

AVATAR SYSTEM ADMINISTRATION

USER DESK REFERENCE

Special Population Tracking

The purpose of this desk reference is to provide guidance in how to complete the Special Population Tracking form.

Menu Path

INNOVATION AND TECHNOLOGY SERVICES DEPARTMENT

Avatar PM > Client Management > Client Information or you can enter "Special Population Tracking" under Search Forms

	Search and s Population	select Special n Tracking	
	Name	Menu Path	
L	Special Population Tracking	Avatar PM / Client Management / Client Information	advanced
	CSI Special Population Special Population Tracking	Avatar PM / Reports / Monthly Service Check Reports	
1	Contractions 25	1 through 2 cf 2	<u> </u>
	<= Previous 25	1 through 2 of 2 Next 25 =>	
1			AVPM (BLD)

Details

- The Special Population Tracking form is a Yolo designed form that tracks Special Populations per state requirements.
- If the client meets multiple special populations, then a new submission for each population type must be submitted (Foster youth psychotropic medications, Foster Youth, Katie A Class, Katie A Subclass, Presumptive Transfer In). Please see the Definitions section below for more information.
- All fields highlighted "Red" are required; the form cannot be submitted until completed.

Instructions

This form should be completed in the following situations:

(1) Upon intake for any client under 21 years of age who meets Medi-Cal Medical Necessity criteria and has an open child welfare case;

(2) Throughout treatment upon opening of a new child welfare case; and/or

(3) When a change in treatment is warranted (i.e. when one of the below programs/services becomes applicable).

Steps

- > Open the Special Population Tracking form.
- Select the client

Select Client	
🚯 Select Client	
11136	
Results TESTCLIENT,YOLO (000011136)	Enter Client MR# or Name and select appropriate client from results
	elect & View Chart Cancel

Click on the Special Population tab

Chart Chart Special Population Current Special Populatian	Ation Tracking Revision tabs Special Population Tracking Instructions
Submit	This form should be completed in the following situations: (1) Upon intake for any client under 21 years of age who meets Medi-Cal Medical Necessity criteria and has an open child welfare case; (2) Throughout treatment upon opening of a new child welfare case; and/or (3) When a change in treatment is warranted (i.e. when one of the below programs/services becomes applicable).
Medication Management Yo	Links for additional forms

In the "Start Date" field, enter the Start Date (this is the date the client first meets the special population)

population		
Chart a Special Population Tracking a		
Instructions Special Population Current Special Populati	-Start Date	End Date
Submit	Does the client have Medi-Cal? Yes - Yolo Yes - Other No Unknown	Subscriber Client Index Number (CIN #)
	-Is client in an out of home placement?	Client Index Number (CIN)
	Yes No Unknown	Ves No
Medication Management Yo	Special Population Name	Specifiy County of Jurisdiction County Name

¥= ** Please note that if a child/youth is receiving psychotic medication that the Medication Management Yolo form linked on the left-hand side **<u>must</u>** be completed and regularly updated.

> In the "End Date" field, enter the date the client no longer meets the special population

Chart 🔹 Special Population Tracking 🐐 🍙		
Instructions Special Population Current Special Populati	Start Date	End Date
Submit	Does the client have Medi-Cal? Yes - Yolo Yes - Other No Unknown	-Subscriber Client Index Number (CIN #)
	Is client in an out of home placement?	Client Index Number (CIN) Client Index Number (CIN) Client Index Numb
Medication Management Yo	Special Population Name	Specifiy County of Jurisdiction County Name

- In the "Does the client have Medi-Cal" field, select Yes-Yolo, Yes-Other, No or Unknown.
 - If Yes-Yolo is selected, the field "Subscriber Client Index Number (CIN #)" will become required.
 - If Yes-Other is selected, the field "Client Index Number (CIN)" will become required.
- In the "Subscriber Client Index Number (CIN #)" field, enter the client's CIN # (found on the Medi-Cal swipe. This should be a 9-character alphanumerical field in the form of

"NNNNNNNA", where N is a number and A is a letter), social security number, or last name, first name. This is a searchable field sourced from MEDS data for Yolo County.

Please Note: If a client is not found in this list, the MEDS data may not have transitioned over. Confirm Medi-Cal eligibility and select Yes-Other if the client is from a non-Yolo county and the CIN is known. Otherwise, select Unknown.

In the "Client Index Number (CIN)" field, enter the CIN #. This field is a text field and is not sourced from the MEDS data. This should be a 9-character alphanumerical field in the form of "NNNNNNNA", where N is a number and A is a letter. If the CIN number is not available, please enter the Medi-CAL swipe number or social security number.

🐴 Chart 🔹 Special Population Tracking 🐮 🍙		
Instructions Special Population Current Special Populati	Start Date	End Date
Submit	Does the client have Medi-Cal? Yes - Yolo Yes - Yolo No Unknown	-Subscriber Client Index Number (CIN #)
	Is client in an out of home placement?	Client Index Number (CIN)
Medication Management Yo	Special Population Name	Specifiy County of Jurisdiction

> In the "Is client in an out of home placement?" field, select Yes, No or Unknown.

