

BHS Policies and Procedures

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|  <p>City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES</p> | <p>1380 Howard Street, 5th Floor San Francisco, CA 94103 (628) 754-9500</p> |
| <p>Policy or Procedure Title: Presumptive Transfer for San Francisco Foster Children and Youth Placed Out-Of-County</p> | |
| <p>Issued By:</p> <p>DocuSigned by:  Maximilian Rocha, LCSW Director of Systems of Care</p> <p>Effective Date: January 5, 2026</p> | <p>Manual Number: 3.03-02</p> <p>References: AB 1299 (2017), AB 1051 (2024), BHIN 24-025</p> |

Substantive Revision. Replaces 3.03-02 of February 28, 2019.

Equity Statement: Behavioral Health Services (BHS) is committed to prioritizing intersectionality, including race, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to become an anti-racist and trauma informed organization. We are committed to ensuring that every policy and procedure leads with an equity lens. We are dedicated to ensuring that our providers are equipped to respond to our members' diverse needs and lived experiences.

Background:

To provide children and youth involved in foster care who are placed outside their counties of original jurisdiction, timely, equitable, and uninterrupted access to Specialty Mental Health Services (SMHS), consistent with their individual strengths, needs, and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Assembly Bill (AB) 1299 (2017) established the Presumptive Transfer process. Presumptive transfer means the prompt transfer of responsibility for the provision of, arrangement for, and payment of SMHS from the county of original jurisdiction to the county in which the foster child resides.

Assembly Bill 1051 (2024) further clarified legislative intent by reinforcing that presumptive transfer must prioritize continuity of care, minimize service disruption, and ensure that decisions are made in collaboration with youth, families, caregivers, and Child and Family Teams (CFTs). AB 1051 revises the criteria and procedural requirements for presumptive transfer when a child or youth in foster care is placed in specified out-of-county residential settings. AB 1051 also limits inappropriate use of waivers and emphasizes accountability for timely determinations.

Behavioral Health Information Notice (BHIN) 24-025 provides additional clarification regarding county Mental Health Plan (MHP) responsibilities, required timelines, documentation standards, communication protocols, billing responsibility, and allowable exceptions related to presumptive transfer.

Discussions regarding presumptive transfer must occur with the child or youth, their parent or caregiver as appropriate, Child and Family Team (CFT) members, and in consultation with other

professionals serving the child or youth.

Purpose:

This policy and procedure ensure that San Francisco County complies with:

- AB 1299 and AB 1051.
- Applicable Welfare and Institutions Code requirements.
- BHIN 24-025.
- The Mental Health Plan (MHP) Contract with the State of California.

The intent is to ensure timely access to medically necessary SMHS, continuity of care, and clear inter-county coordination and payment for children and youth involved in foster care.

Scope:

This policy applies to:

- San Francisco County foster care dependents placed outside of San Francisco County.
- Foster care dependents from other counties placed within San Francisco County.
- Children and youth in adoptive or Kin-GAP placements, regardless of county of residence.
- San Francisco Foster Care Mental Health (FCMH) Intake Team staff and related behavioral health operations.

Policy:

San Francisco County shall comply with presumptive transfer requirements by ensuring that responsibility for SMHS is transferred promptly to the county of residence when applicable, unless an allowable exception or waiver applies. Presumptive Transfers will be completed in a manner that minimizes disruption to services, promotes continuity of care, and meets all state mandated timelines.

In accordance with BHIN 24-025:

- Presumptive transfer determinations shall be made promptly (no later than 30 calendar days from the date of placement) and documented.
- Counties shall coordinate to ensure uninterrupted access to SMHS.
- Youth and families shall be informed and involved in decisions impacting service delivery.
- Exceptions to presumptive transfer shall be clearly justified, documented, and communicated.
- Payment responsibility shall align with the county holding SMHS responsibility.
- When San Francisco is the county of original jurisdiction, SF BHS remains responsible for arranging and funding SMHS when a child or youth in foster care is placed out of county in a CTF, Group Home, STRTP, or CCRP, unless the conditions for transfer of responsibility are met below:
 - 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 admitted; or
 - The placing agency determines, as informed by the Child and Family Team (CFT), that the child or youth will be negatively impacted if responsibility for providing or arranging for SMHS is not transferred to the same county as the facility in which the child has

been placed or admitted. The placing agency shall document the basis for making this determination in the case record.

