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| **AB1299 STRTP ADMISSION REPORT****Completed for Out-of-County Foster Youth Under Presumptive Transfer****(Not Applicable for Youth Under Presumptive Transfer Waiver Who Are Managed Outside of the BHS Contract)** |
| **Client Initials** |       |
| **Date of Admission** |       |
| **County of Original Jurisdiction (Placing County)**STRTP enter **County of Original Jurisdiction in CCBH 3rd Party Coverage** (Refer to [3rd Party Billing Instructions](https://optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/billing-unit/billing-unit-resources/Third-Party%20Billing%20Instructions.pdf)) |       |
| **Please indicate if Emergency Placement and complete items 1 through 6:** | **Yes** | **No** |
| **IPC - Emergency Placement? (Placed in STRTP prior to Inter-Agency Placement Committee (IPC) screening)*** If placed prior to IPC screening, a licensed or waivered mental health professional through the STRTP shall make a written determination that the child requires the level of services and supervision provided at the STRTP to meet their behavioral health and mental health service needs within 72 hours ([DHCS Interim STRTP Regulations Version 2, Section 8 (f)](https://www.dhcs.ca.gov/Documents/STRTP-Regulations-version-II.pdf))
* STRTP to coordinate with placing county for IPC review within 30 days of placement
 | [ ]  | [ ]  |
| **QI - Emergency Placement? (Placed in STRTP prior to completion of Qualified Individual Assessment)*** If placed prior to QI Assessment completion, placing agency will need to provide the QI Assessment reflecting STRTP level of care recommendation within 30 days of emergency placement
 | [ ]  | [ ]  |
| 1. **NOPT**
 | * Placing county provided a copy of the Notice of Presumptive Transfer form (NOPT) to confirm need for STRTP level of care prior to admission; and
* STRTP has reviewed and forwarded a copy of the NOPT to the Optum San Diego mental health point of contact per the CDSS Presumptive Transfer Website:

(**Gwen Jajou**: **Phone** – 800-798-2254 option 3 and 3, **Fax** – 866-220-4495)<https://www.cdss.ca.gov/inforesources/foster-care/presumptive-transfer/county-points-of-contact> ; and* Copy of NOPT is attached to this report
 | [ ]  | [ ]  |
| 1. **IPC**
 | Placing county provided written documentation that IPC recommended/approved Group Home/STRTP level of care (may be part of NOPT) | [ ]  | [ ]  |
| 1. **QI**
 | * Placing county provided a completed Qualified Individual Assessment Report prior to placement?
* If QI Assessment not provided due to emergency placement, STRTP to resubmit AB1299 STRTP Admission Report by the 15th of the following month
* If yes, QI Assessment Report recommended STRTP Level of Care?
 | [ ] [ ]  | [ ] [ ]  |
| 1. **LOC**
 | Placing county provided written documentation that lower levels of intervention were insufficient and Group Home/STRTP level of care is warranted (may be part of NOPT or QI Assessment) | [ ]  | [ ]  |
| 1. **SMHS**
 | Placing county provided written documentation that client meets Medical Necessity, and the level of Specialty Mental Health Services offered through the San Diego County contract is necessary to address client's needs (may be part of NOPT or QI Assessment) | [ ]  | [ ]  |
| 1. **CFT**
 | * STRTP has communicated to placing county expectation that placing county be an active participant in all CFT Meetings; and
* STRTP obtained written confirmation from placing county to be an active part of the Child and Family Team (CFT); and
* Ongoing verification of placing county participation is managed with STRTP ensuring active participation and documentation through CFT Meeting Notes
* STRTP has discussed the options of presumptive transfer or waiver with placing agency and the CFT
 | [ ]  | [ ]  |

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| **Completed by STRTP** | **Completed by COR**  |
| **AB1299 STRTP Admission Report and NOPT form was securely submitted to:**[ ]  **BHS COR via secure email on date:**      [ ]  **Faxed to Optum at 866-220-4495 on date:**      **Documentation for items 1-6 above verified by:****Legal Entity Name:**      **Program Name:**      **Program Manager’s Name:**      **Comments** (include rationale for any question marked “no” on question #1-6):      | **Any “NO” notation was reviewed by COR on:**      **Notes:**       |