

 <p><b>Behavioral Health Department</b> Alameda County Health</p>	<p>Signed by:            By: BA167CA0C0D44A  <b>Karyn L. Tribble, PsyD, LCSW, Director</b></p>
<p><b>POLICY TITLE</b></p> <p><b>AB1051 and Revision of AB1299 Presumptive Transfer for Foster Youth Placed Out of County</b></p>	<p><b>Policy No: 403-5-1</b></p> <p><b>Date of Original Approval:</b> 12/16/2019</p> <p><b>Date(s) of Revision(s):</b> 1/27/2026</p>

## PURPOSE

In compliance with Assembly Bill 1299 (AB1299) and Assembly Bill 1051 (AB1051) Presumptive Transfer legislation, this policy ensures that all foster children, youth, and non-minor dependents (NMDs) receive timely access to specialty mental health services (SMHS) regardless of their county of residence. In September 2025, amendments to AB1299 were added to include AB1051.

## AUTHORITY

- [Assembly Bill 1299: Specialty Mental Health Services for Children and Youth and Presumptive Transfer \(Chapter 603, 2016\).](#)
- [All County Letter \(ACL\) NO. 17-77 Mental Health and Substance Use Disorder Services \(MHSUDS\) Information Notice NO. 17-032](#)
- [All County Letter \(ACL\) NO. 18-60 Mental Health and Substance Use Disorder Services \(MHSUDS\) Information Notice NO. 18-027](#)
- [All County Letter \(ACL\) NO. 24-43 Behavioral Health Information Notice \(BHIN\) NO. 24-025](#)

## SCOPE

This policy applies to all Alameda County Behavioral Health Department (ACBHD) County and ACBHD-contracted programs and requires collaboration with placing agencies initiating the presumptive transfer, Social Services Agency (SSA), Department of Children & Family Services (DCFS) and/or Probation Department.

## BACKGROUND

Presumptive transfer (PT) describes the process in which the responsibility for the authorization, provision and payment of SMHS to the Mental Health Plan (MHP) shifts to the county of residence for a foster child, youth or NMD living out of county. PT is only applicable to youth that are placed in family-based settings. Effective July 1, 2024, AB1051 modifies the conditions and requirements for PT when a child or youth in foster care is placed in certain out-of-county residential settings. The requirements for PT as described in the policy section continue to apply when children and youth in foster care are placed outside of their county of original jurisdiction with relatives, including non-related extended family members, resource families, or any other setting not identified in the text above.

## POLICY

AB1051 modifies the conditions and requirements for PT to occur when a child or youth in foster care is placed in certain out-of-county residential settings. Effective July 1, 2024, when a child or youth is placed outside of their county of original jurisdiction into a community treatment facility (CTF), group home (GH), or short-term residential therapeutic program (STRTP), or admitted to a children's crisis residential program (CCRP), the responsibility to provide or arrange and pay for SMHS shall remain with the MHP in the county of original jurisdiction unless specific circumstances exist.

Effective July 1, 2024, responsibility for authorization, provision and payment of SMHS shall be transferred to the MHP in the foster youth's county of residence for all placements except the following: GH, STRTP, CTF or CCRP. This legislation includes foster children, youth, and NMD ages birth to 21 placed in a county other than the county of original jurisdiction.

Placing agencies are responsible for informing the foster child, the person or agency responsible for making mental health care decisions on behalf of the foster child, and the child's attorney, of the PT requirements under AB1299. This information should include descriptions of exceptions, the option to request a waiver of PT (if an exception exists), and how to make such a request to the placing agency (SSA, DCFS, or Probation). Recommendations concerning placement, services, and supports are to be discussed within the Child Family Team (CFT), including PT or PT waiver decisions.

Placing agencies are responsible for submitting an official notification of AB1299 status to the MHP of the foster child's county of residence.

Upon notification of a PT to Alameda County, ACBHD shall provide assessment, referral, and appropriate treatment for foster children, youth, and NMD placed in Alameda County regardless of the county of jurisdiction within the State of California.

ACBHD Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) is the AB1299 PT and AB1051 single point of contact for Alameda County's MHP for out-of-county placing agencies. The ACCESS phone and fax numbers are available to the public on the [ACBHD website](#).

## **PROCEDURE**

- I. Referral Process for Out-of-County Foster Youth Placed in Alameda County as a PT to the Alameda County MHP**
  - A. Before ACBHD can make a referral for SMHS for an out-of-county foster child, youth, or NMD to an ACBHD provider, ACCESS must receive official notification of AB1299 status (PT or waiver of PT). An exception is to be made in situations when a foster child, youth, or NMD is in imminent danger to themselves or others or is experiencing an emergency psychiatric condition (See Expedited Transfer Section ACL No. 18-60, MHSUDS Information Notice No. 18-027).
  - B. Once ACCESS receives confirmation that the county of jurisdiction intends to PT the SMHS of the foster child, youth, or NMD to ACBHD, a referral shall be made to an ACBHD provider.

