

Katie A. Mental Health Services Report

Report run on 5/8/2014 (Revised 5/12/2014)

Overview

The Katie A. v Bonta lawsuit Settlement Agreement – in place since December 2011 - outlines a series of actions that are intended to transform the way children and youth who are in foster care or who are at imminent risk of foster care placement receive access to mental health services consistent with a Core Practice Model (CPM) that creates a coherent and all-inclusive approach to service planning and delivery. The Settlement Agreement also specifies that children and youth who meet subclass criteria (as defined in the Settlement Agreement) are eligible to receive Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) (once approved as a Medi-Cal service). County MHPs are required to provide ICC and IHBS services to subclass members. MHPs provide ICC and IHBS and claim federal reimbursement through the Short-Doyle/Medi-Cal (SDMC) claiming system.

The Department of Health Care Services' (DHCS) Mental Health Services Division (MHSD) Information Notice 13-11 instructed counties of the Short-Doyle/Medi-Cal (SDMC) system changes required to support the implementation of ICC and IHBS which included submitting claims with a Demonstration Project Identifier (DPI) of "KTA" and procedure codes (T1017, HK) for Intensive Care Coordination and (H2015, HK) for Intensive Home Based Services.

Purpose of Report

This report displays metrics associated with approved claims for services provided to the Katie A. subclass members. It will be updated monthly and posted during the second week of every month beginning in March 2014.

Some important objectives of the Katie A. Settlement Agreement are to collect existing data specific to the subclass in order to evaluate utilization and timely access to appropriate care and to post data that is useful to counties, stakeholders, and State departments in addressing the needs of subclass members. This report is one of many activities the State has undergone in order to achieve these objectives. Subject to some important limitations, this report provides information regarding the number of subclass members and their service utilization. It also includes service utilization by county and this assists in gauging counties' progress implementing ICC and IHBS.

While this report provides valuable information, it is important to note that there are factors, such as claim lag of up to 12 months, which must be considered. In addition, while this report provides information on a county by county basis, it does not provide information regarding the factors that lead to possible differences among counties in their implementation of ICC and IHBS and provision of other Specialty Mental Health Services (SMHS) to subclass members.

Report Highlights

- ▶ The "SMHS provided to Katie A. Subclass Members by County" spreadsheet now includes a breakdown of subclass members' service utilization of other SMHS (by service type).
- ▶ The number of subclass members for this reporting period is 6,361 (statewide) compared to 5,716 for the last reporting period, this is an increase of 645 subclass members.
- ▶ Total approved amount to date is \$39,462,610 (statewide) compared to \$30,277,370 for the last reporting period; this is an increase of \$9,185,240.
- ▶ The total amount of ICC minutes provided to subclass members to date is 2,953,863 compared to 2,710,643 for the previous reporting period. This is an increase of 243,220 minutes.

Katie A. Mental Health Services Report

Report run on 5/8/2014 (Revised 5/12/2014)

Report Highlights (continued)

- ▶ The total amount of IHBS minutes provided to subclass members to date is 2,971,096 compared to 2,732,681 for the previous reporting period. This is an increase of 238,415 minutes.
- ▶ The total number of counties that provided ICC and/or IHBS dropped to 37 from the 40 in the previous reporting period as a result of changing the report from county of Medi-cal establishment to county of service.
- ▶ The ICC & IHBS tables for Unduplicated Counts and Minutes (pages 4 and 6) have been combined into 2 charts rather than 4 for improved comparison purposes.

Definitions

- **Approved Service Claims:** The total number of approved service lines adjudicated through the SDMC claiming system regardless of minutes or duplicate subclass member counts.
- **Total Amount of Approved Katie A Services:** The sum of all total approved amounts by the SDMC claiming system for claims with a DPI of "KTA" or claims billed with either Intensive Care Coordination or Intensive Home Based Services.
- **Approved ICC & IHBS Minutes*:** The total number of approved Intensive Care Coordination and Intensive Home Based Services minutes adjudicated through the SDMC claiming system.
- **Unduplicated Katie A. Subclass Members:** The total number of unique Katie A subclass members linked to claims adjudicated and approved through the SDMC claiming system in a particular month (bar graph charts) or for the entire fiscal year (county table).
- **SMHS Provided to Katie A. Subclass Members:** Any Specialty Mental Health Services adjudicated and approved through the SDMC claiming system with the "KTA" DPI or billed with either Intensive Care Coordination or Intensive Home Based Services.

