August 2013

The Katie A. Lawsuit, Katie A. et al. v. Bonita et al., refers to a class action lawsuit filed in Federal District Court in 2002 concerning the availability of intensive mental health services to children/youth in California who are either in foster care or at imminent risk of coming into care. A settlement agreement was reached in the case in December 2011. All counties in California must comply.

Criteria for Kate A. Subclass:

- ➤ Minors (children/youth **up to age 21**)
- > with an open child welfare services case
- **▶** with **full scope Medi-Cal** (Title XIX)
- who meet medical necessity for Specialty Mental Health Services

AND currently in or being considered for:

- > Wraparound, therapeutic foster care, specialized care due to behavioral health needs or other intensive EPSDT services (i.e. TBS, crisis stabilization/intervention).
- > Group Home (RCL 10 or above), psychiatric hospitalization or 24 hr. mental health treatment facility; or has experienced his/her 3rd or more placements within 24 months due to behavioral health needs.

<u>Important Reminder</u>: Katie A. services must be provided utilizing the Core Practice Model where the child, family and supports are engaged in the mental health treatment.

Billing Katie A. Subclass clients:

Katie A. Subclass services currently only have **two (2) new primary billable codes**, which are **Intensive Care Coordination (ICC)** and **Intensive Home-Based Services (IHBS**). BHS-CYS has included the option to code for a No Fee (non-billable service) or a Non-compliant service as there maybe circumstances in which these two primary services may not be billed.

All who meet the Katie A. Subclass criteria are required to receive ICC services. When a child becomes part of the Katie A. Subclass, Targeted Case Management (90899-1) will no longer be used and replaced with ICC instead. These codes document the mental health plan's services to Katie A. eligible children.

- > Once a Katie A. Subclass member is identified add ICC and/or IHBS to the existing client service plan.
 - This can be done by writing ICC next to Targeted Case Management and, if necessary, writing IHBS next to Rehab services.
- The clinician needs to initial and date the CSP changes.
- Signatures from the youth or guardian are not necessary for updating the existing CSP for these Katie A. Subclass cases.
- The clinician will write a corresponding progress note about the CSP update and bill it as ICC.
- > The **MTP must be updated to document** coordination of care for services provided in collaboration with SSA and other programs. Other programs that are listed as providing services on the MTP must be notified as part of coordination of care. **These programs must use the ICC and IHBS codes (if applicable).**

Once the Subclass member is no longer in the child-welfare system, ICC/IHBS service must be discontinued. Specialty Mental Health Services must continue if medical necessity is still present.

For this reason, it is recommended that Targeted Cases Management services be added to the MTP and CSP when the service plan is initially developed.