

AMENDED IN ASSEMBLY SEPTEMBER 4, 2007

AMENDED IN ASSEMBLY JULY 10, 2007

AMENDED IN ASSEMBLY JUNE 28, 2007

AMENDED IN SENATE APRIL 26, 2007

AMENDED IN SENATE APRIL 17, 2007

SENATE BILL

No. 785

Introduced by Senator Steinberg

(Principal coauthor: Assembly Member Lieber)

(Coauthors: Senators Calderon and Correa)

(Coauthors: Assembly Members Bass, Berg, Dymally, *Leno*, and Maze)

February 23, 2007

An act to add Sections 5777.7, 11376, 11380.9, and 16125 to the Welfare and Institutions Code, relating to public social services.

LEGISLATIVE COUNSEL'S DIGEST

SB 785, as amended, Steinberg. Foster children: mental health services.

Existing law requires the State Department of Mental Health to implement managed mental health care for Medi-Cal beneficiaries through fee-for-service or capitated rate contracts with mental health plans, including individual counties, counties acting jointly, any qualified individual or organization, or a nongovernmental entity. Under existing law, this may include the provision of specialty mental health services to children in foster care.

This bill would require the State Department of Mental Health, by ~~April~~ *July* 1, 2008, to create a standardized contract, service authorization procedure, and set of documentation standards and forms,

and to use these items to facilitate the receipt of medically necessary specialty mental health services by a foster child who is placed outside of his or her county of original jurisdiction, as specified. In addition, the bill would require the California Health and Human Services Agency to ~~perform~~ *coordinate the efforts of the State Department of Mental Health and the State Department of Social Services for the performance of* designated duties with respect to implementing these provisions, including establishing informational materials for foster care providers and county child welfare agencies, relating to the provision of mental health services to children in their care, as specified.

Existing law provides for the Adoption Assistance Program, to be established and administered by the State Department of Social Services, which provides for the payment by the department and counties of cash assistance to eligible families that adopt eligible children, and bases the amount of the payment on the needs of the child and the resources of the family to meet those needs. Under existing law, the department or licensed adoption agency is required, among other duties, to provide the prospective adoptive family with information on the availability of mental health services through the Medi-Cal program or other programs.

Existing law provides that the county responsible for determining the child's eligibility for the program, and for providing financial aid is the county that at the time of the adoptive placement would otherwise be responsible for making a payment pursuant to the CalWORKs program or the Aid to Families with Dependent Children-Foster Care program if the child were not adopted.

Existing law provides for Kinship Guardianship Assistance Payment Program (Kin-GAP) and the Kin-GAP Plus programs, as a part of the CalWORKs program, which provide aid on behalf of specified categories of eligible children who are placed in the home of a relative caretaker. Existing law provides that the county that formally had court ordered jurisdiction over a child receiving benefits under the Kin-GAP and Kin-GAP Plus programs shall be responsible for paying the child's aid regardless of where the child actually resides, so long as the child resides in California.

This bill would provide that a foster child whose adoption has become final and who is receiving or is eligible to receive Adoption Assistance Program assistance, including Medi-Cal, or who has become the subject of a legal guardianship and is receiving Kin-GAP or Kin-GAP Plus assistance, including Medi-Cal, and whose foster care court supervision has been terminated, shall be the responsibility of the local mental health

plan in the county of residence of his or her adoptive parents or legal guardian *for the provision of medically necessary specialty mental health services, as specified.*

To the extent that it would impose new duties on county child welfare departments in connection with the provision of mental health services to foster children, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 5777.7 is added to the Welfare and
2 Institutions Code, to read:

3 5777.7. (a) In order to facilitate the receipt of medically
4 necessary specialty mental health services by a foster child who
5 is placed outside of his or her county of original jurisdiction, the
6 State Department of Mental Health shall take all of the following
7 actions:

8 (1) On or before ~~April~~ July 1, 2008, create all of the following
9 items, in consultation with stakeholders, including, but not limited
10 to, the California Institute of Mental Health, the Child and Family
11 Policy Institute, the California Mental Health Directors
12 Association, and the California Alliance of Child and Family
13 Services:

14 (A) A standardized contract for the purchase of medically
15 necessary specialty mental health services from organizational
16 providers, when a contract is required.

17 (B) A standardized specialty mental health service authorization
18 procedure.

19 (C) A standardized set of documentation standards and forms,
20 including, but not limited to, forms for treatment plans, annual
21 treatment plan updates, day treatment intensive and day treatment
22 rehabilitative progress notes, and treatment authorization requests.

1 (2) ~~Use~~ *On or before January 1, 2009, use* the standardized
2 items as described in paragraph (1) of subdivision (a) to provide
3 medically necessary specialty mental health services to a foster
4 child who is placed outside of his or her county of original
5 jurisdiction, so that organizational providers who are already
6 certified by a mental health plan are not required to be additionally
7 certified by the mental health plan in the county of original
8 jurisdiction.

9 (3) (A) ~~Use~~ *On or before January 1, 2009, use* the standardized
10 items described in paragraph (1) of subdivision (a) to provide
11 medically necessary specialty mental health services to a foster
12 child placed outside of his or her county of original jurisdiction to
13 constitute a complete contract, authorization procedure, and set of
14 documentation standards and forms, so that no additional
15 documents are required.