* Please see Page 72 of the [MHSD Medi-Cal Billing Manual](#) for more information on SMHS procedures.

Notes Updated: May 12, 2014

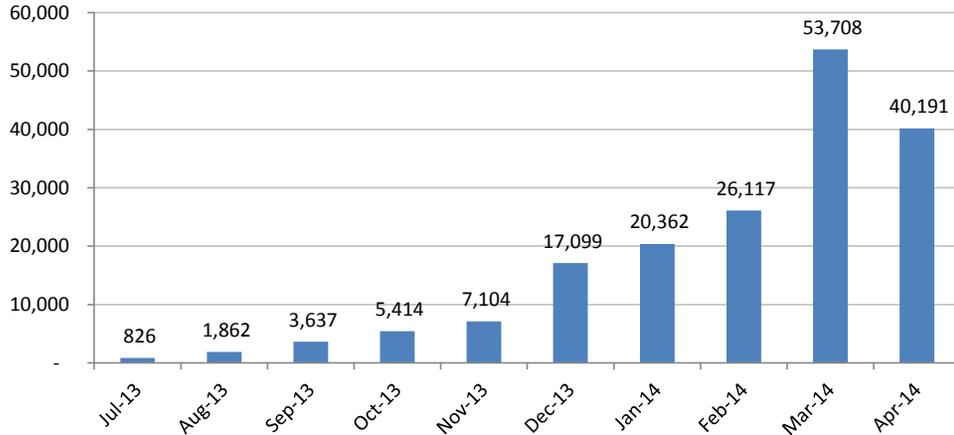
- 1) As of 5/5/2014, 4,148 claims lines totaling \$466,906.84 were denied due to use of a secondary modifier with ICC and IHBS claims. These service modifiers indicated Telephone or Community. The claiming policy has been updated as follows: ICC and IHBS should be provided in the community and may be provided via telehealth and telephone in instances consistent with TCM and Mental Health Services. Activities unique to ICC and IHBS, such as the CFT, should be performed face to face as often as possible to address the needs of the child and achieve the level of intensity that these services require. A SD/MC system change request is being processed to implement this policy change.
- 2) There is typically claim lag between claim approval and the month of service, so the more recent month totals are typically less than older service month totals.
- 3) Not all counties have implemented the "KTA" claim indicator so their claims may be under reported for services other than ICC and IHBS.
- 4) Pages 9 & 10 were updated due to technical errors during report creation.

Please contact Medi-Cal County Claims Customer Service (MedCCC) at MedCCC@dhcs.ca.gov or **916-650-6525** for any questions regarding this report.

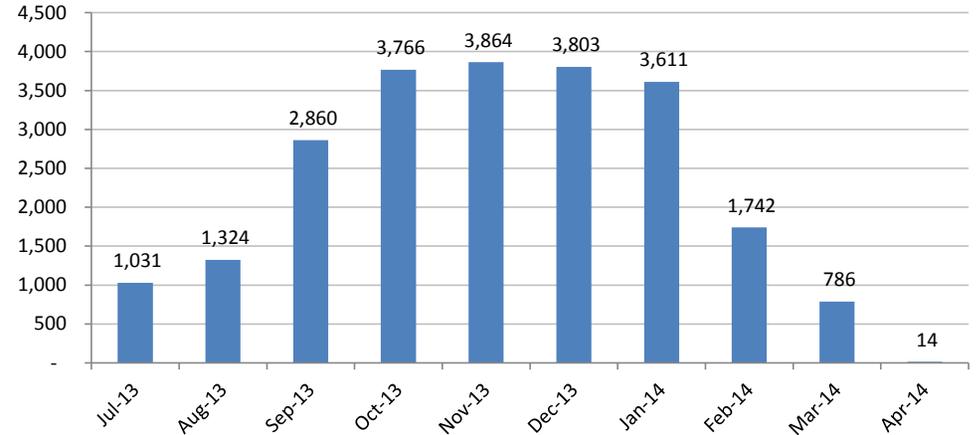
SMHS Provided to Katie A. Subclass Members by Month