- C. All PT referrals from ACCESS shall be treated as any other referral from ACBHD. These foster youth are then able to receive services similar to other Alameda County members regardless of the county in which their Medi-Cal is active.
- D. Legal custody for out-of-county foster children and youth remains with the county of jurisdiction, including the JV220 application process for psychotropic medications, if applicable.
- E. Adopted or Kin-Gap placement children or youth from another county are not a covered population under AB1299 and remain part of Senate Bill (SB) 785 legislation. If a child or youth who was placed in Alameda County as a PT becomes adopted or changes to a Kin-Gap placement while receiving services from ACBHD, they will no longer be covered under AB1299 and will need to be reauthorized for services through a Services Authorization Request (SAR).
- F. Children and youth who are in Family Maintenance (FM) and living with a parent are not a covered population under AB1299. Children and Youth in FM need to transfer their Medi-Cal to the parent's resident county.
- G. Children and youth living with a non-relative Legal Guardianship (LG) placement are not a covered population under AB1299. Children and youth in a non-relative LG placement need to transfer their Medi-Cal to the legal guardian's resident county.

**II. Referral Process for Alameda County Foster Youth Placed Outside of Alameda County as a PT to an Out-of-County MHP (Except in CTF, GH, STRTP, or CCRP)**

- A. The placing agency of the AB1299 PT designee is responsible for informing everyone on the CFT and for referring to the MHP of the county of residence with appropriate consents and authorization forms for SMHS for children, youth, and NMDs ages birth to 21. (See timeliness guidelines [ACL No. 17-77, MHSUDS Information Notice No. 17-032](#))
- B. All parties must comply with Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements and all applicable Federal and State regulations promulgated from HIPAA when making PTs, providing notifications and requesting information regarding the foster child.
- C. The placing agency of the AB1299 PT designee shall contact ACBHD to inform of the PT or waiver of PT for a child, youth or NMD.
- D. ACBHD AB1299 PT designees shall inform ACBHD providers of PTs and ask to transfer and close the case in a clinically appropriate manner if this was not clear in the CFT process.

**III. Referral Process for Alameda County Foster Youth Placed in Certain Residential Settings**

- A. Prior to placing a child or youth in an out-of-county CTF, GH, STRTP or admitting to a CCRP, the placing agency shall provide written notification to ACBHD. If notification

prior to placement is not possible, the placing agency shall notify ACBHD no later than three (3) business days from the date the child or youth arrives at the facility (See ACL No. 24-43, BHIN No. 24025).

- B. A CFT meeting shall occur to determine the youth's level of care and treatment needs as well as any exceptions.
- C. Prior to placement, the placing agency shall ensure that ACBHD has an active contract with the facility or county of residence for the provision of SMHS.
- D. All parties must comply with HIPAA of 1996 requirements and all applicable Federal and State regulations promulgated from HIPAA when making placements, providing notifications and requesting information regarding the child or youth.

#### **IV. Exceptions to a PT**

- A. PT can only be waived by the placing agency if all the conditions are met (Only applies to youth in family-based settings):
  - i. An individualized determination has been made that an exception outlined in the statute applies ([Welfare and Institutions \(W&I\) Code 14717.1 \(b\) 2 \(A\)](#)), and
  - ii. A demonstration that the MHP in the county of original jurisdiction can contract and provide services within 30 days.
- B. The placing agency may decide to waive PT on an individual, case-by-case basis only if one or more of the four exceptions listed below exists. The waiver decision must be documented in the child's case plan and communicated to all other members of the CFT.
  - i. 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.
  - ii. The transfer would interfere with the family reunification efforts documented in the individual case plan.
  - iii. The foster child's placement in a county other than the county of original jurisdiction is expected to last less than six (6) months.
  - iv. The foster child's residence is within 50 miles of travel or 30 minutes of travel time from the established SMHS care provider in the county of original jurisdiction.
- C. If an Alameda County placing agency notifies the ACBHD AB1299 designee of a waiver of PT for a foster child, youth, or NMD living out of the county, ACBHD shall maintain responsibility for SMHS while the child, youth or NMD is placed out of the county. A waiver processed based on an exception to PT shall be contingent upon ACBHD demonstrating an existing contract with a SMHS provider, or the ability to deliver timely SMHS directly to the foster child. The availability of an existing contracted service or ability to contract and provide services within 30 days shall be directly communicated to the placing agency AB1299 PT designee.