16 (B) Authorize a county mental health plan to be exempt from
17 subparagraph (A) and have an addendum to a contract,
18 authorization procedure, or set of documentation standards and
19 forms, when the county mental health plan has an externally placed
20 requirement, such as a requirement from a federal integrity
21 agreement, that would affect one of these documents.

22 (4) Following consultation with stakeholders, including, but not
23 limited to, the California Institute of Mental Health, the Child and
24 Family Policy Institute, the California Mental Health Directors
25 Association, the California State Association of Counties, and the
26 California Alliance of Child and Family Services, require the use
27 of the standardized contracts, authorization procedures, and
28 documentation standards and forms as specified in paragraph (1)
29 of subdivision (a) in the ~~2007-08~~ *2008-09* state-county mental
30 health plan contract and each state-county mental health plan
31 contract thereafter.

32 (5) The mental health plan shall include a standardized contract,
33 as provided in paragraph (1) of subdivision (a), if a contract is
34 required, or another mechanism of payment if a contract is not
35 required, with a provider or providers of the county's choice, to
36 deliver approved specialty mental health services for a specified
37 foster child, within 30 days of an approved Treatment
38 Authorization Request (TAR).

39 (b) The California Health and Human Services Agency shall
40 *coordinate the efforts of the State Department of Mental Health*

1 *and the State Department of Social Services to do all of the*
2 *following:*

3 (1) Participate with the stakeholders in the activities described
4 in this section.

5 (2) During ~~its~~ budget hearings in 2008 and 2009, report to the
6 Legislature regarding the implementation of this section and
7 subdivision (c) of Section 5777.6.

8 (3) On or before ~~April~~ July 1, 2008, establish the following, in
9 consultation with stakeholders, including, but not limited to, the
10 California ~~Institute~~ of Mental Health Directors Association, the
11 California Alliance of Child and Family Services, and the County
12 Welfare Directors Association:

13 (A) Informational materials that explain to foster care providers
14 how to arrange for mental health services on behalf of the
15 beneficiary in their care.

16 (B) Informational materials that county child welfare agencies
17 can access relevant to the provision of services to children in their
18 care from the out-of-county local mental health plan that is
19 responsible for providing those services, including, but not limited
20 to, receiving a copy of the child's treatment plan within 60 days
21 after requesting services.

22 SEC. 2. Section 11376 is added to the Welfare and Institutions
23 Code, to read:

24 11376. A foster child who has become the subject of a legal
25 guardianship, who is receiving assistance under the Kin-Gap
26 Program, including Medi-Cal, and whose foster care court
27 supervision has been terminated, shall be the responsibility of the
28 local mental health plan in the county of residence of his or her
29 legal guardian *for the provision of medically necessary specialty*
30 *mental health services. The host county mental health plan shall*
31 *be responsible for submitting the treatment authorization request*
32 *(TAR) to the mental health plan in the county of origin. The*
33 *requesting public or private service provider shall prepare the*
34 *TAR. The county of origin shall retain responsibility for*
35 *authorization and reauthorization of services utilizing an expedited*
36 *TAR process.*

37 SEC. 3. Section 11380.9 is added to the Welfare and
38 Institutions Code, to read:

39 11380.9. A foster child who has become the subject of a legal
40 guardianship, who is receiving assistance under the Kin-Gap Plus

1 Program, including Medi-Cal, and whose foster care court
2 supervision has been terminated, shall be the responsibility of the
3 local mental health plan in the county of residence of his or her
4 legal guardian *for the provision of medically necessary specialty*
5 *mental health services. The host county mental health plan shall*
6 *be responsible for submitting the treatment authorization request*
7 *(TAR) to the mental health plan in the county of origin. The*
8 *requesting public or private service provider shall prepare the*
9 *TAR. The county of origin shall retain responsibility for*
10 *authorization and reauthorization of services utilizing an expedited*
11 *TAR process.*

12 SEC. 4. Section 16125 is added to the Welfare and Institutions
13 Code, to read:

14 16125. A foster child whose adoption has become final, who
15 is receiving or is eligible to receive Adoption Assistance Program
16 assistance, including Medi-Cal, and whose foster care court
17 supervision has been terminated, shall be the responsibility of the
18 local mental health plan in the county of residence of his or her
19 adoptive parents *for the provision of medically necessary specialty*
20 *mental health services. The host county mental health plan shall*
21 *be responsible for submitting the treatment authorization request*
22 *(TAR) to the mental health plan in the county of origin. The*
23 *requesting public or private service provider shall prepare the*
24 *TAR. The county of origin shall retain responsibility for*
25 *authorization and reauthorization of services utilizing an expedited*
26 *TAR process.*

27 SEC. 5. If the Commission on State Mandates determines that
28 this act contains costs mandated by the state, reimbursement to
29 local agencies and school districts for those costs shall be made
30 pursuant to Part 7 (commencing with Section 17500) of Division
31 4 of Title 2 of the Government Code.

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