Procedure Codes H2015 (IHBS) T1017 (ICC), Modifier HK; Or
 Claims Submitted with DPI Element "KTA"
 Report Run on 5/8/2014 (Revised 5/12/2014)

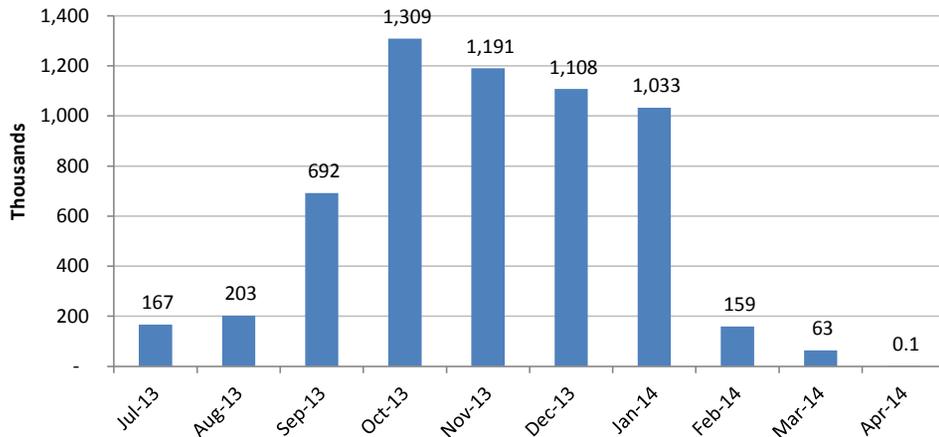
Approved Service Claims for Katie A. Subclass Members
 Count of service lines by Month of Submission



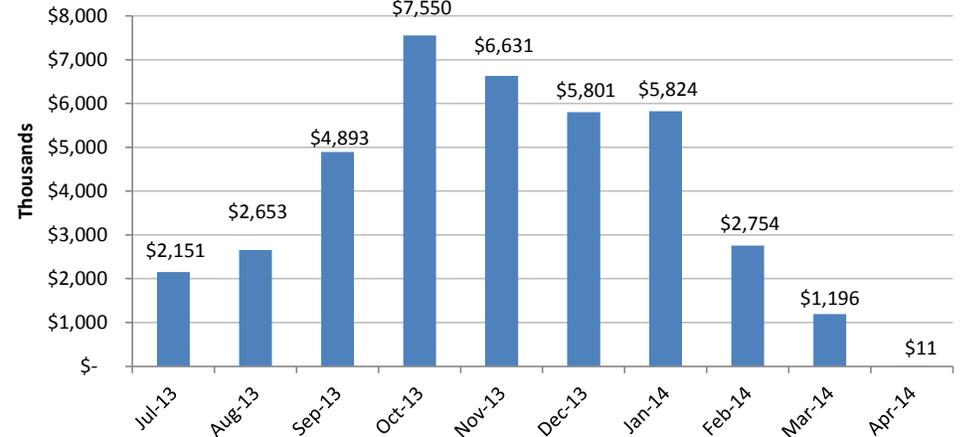
Unduplicated Count of Katie A. Subclass Members
 By Service Month²



Approved ICC & IHBS Minutes Provided to Katie A. Subclass Members
 By Service Month²



Total Approved Amount for All Services¹ Provided to Katie A. Subclass Members
 By Service Month² in Thousands



