

COUNTY OF HUMBOLDT  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BEHAVIORAL HEALTH

POLICY NO. : <b>0704.873</b>	POLICY TITLE: <b>AUTHORIZATION OF OUT-OF-PLAN SERVICES FOR FOSTER CARE, AID TO ADOPTIONS AND KIN-GAP CHILDREN</b>	EFFECTIVE DATE: <b>2008</b>
PROGRAM:	PERFORMANCE MANAGEMENT UNIT – QUALITY IMPROVEMENT	REVISION DATES: 11/14/2016; 5/1/2017, 07/30/2018; 3/2/2020
AFFECTS:	CHILDREN AND FAMILY SERVICES	REVIEW DATES: 9/5/2008; 12/11/2010; 12/20/2013; 1/14/2014

**POLICY** Humboldt County Department of Health and Human Services - Behavioral Health (DHHS-BH) will ensure access to outpatient specialty mental health service for foster children placed outside their county of origin.

**DEFINITION(S)** County of Origin - the county where legal jurisdiction has been established and / or that has financial responsibility for the child or youth.  
Host County - the county where the child or youth is living when the child or youth is not living in the county of origin  
SAR – Service Authorization Request  
Presumptive Transfer – The transfer or relocation of a foster youth from a county of origin to a host county, wherein the provision of mental health services then becomes the responsibility of (transfers to) the host county

**PROCEDURE** DHHS-BH will follow the Service Authorization Request (SAR) process as outlined in DMH Information Notice No. 08-24. The specialty mental health services may include but are not limited to assessment, plan development, therapy, medication support, rehabilitation and collateral (CCR Title 9, Section 1810.227). The changes include specific, mandated time frames that govern the authorization and reimbursement process.

1. County of Origin: Humboldt County Youth Foster Care, Aid to Adoptions Program, and Kin-Gap Medi-Cal Clients
  - 1.1. Authorization procedure:
    - 1.1.1. All requests for authorization of services for Humboldt County Medi-Cal clients will be forwarded to the C&FS SAR Supervising Clinician immediately upon receipt.
    - 1.1.2. A SAR shall not be issued for Foster Care youths who have transferred in or out of Humboldt County under a Presumptive Transfer, per AB 1299, unless the Presumptive Transfer has been waived with a waiver of Presumptive Transfer.
    - 1.1.3. Upon receipt, request will be date stamped. A specific folder will be designated in order to ensure adherence to timelines.
    - 1.1.4. Authorization decision will occur within three (3) working days following the date of the request for service by the SAR Supervising Clinician.
    - 1.1.5. The authorization decision will be faxed to the host county and the requesting provider by the SAR Supervising Clinician within three (3) working days following the date of the request for service by the Access Clinician.
    - 1.1.6. 10% of the SARs will be reviewed once per quarter by a member of Humboldt County children’s behavioral health supervisory/management staff, on a rotating basis, for inter-rater reliability and reported quarterly at the Outpatient CQI.
  - 1.2. Timeline Extension:
    - 1.2.1. Should Humboldt County SAR Supervising Clinician require additional information to determine the beneficiary’s need for service, an extension up to three (3) *working days from the date that the additional information is received or within 14 calendar days from the date of the receipt of the original Authorization request, whichever is less.*
  - 1.3. Reimbursement to Host County / Requesting Provider

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- 1.3.1. DHHS – Behavioral Health will arrange within 30 calendar days of the date of authorization of service for reimbursement to the Host County or requesting provider for services provided to the client.
  - 1.3.2. Reimbursement will be provided to the host county or requesting provider through the protocols established for provider service agreements and Fiscal Services.
  - 1.3.3. C&FS SAR Supervising Clinician will inform Senior Program Manager upon receipt of the request for authorization of services for an out of county request. The Senior Program Manager or designee will ensure that the Service Agreement process is in place and that the information has been provided to the Mental Health Provider Service agreement Coordinator to begin the service agreement process.
  - 1.3.4. The SAR Supervising Clinician will forward the authorization to Fiscal Services and to the Children’s Behavioral Health Admin. Analyst responsible for maintaining the SAR file and SAR database entries upon authorization through the established procedure.
  - 1.4. Arbitration Process
    - 1.4.1. Should any disagreements occur with this process, Mental Health Plan (MHP) and the MHP of the Host County will resolve any disagreements through the arbitration process.
    - 1.4.2. The mediation for the arbitration will be done between the Host County’s and Humboldt County’s Quality Improvement Coordinators.
  - 1.5. Host County/requesting provider responsibilities:
    - 1.5.1. Host County/requesting provider will provide specialty mental health services in accordance with Title 9 of the California Code of Regulations (“C.C.R.”) Sections 1810.345 and 1810.405 with respect to the timelines of routine services as established by DHHS – Behavioral Health.
    - 1.5.2. Host County / requesting provider agrees to comply with all provisions applicable to subcontractors in the Mental Health Managed Care Agreement between counties and California Department of Health Care Services (DHCS).
    - 1.5.3. Host County requests for urgent conditions can be made to MHP’s 24/7 Access toll-free line 1-888 849-5728. If the MHP requires that a provider obtain approval of an MHP payment authorization request prior to the delivery of a specialty mental health service to treat a beneficiary’s urgent condition as a condition of payment to the provider, the MHP shall have a statewide, toll-free number available 24 hours a day, seven days per week, to act on MHP payment authorization requests for specialty mental health services to treat a beneficiary’s urgent condition. Under these circumstances, the MHP shall act upon a payment authorization request within one hour of the request.
  - 2. Early & Periodic Screening, Diagnostic & Treatment (EPSDT) Brochure
    - 2.1. DHHS-Behavioral Health provides the DHCS issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnostic & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS), to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances: at the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered; at the time of admission to a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases; at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home or Short Term Residential Therapeutic Program; and at the time of placement in an RCL 12 foster care group home when DHHS Behavioral Health is involved in the placement.
    - 2.2. The completed “TBS Consideration Prior to Placement Certification Form” serves as proof this notice has been provided
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FORM(S)/  
ATTACHMENTS

[TBS Consideration Prior to Placement Certification Form](#)

REFERENCE

[DMH Information Notice No.: 08-24; Subject: Authorization of Out of Plan Services Title 9, CCR Section 1810.207.5; definition of legal authority by county](#)

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[Title 9, CCR Section 1810.220.5; definition of host county](#)

[Title 9, CCR Sections 1810.345 and 1810.405](#)

[Bill Text - AB-1299 Medi-Cal: specialty mental health services: foster children.](#)

[CCR, title 9, § 1810.310 \(a\)\(1\)](#)

[DMH Letter No. 01-07](#)

[DMH Letter No. 04-04](#)

[DMH Letter No. 04-11](#)

[DMH IN No. 08-38](#)

[MHP Contract 2017-2022](#)

[Department of Health Care Services DHCS Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment notice MC 003 \(11/12\) English](#)

[Department of Health Care Services DHCS Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment notice MC 003 \(11/12\) Spanish](#)

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