

**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
<b>OR</b>
<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: \_\_\_\_\_