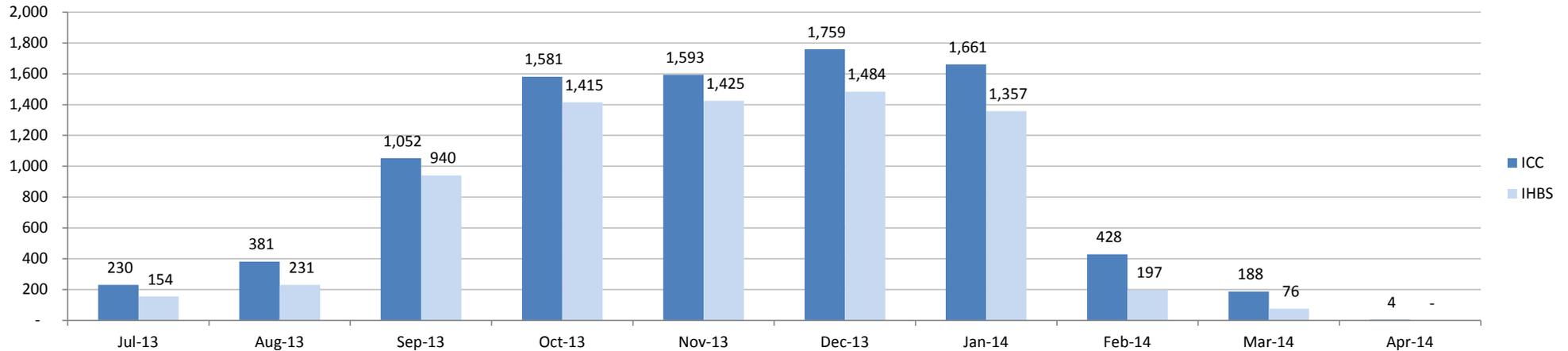
¹ All services are defined as any services billed on an claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

² Recent service months are affected by claim lag and, in general, do not represent the entire amount of services performed at the time this report is run. Please see the "Notes Updated" section on page 2 of this report for more information on claim lag or systemic issues that may be currently affecting claiming.

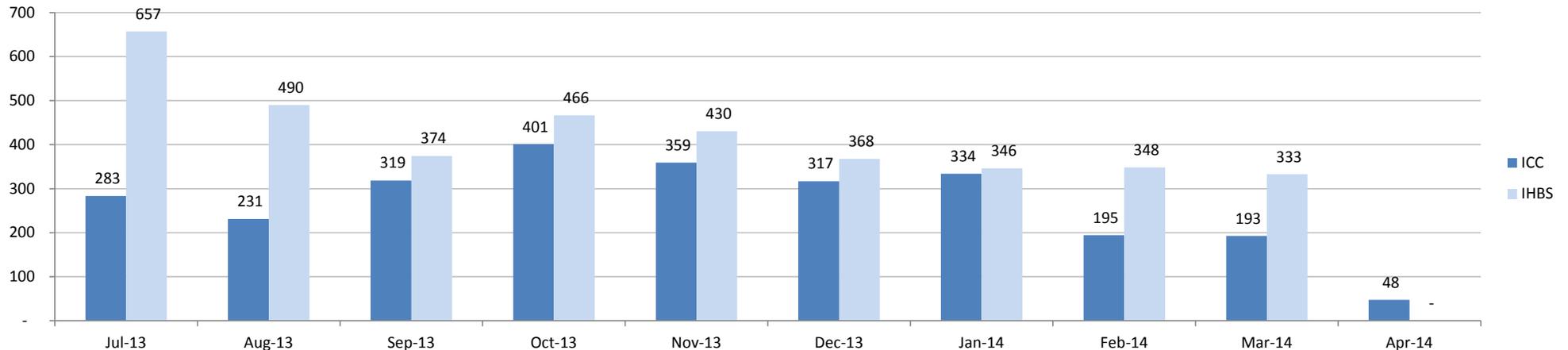
SMHS Provided to Katie A. Subclass Members by Month

