



Implementing AB 1299 Presumptive Transfer in Solano County

March 2022 CIBHS CalQIC

Presenters:

Anne Salassi, LCSW

Dani Halpin, LMFT

Learning Objectives

Participants will:

- have a clear understanding of AB 1299 and will be able to define and differentiate Presumptive Transfer and Waiver of Presumptive Transfer.
- be able to identify at least 3 California legal mandates that impact the provision of SMHS to youth in foster care and recognize how those mandates overlap.
- be able to appreciate the value of collaboration to implement legal mandates that impact foster youth and will acquire at least two teamwork practices from Solano County's operational model that they can replicate in their own agencies.

California Assembly Bill 1299

- Effective July 1, 2017
- Establishes requirements for the transfer of responsibility to provide specialty mental health services (SMHS) to children and youth in foster care who reside outside of their county of jurisdiction
- Intended to improve & expedite access to SMHS
- Applies to children and youth aged 0-20 who are placed in foster care under the jurisdiction of a child welfare agency or probation department

Presumptive Transfer

- Presumptive Transfer (PT) means that when a child or youth in foster care lives outside of their county of jurisdiction, the responsibility to provide SMHS to that child transfers to the MHP of the child's county of residence.
- Transfer of responsibility includes ***authorization, provision of, and payment for*** SMHS.



Presumptive Transfer

Under AB 1299, there are two options when a youth is placed outside of the county of jurisdiction:

1. Presumptive Transfer – the responsibility for SMHS transfers to the MHP of the county of residence. THIS IS THE DEFAULT.
2. Waiver of PT - the responsibility for SMHS remains with the MHP of the county of jurisdiction. The situation must meet certain criteria to qualify for a Waiver.

Waiver of Presumptive Transfer

PT can only be Waived by the placing agency if both of the following conditions are met:

- An individualized determination has been made that at least one of 4 possible exceptions outlined in AB 1299 applies (see next slide), **AND**
- The MHP in the county of jurisdiction can contract and provide services within 30 days

PT Exceptions to Qualify for Waiver

At least 1 of the following 4 exceptions must exist for a placing agency to consider a PT Waiver:

1. The transfer would negatively impact MH services being provided to the child or delay access to services
2. The transfer would interfere with the family reunification efforts in the individual case plan
3. The foster child's placement in a county other than the county of jurisdiction is expected to last less than six months, **OR**
4. The foster child's residence is within 30 minutes of travel time to his or her established SMHS provider in the county of jurisdiction

Waiver Decisions

- The placing agency may decide to Waive PT on an individual, case-by-case basis only if one or more of the 4 exceptions exists **AND** the MHP in the county of jurisdiction can contract and provide services within 30 days
- The placing agency shall make their Waiver decision in consultation with the Child and Family Team (CFT) and communicate the decision to all CFT members

Child and Family Team

- The Child and Family Team (CFT) process engages the child, family, system partners, and others regarding placement decisions
- As of January 1, 2017, placing agencies are required to convene a CFT for all children, youth, and non-minor-dependents in foster care, even those not receiving MH services
- Placing agencies' recommendations concerning placement, services, and supports must be discussed with the CFT



Presumptive Transfer and CFTs



In the context of Presumptive Transfers, the CFT process provides an important opportunity for team members to engage with the placing agency to consider the impact of a PT or to explore whether an exception to PT exists for each foster child.

PT Procedural Steps

Every county has identified a single point of contact or unit for Presumptive Transfer and has a dedicated phone number and/or email address at each MHP and each placing agency. That information must be posted to a public website to ensure timely communication.

CDSS maintains a list of points of contact for PT that includes child welfare, probation, and mental health contacts for each California county. The list is posted on the CDSS website:

<http://www.cdss.ca.gov/County-Offices#top>

PT Procedural Steps

- If no exception to PT exists, the placing agency must notify CFT members of the transfer within 3 business days of the decision to PT, including the county of placement and the date of placement
- The placing agency must notify the MHP where the child lives within 3 business days of the decision to PT
- The placing agency must 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

PT Procedural Steps

The placing agency's referral to the MHP of the residence county must include:

- Identifying info about the child: name, DOB, address, etc.;
- Name and contact info of the referring placing agency;
- Name and contact information of who can sign ROI; and
- Name and contact information of who can sign consents.
- If applicable, placing agency must also send or arrange to have sent to the MHP the most recent (within one year):
 - consent for mental health services, consent for medication, and JV-220
 - mental health records, including the mental health assessment

PT and MH Assessments

If a child who is PTed already had a qualified MH assessment and was receiving MH services before the transfer, the MHP of the residence county will use the existing assessment and treatment plan to determine the MH level of care, and services can begin immediately, without needing a new assessment.

