

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)			
Please indicate if Emergency Placement and complete items 1 through 5:		Yes	No
Emergency Placement? (Placed in STRTP prior to IPC screening)		<input type="checkbox"/>	<input type="checkbox"/>
1. NOPT	<ul style="list-style-type: none"> ○ STRTP obtained and reviewed a copy of the Notice of Presumptive Transfer form (NOPT) to confirm need for STRTP level of care prior to admission; and ○ STRTP has 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 	<input type="checkbox"/>	<input type="checkbox"/>
2. IPC	Placing county provided written documentation that Inter-Agency Placement Committee (IPC) recommended/approved Group Home/ST RTP level of care (may be part of NOPT)	<input type="checkbox"/>	<input type="checkbox"/>
3. LOC	Placing county provided written documentation that lower levels of intervention were insufficient and Group Home/ST RTP level of care is warranted (may be part of NOPT)	<input type="checkbox"/>	<input type="checkbox"/>
4. 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)	<input type="checkbox"/>	<input type="checkbox"/>
5. CFT	<ul style="list-style-type: none"> ○ 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 	<input type="checkbox"/>	<input type="checkbox"/>
Completed by STRTP		Completed by COR	
<p>AB1299 STRTP Admission Report and NOPT form was securely submitted to:</p> <p><input type="checkbox"/> BHS COR via secure email on date:</p> <p><input type="checkbox"/> CCR Program Manager via secure email at Seth.Williams@sdcounty.ca.gov on date:</p> <p><input type="checkbox"/> Faxed to Optum at 866-220-4495 on date:</p> <p>Documentation for items 1-5 above verified by: Legal Entity Name:</p> <p>Program Name:</p> <p>Program Manager's Name:</p> <p>Comments:</p>		<p>Any "NO" notation was reviewed by COR on:</p> <p>Notes:</p>	