SUMMARY

As a result of the State Katie A. Settlement Agreement in December 2011, the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) agreed to develop a manual to help outline and facilitate the provision of intensive services that are comprehensive, community-based, and consistent with the principles of the Core Practice Model (CPM). Specifically, these services are designed to address the needs of children and youth with more intensive needs to ensure that they receive medically necessary mental health services that include Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC). While class members are identified as children with an open case in child welfare services who have or may have mental health needs, these particular services (IHBS and ICC) are to be provided to a “sub-class” of the children covered by the Katie settlement.

Subclass members are identified as children and youth who have an open child welfare services case, are full-scope Medi-Cal eligible, meet medical necessity requirements, and meet either of the following criteria: 1) Child is currently in or being considered for: Wraparound, therapeutic foster care or other intensive services, therapeutic behavioral services, specialized care rate due to behavioral health needs or crisis stabilization/intervention; or 2) Child is currently in or being considered for a group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility, or has experienced his/her third placement within 24 months due to behavioral health needs.

Members of the Katie A. class and subclass are entitled to receive services by agencies or individuals who adhere to the Core Practice Model - a prescribed set of family centered values and principles that are needs-driven, strength-based, and family focused. Each child is entitled to have a Child and Family Team (CFT) which brings together a group of caring individuals (formal and informal supports) to work with and assist the child and family in developing a plan of care that is driven by their “voice and choice” and that effectively addresses their needs and strengths. For Katie A. subclass members, the CFT is also the driving force in the development of the child and family’s Individual Care Plan (ICP). The ICP is a cross-system/multi-public service agency plan that specifies which services are to be delivered, which intervention strategies may be most effective, and the capacity of available formal and informal resources that may be helpful to ensure the child and family’s long-term success. Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) are examples of the types of services that can be identified on the ICP for subclass members.

ICC is a covered Medi-Cal Targeted Case Management service for children in the Katie A. subclass. Essentially, ICC is a case management service that encompasses many of the activities related to coordinating the CFT. It is expected that ICC activities will include facilitating care planning and coordination of services and will provide a single point of accountability for ensuring that medically necessary services are included on the ICP and the Client Care Coordination Plan. The ICC also makes sure that the
mental health services and supports are guided by the needs of the youth and address any barriers that parents and caregivers may have in meeting the needs of the youth.

The Documentation Manual provides guidelines on how the ICC is to track referrals, provide appropriate monitoring, and other related activities to implement ICC effectively.

Along with ICC, Katie A. subclass members are also entitled to IHBS which are medically necessary, strength-based, powerful home-based services. These services are individualized rehabilitative services designed to mitigate mental health symptoms and behaviors that impact a child’s functioning. IHBS are expected to be more intensive in terms of service frequency and service variety than standard rehabilitative services that children and youth with less intensive needs might receive. IHBS is to be delivered whenever the service is required, including evening, weekends, and holidays. As with ICC, IHBS are delivered in accordance to the child’s individualized assessment and care plan, and progress is monitored by the CFT.

The Documentation Manual also provides clear instruction around who can provide these services (scope of practice), what is to be included in the medical record, expectations around clinical documentation, and how to submit claims for billing in a manner that is consistent with Medi-Cal guidelines.

The documentation manual was posted by CDHCS on October 19th for a 30 day public comment period and is available on the CDHCS website. The manual is expected to be finalized by December 2012 with orientation and training to be quickly provided by the State. ICC and IHBS services are to be available to subclass members by January 2013.

The Los Angeles County Department of Mental Health (DMH) and Department of Children and Family Services (DCFS) have developed an implementation plan and have begun convening a series of meetings to prepare for implementation.

For additional information, please contact the DMH Child Welfare Division at (213) 739-5501.