- Solano MHP will follow the above instructions of the PT law, and will reassess PT clients within 60 days of starting services, coordinating with the CFT around any changes to the treatment plan

If there is no qualified MH assessment or the last assessment is over one year old, Solano MHP will do an intake assessment to determine if the client meets criteria for SMHS, determine level of care, and make treatment recommendations.

AB 1299 and Medi-Cal

- The placing agency is required to update the residence address in MEDS for any foster child who is presumptively transferred to the MHP of the county of residence
- The County ID in MEDS will remain the county of jurisdiction. The difference between the County ID and the residence will indicate the child has been placed out of county



Single Subscriber Response

Eligibility transaction performed by provider: [REDACTED] on Friday, February 18, 2022 at 5:34:10 PM



Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: 657B4BWCT5. CNTY CODE: 34.
1ST SPECIAL AID CODE: 42. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN
MEMBER: PARTNERSHIP HEALTHPLAN OF CA (SOLANO CNTY): MEDICAL CALL (800)863-4155.

Name: [REDACTED]

Subscriber ID: [REDACTED]

Submitted ID: [REDACTED] Subscriber ID Updated

Service Date: 02/18/2022

Subscriber Birth Date: [REDACTED]

Issue Date: 02/18/2022

Primary Aid Code:

First Special Aid Code: 42

Second Special Aid Code:

Third Special Aid Code:

Subscriber County: 34-Sacramento

HIC Number:

Trace Number (Eligibility Verification Confirmation (EVC) Number): 657B4BWCT5

AB 1299 PT and SB 785 SARs

- In 2007, Senate Bill 785 established SMHS authorization requirements for foster children, and children in the Kinship Guardianship Assistance Program (Kin-GAP) and Adoption Assistance Program (AAP) in the form of Service Authorization Requests (SARs)
- AB 1299 applies to all children in foster care under the jurisdiction of a child welfare agency or probation
- Children in AAP and Kin-GAP are not subject to AB 1299, as they are no longer in foster care or under court supervision. SARs are still required for them, and the county of original jurisdiction retains the responsibility for authorizing SMHS

AB 1299 PT and SB 785 SARs

Occasionally, there may be a situation in which clients can be served using a combination of a PT Waiver and a SAR.

For example, if a child under jurisdiction of SF is placed in Vallejo and has a strong bond with their SF MH therapist but now needs psychiatry services, SF can Waive PT to allow the SF therapist to continue to see the client, but then authorize a SAR with Solano MHP just for the psychiatry services.

AB 1299 PT and SB 163 WRAP

Wraparound services are funded through a combination of SB 163 placement funds through CWS/Probation and Medi-Cal service reimbursement through MHP, making it difficult to administer when split between the placing agency from the county of juris and the MHP from the county of residence under PT.

At this time, Solano MHP is encouraging that WRAP clients be Waived so they can retain their services. For youth from other counties who are Presumptively Transferred to Solano, Solano MHP is offering “like” services as a replacement.

AB 1299 PT and Kaiser Medi-Cal



In Solano County, Kaiser Permanente is a Medi-Cal provider of MH services through MCP Partnership HealthPlan of California, but the range of Kaiser services is limited. If a foster youth requires MH services that Kaiser does not provide, including ICC and IHBS, the service will need to be provided by the MHP.