Chart 🗧 Special Population Tracking 🐐 🌉		
Instructions Special Population Current Special Populati	Start Date	End Date
Submit	Does the client have Medi-Cal? Yes - Yolo Yes - Other No Unknown	Subscriber Client Index Number (CIN #)
	Is client in an out of home placement?	Client Index Number (CIN)
	Yes No Unknown	O Yes No
Medication Management Yo	Special Population Name	Specifiy County of Jurisdiction County Name

In the "Does client have a current ADHD diagnosis?" field, select Yes or No. This is not a required field. If the information is unavailable, leave this blank. Please ensure any ADHD diagnosis are captured as secondary diagnosis in the "Diagnosis" form.

Chart 🗧 Special Population Tracking 🐐 🍙		
Instructions Special Population Current Special Populati	-Start Date	End Date
Submit	Does the client have Medi-Cal? Yes - Yolo Yes - Other No Unknown	-Subscriber Client Index Number (CIN #)
	-Is client in an out of home placement?	Client Index Number (CIN) 💡
	Yes No Unknown	Yes No
Medication Management Yo	Special Population Name	Specifiy County of Jurisdiction
		County Name

In the "Special Population Name" field, select the population from the available options. If a client meets multiple populations, a new entry is required for each unique special population.

Chart Special Population Tracking		
Instructions Special Population Current Special Populati	Start Date	End Date
Submit	Does the client have Medi-Cal? Yes - Yolo No Unknown	-Subscriber Client Index Number (CIN #)
	Is client in an out of home placement?	Client Index Number (CIN) Does the client have a current ADHD diagnosis? Yes No
Medication Management Yo	Special Population Name Foster Youth-Psychotropic Meds Foster Youth	Specifiy County of Jurisdiction
	Katie A Class Criter KTA-Class KTA-Subclass 1. In foster care Presumptive Transfer In 2.Have a mental presumptive Transfer Out	sessment already been conducted, would have been
	documented, and	sessment already been conducted, would have been

> In the "Specify County of Jurisdiction" field, select the appropriate county name.

Chart 🗧 Special Popul	ation Tracking 🔹 📪	
Instructions Special Population Current Special Populati	Start Date	End Date
Submit	Does the client have Medi-Cal? Yes - Yolo No Unknown	Subscriber Client Index Number (CIN #)
	Is client in an out of home placement?Unknown	Client Index Number (CIN) Client Index Number (CIN) Client Index ADHD diagnosis? Ves No
Medication Management Yo	Special Population Name	Specifiy County of Jurisdiction County Name

Select Submit to file the entry.

Chart 🔊 Special Population Tracking 🐐 🌄		
Instructions Special Population Current Special Populati	-Start Date	End Date
Submit	Does the dient have Medi-Cal? Yes - Yolo No Unknown	-Subscriber Client Index Number (CIN #)
	-Is client in an out of home placement? Yes No Unknown	Client Index Number (CIN) Does the client have a current ADHD diagnosis? Yes No
Medication Management Yo	Special Population Name	Specifiy County of Jurisdiction

Definitions

Katie A Class Criteria¹ :

1. In foster care are at imminent risk² of foster care placement, and

¹ Katie A Court Documentation – Katie A settlement Notice DHCS

² For the purposes of this case, "<u>imminent risk of foster care placement</u>" means that within the last 180 days a child has been participating in voluntary family maintenance services or voluntary family reunification placements and/or has been the subject of either a telephone call to the Child Protective Services hotline or some other documented communication made to a local Child Protective Services agency regarding suspicion of abuse, neglect or abandonment

- 2. Have a mental illness or condition that has been documented or, had an assessment already been conducted, would have been documented, and
- 3. Who need individualized mental health services, including but not limited to professionally acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition.

Katie A Subclass Criteria: ³

The Katie A. subclass is defined as children meeting **all** of the following four criteria:

- 1. Be under age 21 and have "full-scope" Medi-Cal eligibility
- 2. Meet medical necessity criteria
- 3. Have an open child welfare $case^4$ and
- 4. Meet either "a." or "b." below:
 - a. Is currently in, or being considered for:
 - i. Wraparound services;
 - ii. Therapeutic Foster Care (TFC);
 - iii. Therapeutic Behavioral Services (TBS);
 - iv. Crisis Stabilization; v. Crisis Intervention or other equally intensive services; or
 - v. Has been assigned a specialized care rate due to behavioral health needs. <u>or</u>
 - b. Is currently in, or being considered for:
 - i. A foster care group home (STRTP or Rate Classification Level [RCL] 10 or above);
 - ii. A psychiatric hospital;
 - iii. 24-hour mental health treatment facility; or
 - iv. Has experienced their third placement within twenty-four (24) months due to behavioral health needs.

³ MHSD Information Notice (IN) 13-11; Katie A settlement agreement

⁴ MHSD IN 13-11 defines an open child welfare case as any of the following: a) child is in foster care; b) child has a family maintenance case (pre or post, returning home, in foster, or relative placement), including both court ordered and by voluntary agreement. It does not include cases in which only emergency response referrals are made.