Procedure Codes H2015 (IHBS) T1017 (ICC), Modifier HK; Or
 Claims Submitted with DPI Element "KTA"
 Report Run on 5/8/2014 (Revised 5/12/2014)

ICC & IHBS Unduplicated Count of Katie A. Subclass Members By Service Month²



Average Approved ICC & IHBS Minutes per Unduplicated Katie A. Subclass Member By Service Month²

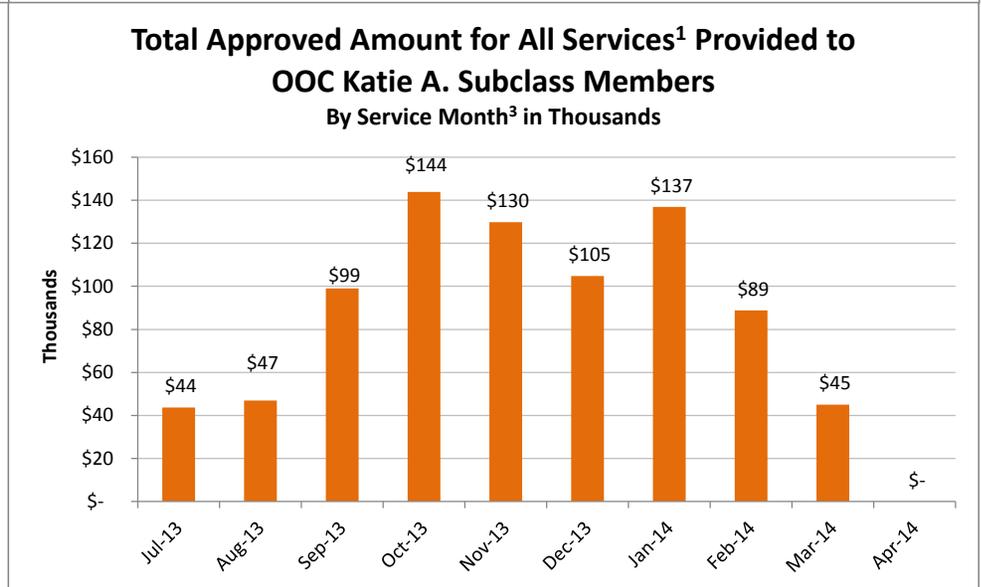
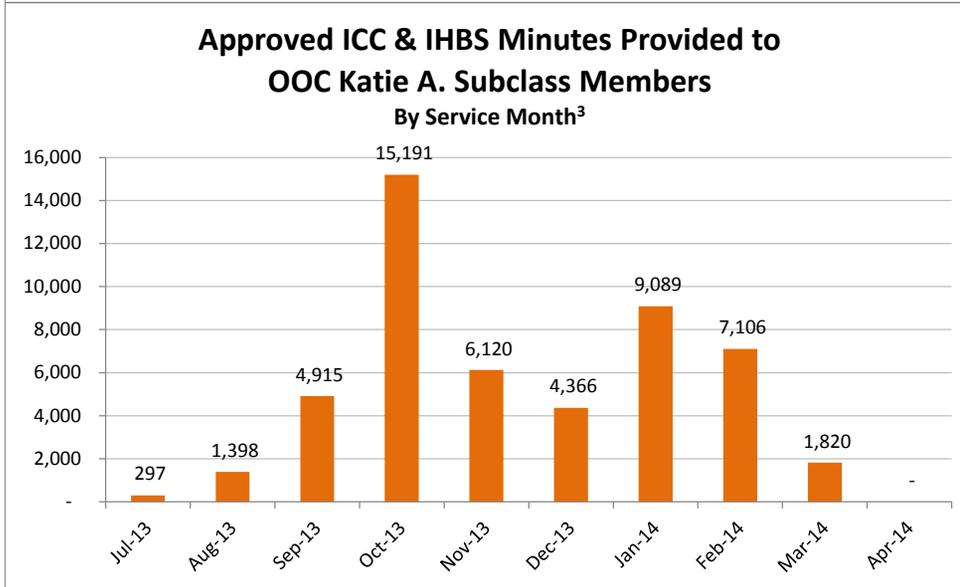
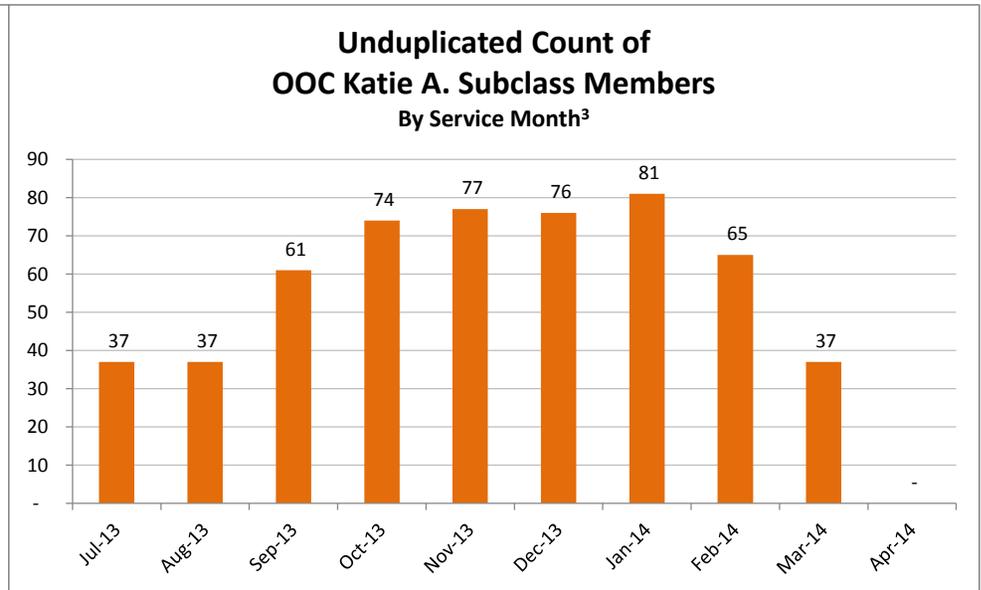
