



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 12 POLICY 012

KATIE A. SUBCLASS CRITERIA

- A. PURPOSE:** To inform Yolo County Health and Human Service Agency staff and its' subcontracted providers of the Katie A. Subclass Criteria.
- B. FORMS REQUIRED/ATTACHMENTS:** Yolo County Katie A (ICC/IHBS) Form
- C. DEFINITIONS:** N/A
- D. POLICY:** It is the policy of Yolo County HHS as the Mental Health Plan (MHP) to adhere to Federal and State rules and regulations governing the provision of Specialty Mental Health Services (SMHS) for children and youth who are members of the Katie A. Subclass.
- E. PROCEDURES:**
1. Eligible Population: Katie A. Subclass Criteria
 - a. Children/Youth (up to age 21)
 - b. Are Full-Scope Medi-Cal (Title XIX) eligible;
 - c. Have an open child welfare services case;
 - d. Meet medical necessity criteria for Specialty Mental Health Services (SMHS) as set forth in Title 9 C.C.R. Section 1830.205; 1830.210;
 - e. Currently in or being considered for:
 - i. Wraparound Services;
 - ii. Therapeutic Foster Care;
 - iii. Specialized Care rate due to behavioral health needs;
 - iv. Other Early Periodic Screening Diagnosis Treatment (EPSDT) services, including, but not limited to, Therapeutic Behavioral Services (TBS), Crisis stabilization/ intervention; or
 - f. Currently in or being considered for:
 - i. Group home (RCL 10 or above);
 - ii. A psychiatric hospital;
 - iii. Or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or
 - iv. Has experienced three or more placements within 24 months due to behavioral health needs.
 2. In coordination with county child welfare agencies, MHPs have the responsibility for establishing an eligibility determination process for the Katie A. Subclass. MHPs have the flexibility to create an eligibility determination process that works for their county to reduce any potential delays or barriers to access to services. The eligibility determination process

must be documented and include language that establishes that the child/youth meets the Katie A. Subclass criteria noted above.

3. Katie A. Subclass Determination:

(YES answers are needed for a, b, and c)

- a. Does the child have full scope Medi-Cal benefits?
- b. Is the child involved in CWS and have an open case or at imminent risk of placement in foster care?
- c. Does the child meet medical necessity for Specialty MH Services?
- d. (Only one YES is needed for category d below) Is the child:
 - i. Currently being considered for Wraparound services
 - ii. Currently living in a Therapeutic Foster Care home
 - iii. Is receiving specialized care rate due to behavioral health needs or other intensive EPSDT services (TBS and/or Crisis Stabilization/Intervention)
 - iv. Currently being considered for a group home placement (RCL 10 or above)
 - v. Currently admitted or placed in a psychiatric hospital or 24hr MH treatment facility
 - vi. Has experienced 3 placement changes within the last 24 months due to behavioral needs
- e. Katie A services must be requested and authorized, therefore HHSA shall conduct checks for the ICC and IHBS codes on Authorization request form and utilize said codes in clinical documentation.
- f. Mental Health CFTs must be occurring at least every 90 calendar days. Placing agency (CWS/Probation) CFTs must be occurring every 6 months, unless the family is already established with the team through another agency. CFTs can occur more frequently based on the needs of the child/family.
- g. Revision of treatment plans may be needed to address needs for Katie A. Subclass child or one who is needing ICC/IHBS services.
- h. Note: While the Katie A. Settlement only concerned children and youth in foster care or at imminent risk of placement in foster care, membership in the Katie A. class or subclass is no longer a requirement for receiving medically necessary ICC and IHBS services, and therefore a child or youth need not have an open child welfare services case to be considered for receipt of ICC and IHBS.

Katie A. (ICC/IHBS)

Yolo County HHSA- CYF MH Team

Please Note: Membership in Katie A. class or subclass is no longer a requirement for receiving medically necessary ICC and IHBS services. Therefore, a client need not have an open child welfare services case to be considered for receipt of ICC and IHBS.

Eligibility Checklist:

<input type="checkbox"/> Child has an open Child Welfare Services case
<input type="checkbox"/> Child/youth meets Medical Necessity criteria for Specialty Mental Health Services as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.
<input type="checkbox"/> Child/youth is full-scope Medi-Cal eligible?
<input type="checkbox"/> Child/Youth up to age 21

AND (only need one box checked below)

<input type="checkbox"/> Child/youth has had 3 or more placements within 24 months due to behavioral health needs
OR
<input type="checkbox"/> Child/youth is currently receiving or being considered for any of the following services (only one box checked is needed)
<input type="checkbox"/> Crisis Stabilization
<input type="checkbox"/> Placement in RCL 10+ or STRTP
<input type="checkbox"/> Placement in Psych Hospital or 24 hr MH tx facility (ex. PHF)
<input type="checkbox"/> Specialized Care Rate (SCR) due to behavioral health needs
<input type="checkbox"/> Therapeutic Behavioral Services (TBS)
<input type="checkbox"/> Therapeutic Foster Care (TFC) / Foster Family Agency (FFA) placement
<input type="checkbox"/> Wraparound Services

Determination (select one):

- Katie A Class Membership = Only requirement is to be involved in CWS
- Katie Sub-Class Membership = All boxes are checked
- Qualifies for Medically Necessary ICC/IHBS services
- None

Instructions:

1. Assess eligibility for KTA or ICC/IHBS services at intake, renewal and discharge
2. Include determination in your progress note and form in Client's chart.
3. Identify who is the assigned Care Coordinator. (must have one especially if Sub-Class)
 - a. Offer and provide Intensive Care Coordination (ICC).
 - i. ICC may not be billable in lockout situations.
 - b. Attend/Facilitate Child and Family Team meetings (CFTs).
 - i. MH CFTs must be occurring at least every 90 days. Placing agency (CWS, Probation) CFTs must be occurring every 6 months unless the family is already established with team through another agency. CFTs can occur more frequently based on the needs of the child/family.
 - c. IHBS shall be offered as medically necessary.
4. Notify Joni-Lara Jimenez to add child to CWS list.
5. Update Client Plan to include ICC and IHBS service codes
6. Request appropriate codes on Auth Form and write "Katie A" on top right of form
7. Connect with appropriate provider at discharge if determination stands

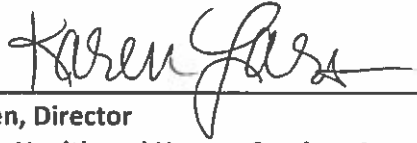
NAME: _____

MR: _____

F. REFERENCES:

1. Federal Medicaid laws and regulations
2. 9 C.C.R. §1830.205
3. 9 C.C.R. §1830.210

Approved by:



**Karen Larsen, Director
Yolo County Health and Human Services Agency**



Date