Procedure :

The Foster Care Mental Health (FCMH) Intake Team manages and coordinates all SMHS referrals and requests for:

- San Francisco County dependent youth who are placed in other counties.
- Dependents who reside in San Francisco County but whose dependency is held by another county.

Presumptive Transfer Decision Notice Documentation

The Foster Care Mental Health Intake Team shall:

- Obtain, review, and retain the Presumptive Transfer Decision Notice for all foster care placements involving a potential transfer of Specialty Mental Health Services responsibility. A copy of the Presumptive Transfer notice is sent to FCMH.
- The decision notice shall be maintained in the child or youth's mental health record, regardless of whether the presumptive transfer occurs, is waived, or is otherwise deferred.

Client Communication

In alignment with AB 1051 and BHIN 24-025, the FCMH Intake Team, in coordination with the assigned Protective Services Worker (PSW) and Child and Family Team, shall ensure that:

- The youth, parent, caregiver, or legal representative is informed of:
 - The presumptive transfer determination.
 - Any change in county responsibility for SMHS.
 - How services will continue without interruption
- Communication shall be documented in the mental health record.

Presumptive Transfer Waiver

In certain circumstances, presumptive transfer may be waived in accordance with state guidance (e.g., to prevent disruption of care, maintain continuity, or when another allowable exception applies).

When San Francisco County retains responsibility for SMHS despite out-of-county placement, the FCMH Intake Team will:

- Confirm and document that San Francisco County MHP and FCMH retain responsibility for SMHS, including current service status, and communicate this determination via email.
- Provide ongoing support and monitoring to the service provider regarding waiver status.
- Coordinate with the SF Behavioral Health Services (BHS) Billing Department to ensure timely payment of claims and ongoing coordination with the county of residence.

SF Children and Youth Placed in Foster Care Home Outside of SF County

Responsibility for SMHS typically transfers to the county of residence. For children and youth already receiving SMHS in SF County, the FCMH Intake Team will:

- Ensure the Protective Services Worker (PSW) coordinates with the county of residence regarding the presumptive transfer of SMHS responsibility.
- Provide the receiving county and/or service provider with required documentation, including current assessments, as expeditiously as possible to support continuity of care.
- Notify the Department of Public Health (DPH) Billing Department of the transfer to ensure appropriate claims processing.
- Facilitate effective communication and collaboration, which are essential to ensure children and youth receive timely access to Specialty Mental Health Services (SMHS).
- Counties shall adhere to Child and Family Team (CFT) practices in all applicable cases.
- The placing agency, Mental Health Plan (MHP), and all involved service providers are responsible for coordinating to ensure there is a single, unified CFT.
- When a child or youth is placed outside the county of original jurisdiction, presumptive transfer must be discussed as part of the CFT process.
- Tribal representatives, when applicable, shall be included as members of the CFT and consulted regarding placement and service-related decisions.
- The CFT and placement providers must be actively involved in shared decision-making related to services, placement, and continuity of care.

As of July 1, 2024, the MHP in the county of original jurisdiction is responsible for the provision or arrangement and payment for Specialty Mental Health Services for children and youth in foster care placed in an STRTP, CTF, GH or CCRP setting.

- The placing agency notifies the MHP in the county of original jurisdiction of the child or youth's placement with an out-of-county provider.
- The child or youth is placed in an out-of-county program by the placing agency.
- If notification does not occur prior to placement, the placing agency or the provider must notify the county of original jurisdiction within three (3) calendar days of placement.
- The counties involved must reach agreement on the payment mechanism for SMHS within thirty (30) calendar days of notification of the child or youth's placement.