**V. Exceptions for AB1051 Placements**

A. Pursuant to W&I Code section 14717.2, for placements or admissions commencing on or after July 1, 2024, the MHP in the county of original jurisdiction of a child or youth in foster care shall retain responsibility to arrange and provide SMHS if the child or youth in foster care is placed out of the county of original jurisdiction in a CTF, GH, or STRTP, or is admitted to a CCRP, unless either of the following circumstances exist:

- i. 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 where they are placed; or
- ii. The placing agency determines, as informed by the CFT, that the child or youth will be negatively impacted if responsibility for providing or arranging SMHS is not transferred to the new county of residence where the facility is located. The placing agency shall document the basis for making this determination in the case record.

**NON-COMPLIANCE**

Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.

- ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
- The cost to implement the CAP or CCP shall be borne by the Contractor.
- Staff shall report incidents of non-compliance to their department manager, who shall submit a Non-Compliance Report to ACBHD Quality Management (QM).
- Non-Compliance Reports shall be submitted within 15 days of reasonable awareness of the non-compliance.
- Failure to comply with this policy may result in formal actions including and up to formal sanctions as outlined in ACBHD policy #1302-1-1, [Contract Compliance and Sanctions for BHCS – Contract Providers](#).
- Staff shall not face retribution for submitting a notice of non-compliance.

**CONTACT**

ACBHD Office	Current As Of	Email
Child and Young Adult System of Care (CYASOC)	1/26/26	<a href="mailto:Info.ACBH.CYASOC@acgov.org">Info.ACBH.CYASOC@acgov.org</a>
Contracts Unit (CU)	1/26/26	<a href="mailto:Contracts@acgov.org">Contracts@acgov.org</a>
Billing and Benefits Support Unit (BBSU)	1/26/26	<a href="mailto:provider.relations@acgov.org">provider.relations@acgov.org</a>
Utilization Management (UM)	1/26/26	<a href="mailto:Utilizationmanagement@acgov.org">Utilizationmanagement@acgov.org</a>
Quality Assurance (QA)	1/26/26	<a href="mailto:QAOFFICE@acgov.org">QAOFFICE@acgov.org</a>
Quality Improvement (QI)	1/26/26	<a href="mailto:QITEAM@acgov.org">QITEAM@acgov.org</a>

## DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

## ISSUANCE AND REVISION HISTORY

**Original Authors:** Sun Hyung Lee, Interim Division Director, Transition Age Youth; Christine Mukai, AB1299 Lead

**Original Date of Approval:** 12/16/2019 by Karyn L. Tribble, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Jessica Vigil, Special Services Coordinator, Specialty Services Division	Revision of AB1299 policy and implementation of AB1051.	1/27/2026 by Karyn Tribble, PsyD, LCSW, Behavioral Health Director
Samatha Brown, Program Specialist, CYASOC		
Christine Mukai, Crisis Manager		

## DEFINITIONS

Term	Definition
<b>AB1051</b>	Effective July 1, 2024, AB1051 modifies the conditions and requirements for PT when a child or youth in foster care is placed in certain out-of-county residential settings.
<b>AB1299</b>	Effective July 1, 2017, a law with the intention to eliminate a key barrier to mental health care for foster youth ages birth to 21. Shifts responsibility for the authorization, provision and payment of SMHS to the MHP in the foster child's county of residence for foster children, youth, and NMDs placed in a county other than the county of original jurisdiction.
<b>Child and Family Team (CFT)</b>	A group of individuals that includes the child or youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth and family's success. The CFT shares responsibility to assess, plan, intervene, monitor and refine services and supports over time. The CFT process allows members of the team to discuss behavioral issues of concern with the goal of identifying services for foster child or youth that can be provided in the least-restrictive setting.

<b>Kin-Gap</b>	The Kin-Gap program is a permanency option for children in long-term placement with relatives, which provides a monthly payment to the relative guardian. This program is intended to enhance family preservation and stability by providing relatives with an alternative route to permanency when reunification and adoption are not appropriate permanency options
<b>Non-Minor Dependent (NMD)</b>	Non-minor dependent status under AB12, generally between the ages of 18 to 21.
<b>Out Of County</b>	Placement outside of county of jurisdiction.
<b>Presumptive Transfer (PT)</b>	Shifts responsibility for the authorization, provision and payment of SMHS to the MHP of the county of residence for a foster child, youth or NMD living out of county. (Only applicable to youth that are placed in family-based settings.)
<b>Waiver of Presumptive Transfer (PT)</b>	Maintains responsibility for the authorization, provision, and payment of SMHS with the MHP of the county of jurisdiction for a foster child, youth or NMD living out of county. This is only applicable to youth that are placed in family-based settings.

## APPENDICES

- None