



DATE: April 15, 2021

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-29-21  
Behavioral Health Information Notice No: 21-013

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL INDEPENDENT LIVING PROGRAM MANAGERS  
ALL INDEPENDENT LIVING PROGRAM COORDINATORS  
ALL FOSTER CARE MANAGERS  
ALL TITLE IV-E AGREEMENT TRIBES  
ALL TRANSITIONAL HOUSING COORDINATORS  
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES  
CALIFORNIA ASSOCIATION FOR ALCOHOL/DRUG EDUCATORS  
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM  
EXECUTIVES, INC.  
CALIFORNIA ASSOCIATION OF DUI TREATMENT PROGRAMS  
CALIFORNIA ASSOCIATION OF SOCIAL REHABILITATION  
AGENCIES  
CALIFORNIA CONSORTIUM OF ADDICTION PROGRAMS AND  
PROFESSIONALS  
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH  
AGENCIES  
CALIFORNIA HOSPITAL ASSOCIATION  
CALIFORNIA OPIOID MAINTENANCE PROVIDERS  
CALIFORNIA STATE ASSOCIATION OF COUNTIES  
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS  
COUNTY BEHAVIORAL HEALTH DIRECTORS  
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF  
CALIFORNIA  
COUNTY DRUG & ALCOHOL ADMINISTRATORS

SUBJECT: IMPLEMENTATION OF THE FAMILY URGENT RESPONSE SYSTEM  
(FURS) COUNTY MOBILE RESPONSE TEAMS FOR CURRENT AND  
FORMER FOSTER CHILDREN/YOUTH AND CAREGIVERS AND  
CLAIMING FOR MEDI-CAL SPECIALTY MENTAL HEALTH  
SERVICES

REFERENCES: [ASSEMBLY BILL \(AB\) 79, \(CHAPTER 11, STATUTES OF 2020\)](#)  
[SENATE BILL \(SB\) 80 \(CHAPTER 5.4, STATUTES OF 2019\)](#)  
[ALL COUNTY LETTER 20-89](#)

## **PURPOSE**

The purpose of this All County Information Notice (ACIN)/Behavioral Health Information Notice (BHIN) is to provide guidance to counties and providers regarding the implementation of the county mobile response and stabilization teams and the services that can be claimed as Medi-Cal Specialty Mental Health Services (SMHS).

## **BACKGROUND**

In 2019, the California Legislature passed legislation requiring the state and counties to establish a coordinated Family Urgent Response System (FURS) for current and former foster children, youth, nonminor dependents (NMD) and their caregivers. [California Welfare & Institution Code (W&I) § 16526 et seq.] The intent of FURS is to establish a coordinated, statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability for the purposes of preserving the relationship of the caregiver and the child, youth, or NMD providing developmentally appropriate relationship conflict management and resolution skills, stabilizing the living situation, mitigating the distress of the caregiver or child, youth or NMD, connecting the caregiver and child, youth or NMD to the existing array of local services, and promoting a healthy and healing environment for children, youth, NMDs and families.

County child welfare, probation, and behavioral health agencies in each county or region of counties are required to establish a joint county-based mobile response and stabilization team. Teams should include qualified providers of specialty mental health services, and may include peer partners. The teams are available 24-hours a day, seven days a week, and provide immediate, in-person, face-to-face responses. Teams include staff with specialized training in trauma and the foster care system, who provide in-home de-escalation, stabilization, and support services that include face-to-face contact. The teams also identify the underlying causes of the instability, observe child, youth, NMD and caregiver interactions, diffuse the immediate situation, identify the caregiver interventions attempted, and coach and work with the caregiver and the child, youth or NMD to preserve the current living situation. As discussed below, some of the FURS mobile response team activities may qualify as Medi-Cal specialty mental health services, while other services may not.

## **FURS COUNTY MOBILE RESPONSE AND STABILIZATION TEAMS**

County child welfare, probation, and behavioral health agencies in each county or region of counties are required to establish a joint county-based mobile response and stabilization team that provides supportive services to address situations of instability and preserve the relationship of the caregiver and the child, youth or NMD. Counties were required to establish these teams to serve current and former foster children, youth, NMDs and their caregivers **by March 1, 2021** unless an extension was granted.

If an extension was granted, the county has implemented an interim mechanism to respond to hotline calls through a process that includes an in-person mobile response. Counties that have an approved extension must submit a plan for full implementation of their FURS teams to the California Department of Social Services (CDSS) by May 1, 2021 and be fully operational no later than July 1, 2021. As specified in W&I Code Sections 16526-16530, FURS is designed to provide support to current and former foster children, youth, NMDs and their caregivers. Mental Health Plans (MHPs) shall comply with obligations to provide all required SMHS to Medi-Cal eligible children and youth under age 21 pursuant to federal and state Early and Periodic Screening, Diagnostic and Treatment obligations.