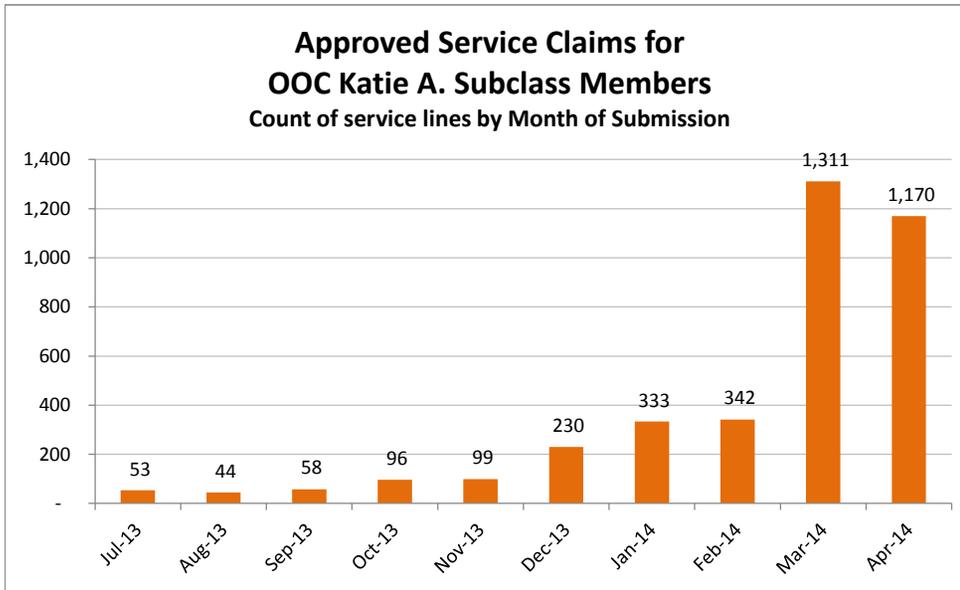


¹ All services are defined as any services billed on an claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

² Recent service months are affected by claim lag and, in general, do not represent the entire amount of services performed at the time this report is run. Please see the "Notes Updated" section on page 2 of this report for more information on claim lag or systemic issues that may be currently affecting claiming.