MHP Responsibilities

- ✓ Identify a point of contact for Presumptive Transfer referrals
- Provide or arrange and pay for SMHS for out-of-county foster youth placed and living in their county who are presumptively transferred
- Provide or arrange and pay for SMHS for foster youth living in a different county for whom PT has been Waived, only if the MHP can contract and provide services within 30 days
- Coordinate with the placing agency to ensure SMHS are provided in a timely manner
- Accept existing, qualified assessments of needed SMHS for foster youth who are presumptively transferred
- Conduct MH assessments for transferred youth who have been screened and found to need an assessment

Solano MHP

PT Point of Contact (POC)

- Process and track all incoming and outgoing PTs and Waivers
- Gather necessary documents and information on youth PTed to Solano in order to initiate the intake process
- The rules regarding who has the authority to sign consents and ROIs for foster youth can vary from county to county, and even client to client, so POC completes the Presumptive Transfer Intake Information form (see next slide) that will be attached to all PT referrals
- Refer youth PTed to Solano either for an intake assessment with Solano's Children's Assessment Team or directly to a service program

PT Intake Information Form



Solano County Behavioral Health AB 1299 Presumptive Transfer Medical Record Notice

Presumptive Transfer Intake Information

This confidential information is provided to you in accordance with State and Federal laws and regulations including, but not limited to, applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law.

[Print Form](#)

Client Name:

DOB: Client Avatar #:

Client's Preferred Language: Caregiver's Preferred Language:

Date Presumptive Transfer Referral Received:

Placing Agency: Child Welfare Probation County of Jurisdiction:

Person/Agency Authorized to Sign Consent for Treatment & CSP:

Name:

Relationship to Client:

Phone Number(s):

Street Address:

City, State, Zip Code:

Email:

Person/Agency Authorized to Sign Releases of Information:

Same as Consent for Treatment above, or:

Name:

Relationship to Client:

Phone Number(s):

Street Address:

City, State, Zip Code:

Email:

Does the client have a current (within 1 year) assessment from another county? Yes No

Does the client have a treatment plan from another county that Solano County can provide services under for the first 60 days? Yes No

Does the assigned PSC need to complete and submit a *Request for Child & Family Team Meeting*, per the placing agency's request for ICC services from Solano County? Yes No TBD

Above Information is Current As of Date: Completed By:

Solano MHP

PT Point of Contact (POC)

- Provide training and consultation to MHP providers and placing agency staff, including during transitions for individual youth
- When POC receives PT Notifications from Solano CWS or Probation, check Solano's EHR and if child is a Solano MHP client, send assessment, treatment plan & CANS to the MHP of the other county.
- Coordinate with Solano MHP's Hospital Liaison unit to help them determine if inpatient costs are Solano's responsibility due to PT

MHP Provider Responsibilities

- Know about AB 1299 legal responsibilities and protocols
- If provider receives a direct referral of a foster youth who does not have Solano County Medi-Cal from another county's CWS or Probation, a foster parent, or a foster agency, refer them to the Solano County MHP PT Point of Contact
- Remain aware of who holds authorization rights for clients and adjust practices accordingly for different jurisdictions. Initially providers can refer to the PT Intake Information form, and then periodically check in with social worker or PO to confirm

MHP Provider Responsibilities

- Coordinate services with the placing agency and all members of the CFT for each foster youth, and make sure they have a current ROI for every member of the CFT
- If not already set up, ask the Presumptively Transferred client's social worker or probation officer if the client is Katie A. Subclass or Pathways-eligible, and if they want Solano MHP to facilitate CFT meetings
- If they are serving a Solano CWS or Probation youth and the youth moves out of Solano, ask whether the placing agency plans to PT or to waive PT
- Notify POC if they are serving a CWS or Probation youth and their PT status changes (moves to another county, becomes adopted, guardianship is finalized) & document in the Electronic Health Record

Solano PT Data for 2021

	Total # of PT Notices in Calendar Year 2021
Incoming to Solano	118 from 20 counties of jurisdiction
Outgoing from Solano	138 to 24 counties of residence

CONNECT

COMMUNICATE

The Sandbox



COLLABORATE

Presumptive Transfer and the Integrated Core Practice Model (ICPM)

Presumptive Transfer is implemented in line with the vision and mission of the ICPM:

- To improve the safety, stability, well-being, and permanency of our children, youth, and families
- To work within a team environment to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families being served by multiple systems
- To increase collaboration among child welfare, probation, and mental health systems

