



# CBO DISPATCH

The “B” means BUSINESS

CBO Dispatch No.: NGA 17-007

Issue Date: April 4, 2017

## Katie A.

### Indicating Katie A. Subclass Status on Claims for IBHIS Providers

***Did you know...?*** The California Department of Health Care Services (DHCS) wants to know about all the services Katie A. clients receive. In an effort to ensure that the Katie A. subclass members are receiving the services they need, DHCS requires providers to indicate whether a client is a member of the Katie A. subclass on all claims for that client.

In order to report the client’s Katie A. subclass status when submitting claims for clients in the Katie A. subclass, contract providers that are live in the Integrated Behavioral Health Information System (IBHIS) must include the indicator KTA in the Demonstration Project Information (DPI) segment of the claim. This is true for all specialty mental health services provided to the client including Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC). ***If the client is not a member of the Katie A. subclass, do not send the KTA indicator on the claim even if the service is ICC or IHBS.*** Each provider’s Electronic Health Record (EHR) works differently. Contact your vendor if you have questions about how to put the KTA indicator on the claim.

To help identify potential Katie A. subclass members, the Department of Mental Health (DMH) includes a file containing the names of clients with open Department of Children and Family Services (DCFS) cases in the weekly Legal Entity (LE) extract (DMHRExtract: DCFS\_Alerts\_to\_DMH). Use the Katie A. Subclass Membership Verification Form (attached) created by the Children’s System of Care (CSOC) to verify that the clients in the extract file meet the criteria for Katie A. subclass membership.

Please note that the Integrated System (IS) does not allow the reporting of the KTA indicator by contract providers. IS providers must:

- ✓ Review the LE extract provided weekly
- ✓ Use the Katie A. Subclass Membership Verification form to determine subclass status and revisit at least every 90 days

#### ***WE’RE WORKING FOR YOU...***

If you have any questions or require further information, please contact CBO at (213) 480-3444 or [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).



DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS



Client Name: \_\_\_\_\_ IS Number: \_\_\_\_\_

## Katie A. Subclass Membership Verification Form

The purpose of this form is to verify that client meets Katie A. Subclass membership:

### Membership Criteria\*

**Please check all boxes that apply:**

1. Youth is under age 21 **AND** have full-scope Medi-Cal eligibility **AND**

2. Meets medical necessity criteria **AND**

3. Has an open child welfare case **AND**

4. Meets either of the following criteria:

a. Youth is currently in or being considered for :

- Wraparound;
- Treatment Foster Care (TFC);
- Therapeutic Behavioral Services (TBS);
- Crisis Stabilization;
- Crisis intervention or other equally intensive services; or
- Has been assigned a specialized care rate (D-Rate) due to behavioral health needs. **OR**

b. Youth is currently in or being considered for :

- A foster care group home (RCL 10 or above);
- A psychiatric hospital;
- 24-hour mental health treatment facility; or
- Has experienced his/her 3<sup>rd</sup> or more placement within 24 months due to behavioral health needs

**Meets Katie A. Subclass membership. OR**

**Meets Katie A. Subclass membership but has refused services OR**

**Does NOT Meet Katie A. Subclass membership.**

**Signature:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

90 day verification	180 day verification	270 day verification
Child/Youth meets Katie A. subclass criteria: ___yes ___no	Child/Youth meets Katie A. subclass criteria: ___yes ___no	Child/Youth meets Katie A. subclass criteria: ___yes ___no
See progress note dated: _____	See progress note dated: _____	See progress note dated: _____
Verified by: _____	Verified by: _____	Verified by: _____

\*Eligibility verification must be documented no less than every 90 days