SMHS Provided to Katie A. Subclass Members Treated Out of County (OOC)¹ by Month

Procedure Codes H2015 (IHBS) T1017 (ICC), Modifier HK; Or
 Claims Submitted with DPI Element "KTA"
 Report Run on 5/8/2014 (Revised 5/12/2014)



¹ Out of County (OOC) is defined as a claim submitted for a Katie A. Subclass Member where the Medi-Cal county of responsibility differs from the county of service.

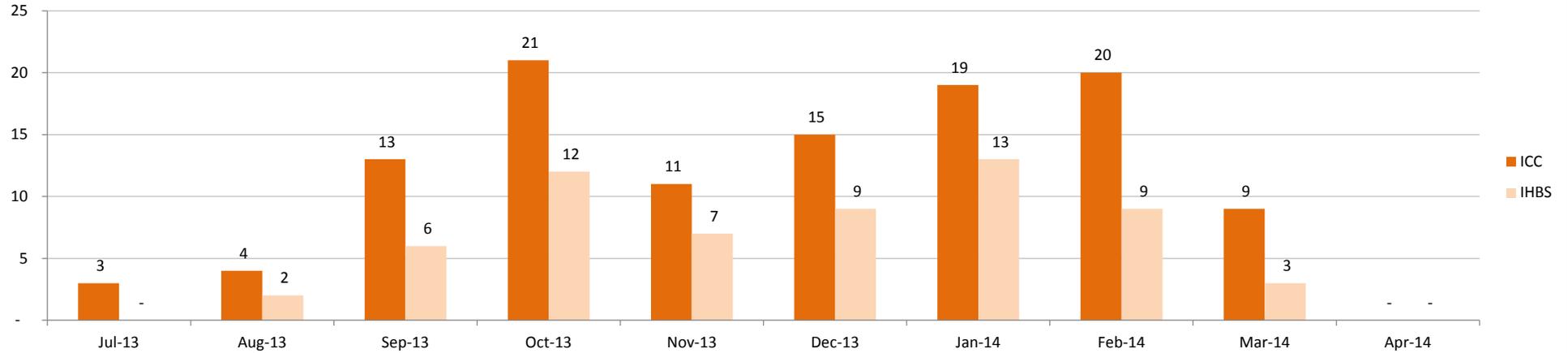
² All Services is defined as any services billed on an claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

³ Recent service months are affected by claim lag and, in general, do not represent the entire amount of services performed at the time this report is run. Please see the "Notes Updated" section on page 2 of this report for more information on claim lag or systemic issues that may be currently affecting claiming.