Integrated Core Practice Model Values

- Services are family-driven and youth-guided
- Services are community-based
- Services are culturally and linguistically competent

Integrated Core Practice Model

10 Guiding Practice Principles

- Family voice and choice
- Team-based
- Natural supports
- Collaboration and integration
- Community-based
- Culturally respectful
- Individualized
- Strengths-based
- Persistence
- Outcomes-based

AB 403 - CCR

AB 1299 – Presumptive Transfer

SB 80 & AB 79 - FURS

Multiple Mandates 2011- Present

SB 163 - Wraparound

AB 2083 - MOU

SB 784- SAR

AB 153 - FFPSA

Katie A. v. Bonta Lawsuit

Settlement agreement approved 2011

Required child welfare and mental health leaders to work together to establish a sustainable framework for the provision of an array of services for youth in foster care that occur in community settings and in a coordinated manner.

Established 3 new intensive SMHS:

- Intensive Care Coordination (ICC)
- Intensive Home Based Services (IHBS)
- Therapeutic Foster Care (TFC)

AB 403 – Continuum of Care Reform (CCR) Act

Effective January 1, 2017

Covers multiple aspects of supports for youth in foster care including:

- Established core services & supports for foster youth, their families, and resource families
- Strengthened training & qualifications for foster caregivers & congregate care staff
- Transformed group homes into STRTPs
- Revised foster care rate structure
- Mandated better coordination among MHPs, child welfare, and juvenile probation

AB 2083 – Children & Youth System of Care

Effective 2020

Requires collaboration at the state and county levels among at least the following child-serving systems:

- Department of Social Services
- Department of Health Care Services
- Department of Developmental Services
- Department of Education

Required counties to develop a MOU among local partners including child welfare, regional centers, county offices of education, probation, and county behavioral health.

SB 80 & AB 79 – Family Urgent Response System (FURS)

Implemented March 1, 2021

FURS established a statewide hotline that current and former foster youth and their caregivers can call for support.

Designed to stabilize family-based living situations, avoid the need for law enforcement involvement, prevent psychiatric hospitalization or STRTP placement.

If more support is needed, the state hotline staff will contact the local FURS Mobile Response provider to provide in-person, flexible, responsive, and supportive services

Family First Prevention Services Act (FFPSA)

Federal law signed February 9, 2018

AB 153 – 2021 California implementation of FFPSA

Two major areas of focus:

- Part I – Prevention Services to try to keep children from entering foster care
- Part IV – Established new requirements for youth placed in residential treatment, including STRTPs