A current or former foster child or youth includes a child or youth adjudicated under W&I Code Section 300, 601, or 602 and who is served by a county child welfare agency or probation department, and a child or youth who has exited foster care to reunification, guardianship, or adoption up to age 21. This also includes youth who have been reunified with a parent but remain under the jurisdiction of the juvenile court in a plan of Family Maintenance. A current or former foster child or youth shall be eligible for services until they attain 21 years of age. A caregiver is defined as a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma. Caregiver is defined broadly and includes an individual beyond a parent who is acting in a caregiving role.

### **MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES<sup>1</sup>**

County mobile response teams may provide an array of social, developmental and other services during situations of instability. As such, not all services provided by the county mobile response teams are Medi-Cal-reimbursable services. MHPs are required to provide SMHS to any Medi-Cal eligible child under age 21, including those served by a county child welfare agency or probation department, when such services meet all state and federal Medicaid requirements, including medical necessity, as required by W&I Code Section 14059.5.

MHPs may utilize county mobile response teams to provide SMHS to current or former foster children, youth, NMDs and their caregivers. MHPs may claim Medicaid federal financial participation, if the child or caregiver is Medi-Cal eligible, the services provided are medically necessary SMHS, and all state and federal Medicaid requirements are met. It is expected that FURS mobile response will enable MHPs to improve their ability to provide medically necessary SMHS to support foster children and their caregivers in situations of instability.

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<sup>1</sup> This guidance reflects current Medi-Cal requirements and may be modified following implementation of California Advancing and Innovating Medi-Cal (CalAIM). For services to be Medi-Cal reimbursable, existing documentation and treatment planning requirements apply.

MHPs may claim federal financial participation for Crisis Intervention, Targeted Case Management (including Intensive Care Coordination), and Mental Health Services provided to current or former foster children, youth, NMDs and their caregivers through FURS county mobile response and stabilization teams, if all of the following criteria are met:

- The current or former foster child is Medi-Cal eligible;
- Medical necessity criteria is met for SMHS<sup>2</sup>;
- The services provided are SMHS, provided by a qualified SMHS provider<sup>3</sup>.
- All Medi-Cal documentation requirements are met.

MHPs may claim federal financial participation for, interventions provided to caregivers as “collateral,” which is a service component of other SMHS. Collateral is provided to a significant support person or persons in a beneficiary’s life for the purpose of providing support to the beneficiary in achieving plan goals. Collateral includes one or more of the following: consultation and/or training of the significant support person(s) that would assist the beneficiary in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the beneficiary; and family counseling with the significant support person(s) to improve the functioning of the beneficiary. The beneficiary may or may not be present for this service activity. If the caregiver meets all criteria to receive Medi-Cal SMHS, then other claiming options may exist for the SMHS provided to the caregiver.

Beneficiaries should be referred to the MHP for additional and on-going SMHS when a need for ongoing SMHS is identified. County Welfare Departments (CWDs) are the recipients of the state allocation for implementation of FURS. However, the law requires child welfare, probation departments, and county behavioral/mental health agencies in consultation with other relevant county agencies, tribal representatives, and caregivers to submit a single, coordinated plan and implement joint local mobile response teams. CWDs are encouraged to allocate resources locally that align with their local plans. Therefore, if the FURS county mobile response and stabilization team provides a behavioral health service that is not Medi-Cal reimbursable, the FURS State General Fund allocation could be utilized to reimburse the county behavioral health departments for services delivered to Medi-Cal beneficiaries when the service does not meet state and federal Medicaid requirements. The FURS State General Fund allocation may also be used to pay for the non-federal share of the Medi-Cal payment when the service provided is Medi-Cal reimbursable. Additionally, counties should reference

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<sup>2</sup> Some SMHS may be delivered prior to determination of a diagnosis or completion of a treatment plan ([MHSUDS Information Notice No. 17-040](#)).

<sup>3</sup> All SMHS program requirements must be met in order for the MHP to claim federal financial participation for SMHS provided by county mobile response teams.

[ACL No. 04-32](#) regarding establishing a Memorandum of Understanding needed for the pass-through of any Title IV-E funds to the extent that FURS activities are eligible for Title IV-E reimbursement.

To the extent that implementation of FURS has an overall effect of increasing certain costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase.

For questions concerning this ACIN/BHIN, please contact the CDSS Placement Services and Support Unit at (916) 657-1858, or contact the CDSS or the Department of Health Care Services by email at [FURS@dss.ca.gov](mailto:FURS@dss.ca.gov) or [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov).

Sincerely,

***Original Document Signed By:***

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Children and Family Services Division

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