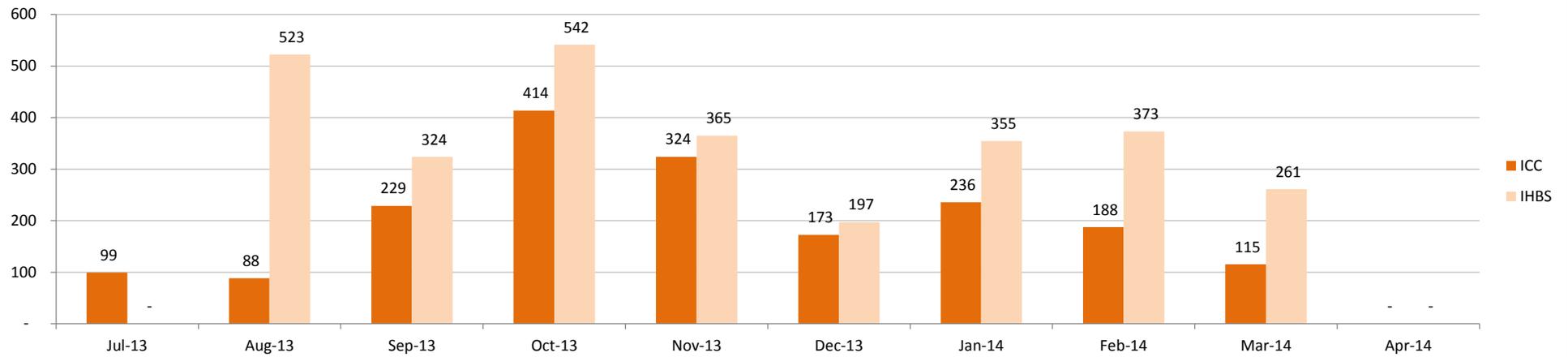
SMHS Provided to Katie A. Subclass Members Treated Out of County (OOC)¹ by Month

Procedure Codes H2015 (IHBS) T1017 (ICC), Modifier HK; Or
 Claims Submitted with DPI Element "KTA"
 Report Run on 5/8/2014 (Revised 5/12/2014)

ICC & IHBS Unduplicated Count of OOC Katie A. Subclass Members By Service Month³



Average Approved ICC & IHBS Minutes per Unduplicated OOC Katie A. Subclass Member By Service Month³



¹ Out of County (OOC) is defined as a claim submitted for a Katie A. Subclass Member where the Medi-Cal county of responsibility differs from the county of service.

² All Services is defined as any services billed on an claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

³ Recent service months are affected by claim lag and, in general, do not represent the entire amount of services performed at the time this report is run. Please see the "Notes Updated" section on page 2 of this report for more information on claim lag or systemic issues that may be currently affecting claiming.

Katie A. Services Report Technical Definitions

Query Data Used:

- **Data Source:** Data is pulled from the **SDMCP2_ODS** database, **Claim_DPI** & **mv_eob** tables.
- **Data Extracted:**
 1. **Service Month** = The first day of the month when the date of service start date occurred. For example - if the date of service start date was "9/21/13", this would be changed to "9/1/13". This is done to track the Month & Year as well as facilitate exporting data into Excel and converting to a "Sep 2013" Date format.
 2. **Submission Month** = The first day of the month when the claim was accepted into the SDMC system (**Date Created** field). This data follows the same Date format methodology used in item #1 above.
 3. **Submitting County Code** = The county of service that billed the claim.
 4. **County_Of_Responsibility** = The county that established Medi-Cal eligibility for the Katie A subclass member.
 5. **Client Index Number** = The beneficiary's Client Index Number billed on the claim.
 6. **Service ID** = The procedure code billed on the claim.
 7. **Procedure Modifier1** = The modifier used in conjunction with the procedure code billed on the claim.
 8. **SEL Quantity** = The number of units billed on the claim.
 9. **Service Line Count** = Number of unique services paid for in a warrant.
 10. **CWunits of Time** = The time frequency associated with the procedure & modifier billed (i.e. minutes, hours, days).
 11. **FFP Approved Amount** = The sum of the Claim FFP Approved Amounts in a warrant.
 12. **Demonstration Project Identifier** = The field that is used to flag the claim for services provided to Katie A subclass beneficiary ("KTA").

Query Methodology:

The **mv_eob** table is queried for Payer Claim Control Numbers (ID numbers that are unique to each service line in SDMC) found in the **Claim_DPI** table (this table only lists PCCNs for claims that have a "KTA" DPI flag) and/or claims with Intensive Care Coordination (T1017, HK) or Intensive Home Based Services (H2015, HK) services. The query filters out voided, replaced, and denied claims. This data is then grouped and totaled by the **Submission Month** or **Service Month** for the bar graphs on the "Graphs" worksheet. It is also grouped by county and totaled year-to-date in the "County Table" worksheet.