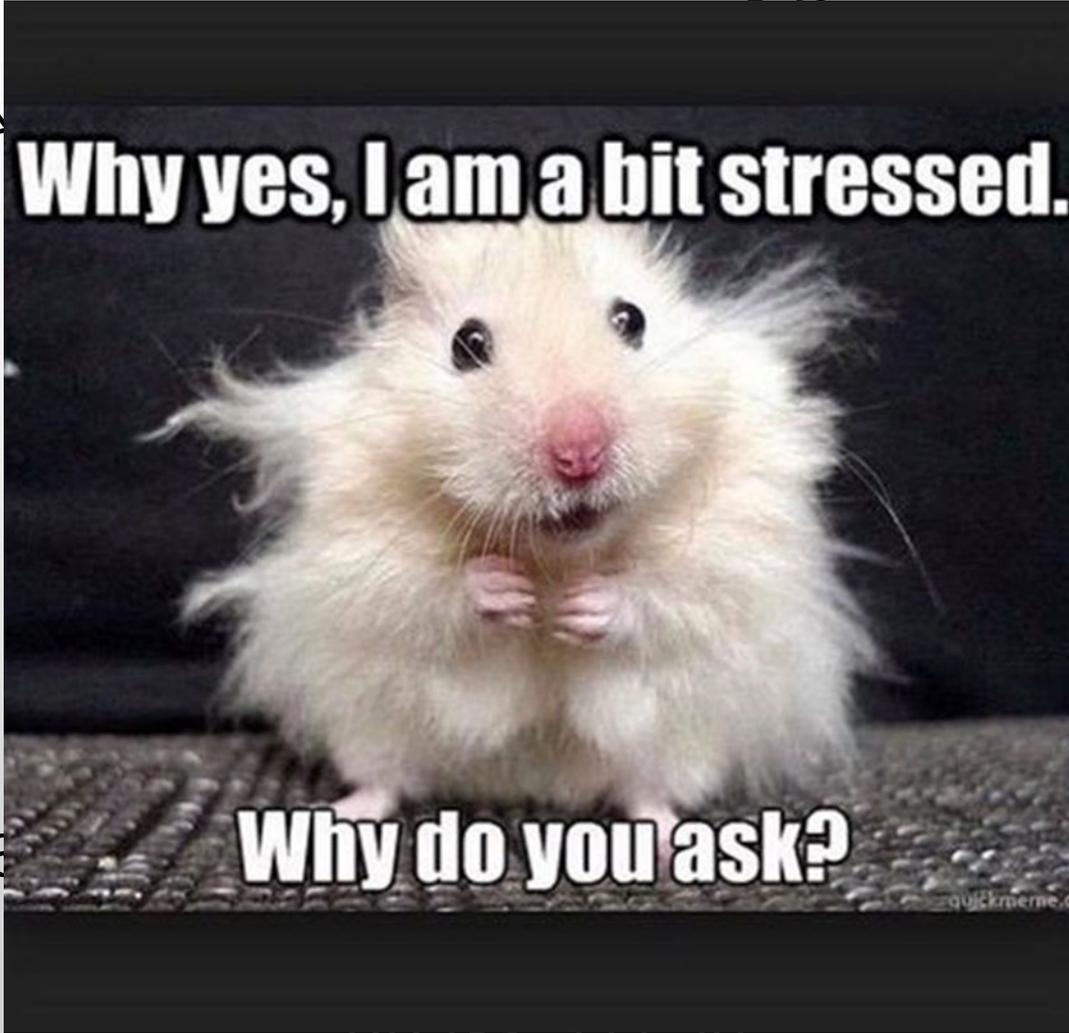
FFPSA Part IV

- Some STRTPs may now be classified as IMDs, which impacts Medi-Cal billing
- New requirement for STRTP placements: Qualified Individual evaluation
 - For a youth placed outside of the county of jurisdiction, the MHP of the county of jurisdiction must complete the QI assessment regardless of PT status
- New requirement that all youth stepping down from STRTP level of care be offered 6 months of aftercare Wraparound services
 - Counties are awaiting further guidance from DHCS & CDSS about how to coordinate and pay for after services if youth is not returning to county of jurisdiction

Stay Tuned...

- Assembly Bill 1051 was introduced in February 2021. If passed, it will change the way out-of-county placements in STRTPs are handled. The bill would **prohibit** PT for out-of-county STRTP placements unless one of two exceptions apply.
- Impact of CalAIM on Presumptive Transfers related to both new medical necessity criteria for SMHS and documentation changes, particularly treatment plans and service authorization.

Why yes, I am a bit stressed.



Why do you ask?

AB 72

Assumptive Transfer

SB 80

B 2083 - MOU

SB 16

AR

AB 153

Examples of Teaming in Solano

- Co-Location of MHP & CWS
- MHP CCR “Huddle”
- Blended Funding
- CANS MOU
- Solano Workgroups
- Interagency Committee
- AB 2083 Interagency Leadership Team
- Regional Collaboratives
- Participation in CalMHSA PT Portal

PT References & Resources

- All County Letter (ACL) No. 17-77 & Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice No. 17-032 dated 7/14/17
- ACL No. 18-60 & MHSUDS Information Notice No. 18-027 dated 6/22/18
- ACL No. 19-94 & Behavioral Health Information Notice (BHIN) No. 19-041 dated 9/18/19

https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx

- DHCS Website Manuals and Information Notices - ICPM Guide

https://www.dhcs.ca.gov/services/MH/Pages/Manuals_And_Guides.aspx

Presenters Contact Info

Anne Salassi: atsalassi@solanocounty.com

707-784-8449

Dani Halpin: drhalpin@solanocounty.com

707-784-4913

Time for Questions

