABD must be issued. Refer to NOABD policy MHP-05 for requirements on issuing NOABD's.
 - If SAR is approved, give fully executed SAR to clerical staff to fax to Host County
 - Document actions in SAR database
- B. New SAR generated by Sonoma County
- Verify MEDS
 - Generate new SAR based on documentation provided include contact information for client/client's family and Sonoma County SW in the SAR
 - If client is well known to SCBH YFS, consider authorizing one year of services
 - If client is not known to SCBH YFS, consider authorizing for Initial Assessment and Plan Development Only
 - Give fully executed SAR to clerical staff with instructions for faxing to Host County
 - Make follow up phone call to SW and/or Host County to verify client family has been contacted
 - Document actions in SAR database
- C. SAR requested by an out of County Community Based Organization for a Sonoma County beneficiary receiving services authorized by a single case agreement between SCBH and the agency
- If a Community Based Provider requests a SAR when a SAR is not required the SAR Coordinator will inform the Program Manager that such a request was made, and will provide requesting organization a written explanation about Sonoma County's SAR authorization procedure

2. Hosted by Sonoma County SAR Clinician Tasks

- A. New or Re-Authorization SAR (fully executed) received from Other County authorizing Sonoma County to provide Services – **Received directly via YFS fax**
- Verify MEDS if none received with SAR
 - Review new fully executed SAR for clarity and content, if any concerns contact YFS Program Manager to discuss concern and follow up with County of Origin if necessary – **by phone**
 - Coordinate any actions taken with clerical staff
 - For A NEW SAR and YFS did an Assessment (or screening) and determines client not eligible for SMHS, generate a NOABD; send to Beneficiary and fax to Host County (original to beneficiary within 3 business days, copy to Host County, copy YFS NOABD Binder. Refer to NOABD policy MHP-05 for requirements on issuing NOABD's.
 - Document actions in SAR database
 - If a Community Based Provider requests a SAR when a SAR is not required the SAR Coordinator will inform the Program Manager that such a request was made, and will provide requesting organization a written explanation about Sonoma County's SAR authorization procedure.
- B. Tracking New Referral that requires a SAR – **Received indirectly via SCBH Access or Hospital Liaison (Utilization Review) Teams.**
- Verify MEDS
 - Generate New SAR with information from Access Referral
 - Coordinate with clerical to fax to County of Origin with MEDS
 - Coordinate monitoring return of SAR with clerical
 - SAR will typically be for 60 days (Assessment & Client Plan Development) – Monitor with clerical when to generate a new SAR
 - For A NEW SAR and YFS did an Assessment (or screening) and determines client not eligible for SMHS generate a **NOA-A** (client not already receiving SMHS from YFS; original to beneficiary within 3 business days, copy to SAR folder and SCBH client chart)

- C. New or Re-Authorization SAR generated by Sonoma County (expiration dates tracked by clerical staff)
- Verify MEDS
 - Generate New or Re-Authorization SAR (prompted by clerical staff or outside source) in SAR database
 - For A NEW SAR and YFS did an Assessment and determines client not eligible for SMHS, generate a NOABD; send to Beneficiary and fax to Host County (original to beneficiary within 3 business days, copy to Host County, copy YFS NOABD Binder. Refer to NOABD policy MHP-05 for requirements on issuing NOABD's.
 - For Re-Authorization SAR review supporting documentation to be sent with SAR (provided by clerical staff) and update SAR content
 - Verify all necessary services being provided by SCBH (TBS, Katie A., etc.) are included in SAR
- D. Generate SAR for TBS or other services added at a later date when prompted by Clerical, YFS Program Managers or PSC

SCBH FORMS: MHS 854; MHS 115

SCBH ATTACHMENTS: SARS Database

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