San Francisco County Youth Placed in STRTPs Outside San Francisco County

When a San Francisco County-dependent child or youth is placed in an STRTP located outside San Francisco County, the Foster Care Mental Health (FCMH) Intake Team shall:

- Retain responsibility for SMHS as the county of origin.
- Coordinate with the STRTP and out-of-county providers to ensure uninterrupted services.
- Review and process Service Authorization Requests (SARs).
- Ensure clinical documentation and service plans are shared as necessary to support continuity of care.
- Notify the DPH Billing Department to ensure appropriate claims processing.

SF Youth in Adoptive and Kin-Gap Homes Placed Outside San Francisco County

When a child or youth whose dependency originated in San Francisco County resides outside San Francisco County in an Adoptive or Kin-GAP placement, presumptive transfer does not apply. the Foster Care Mental Health (FCMH) Intake Team shall:

- Retain SMHS responsibility as the county of origin
- Review and process Service Authorization Requests (SARs) submitted by the county of residence
- Coordinate with providers and caregivers to ensure uninterrupted access to medically necessary services
- Notify the DPH Billing Department to ensure accurate claims processing

Children and Youth Placed in a Foster Care Home in San Francisco County

For children and youth placed in San Francisco County whose dependency originates in another county, responsibility for SMHS transfers to San Francisco County.

The FCMH Intake Team will:

- Receive and review the Presumptive Transfer Decision Notice and supporting documentation.
- Notify the FCMH Team Supervisor and assigned Case Manager of the new referral.
- Communicate acceptance of SMHS responsibility to the county of origin's Protective Services Worker as expeditiously as possible.
- Complete intake and assign services accordingly to ensure timely access to care.

Youth from Other Counties Placed in STRTPs Located in San Francisco County

When a child or youth whose dependency originates in another county is placed in an STRTP located in San Francisco County:

- Responsibility for SMHS remains with the county of origin.
- San Francisco County does not assume SMHS responsibility under presumptive transfer.
- The FCMH Intake Team shall:
 - Coordinate with the county of origin and STRTP as needed to support access to care
 - Direct all SARs and billing inquiries to the county of origin
 - Document the STRTP placement and county-of-origin responsibility in the mental health record

SF Youth in Adoptive and Kin-Gap Homes Placed in San Francisco County

When a child or youth in an Adoptive or Kin-GAP placement whose dependency originated in another county resides in San Francisco County:

- Presumptive transfer does not apply. Responsibility for SMHS remains with the county of origin
- San Francisco County does not assume SMHS responsibility under presumptive transfer
- The FCMH Intake Team shall:
 - Submit SARs to the county of origin as expeditiously as possible.
 - Coordinate intake and service linkage upon authorization.
 - Document county-of-origin responsibility in the mental health record.

Contracting Options:

1. County is a User of the MHSA Portal: When available, counties shall use the Presumptive Transfer (PT) Portal and execute County-to-County Agreements through the PT Portal.

- In addition, the county signs a Letter of Agreement (LOA), external to the portal directly with BHS, via email.
 - BHS provides the LOA document to the county, they complete and return it.
 - BHS executes the agreement through DocuSign finalized documents are shared with SF Contracts Team.

2. County is NOT a User of the MHSA Portal: For counties that do not participate in the PT Portal, the out-of-county provider must be established as a vendor, and a County-to-County Agreement shall be executed outside of the PT Portal.

- The county must sign a County-to-County Agreement and become an SF vendor to receive payment.
 - BHS send the agreement to Out of County provider document for review.
 - If Out of County provider agrees, they sign the document.
 - The agreement is not executed until the county completes SF vendor registration.

3. For Short-Term Residential Therapeutic Programs (STRTPs) that provide specific Specialty Mental Health Services and interventions necessary for the client's future permanency, or when the client plans to remain in the county where the STRTP is located, the financial responsibility for those services stays with the client's county of residence, not San Francisco.

Contact Person:

Director, Foster Care Mental Health

Distribution:

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