

# Katie A. Specialty Mental Health Services Report - Fiscal Year 2015/2016

Report run on 6/27/2017

## 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 number of subclass members for this reporting period is 17,230 (statewide) compared to 17,217 for the last reporting period. This is an increase of 13 subclass members.
- ▶ Total approved amount to date is \$176,209,005 (statewide) compared to \$176,057,134 for the last reporting period. This is an increase of \$151,871.
- ▶ The total amount of ICC minutes provided to subclass members to date is 22,151,988 (statewide) compared to 22,129,125 for the last reporting period. This is an increase of 22,863 minutes.
- ▶ The total amount of IHBS minutes provided to subclass members to date is 24,146,970 (statewide) compared to 24,122,106 for the last reporting period. This is an increase of 24,864 minutes.
- ▶ The number of subclass members that have received ICC to date is 11,920 (statewide) compared to 11,908 for the last reporting period. This is an increase of 12 subclass members.

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- ▶ The number of subclass members that have received IHBS to date is 9,015 (statewide) compared to 9,008 for the last reporting period. This is an increase of 7 subclass members.
- ▶ The total number of counties with approved claims for ICC and/or IHBS is 52.
- ▶ The total number of counties using the KTA Demonstration Project Identifier is 50.

## 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 previous 12 months (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.

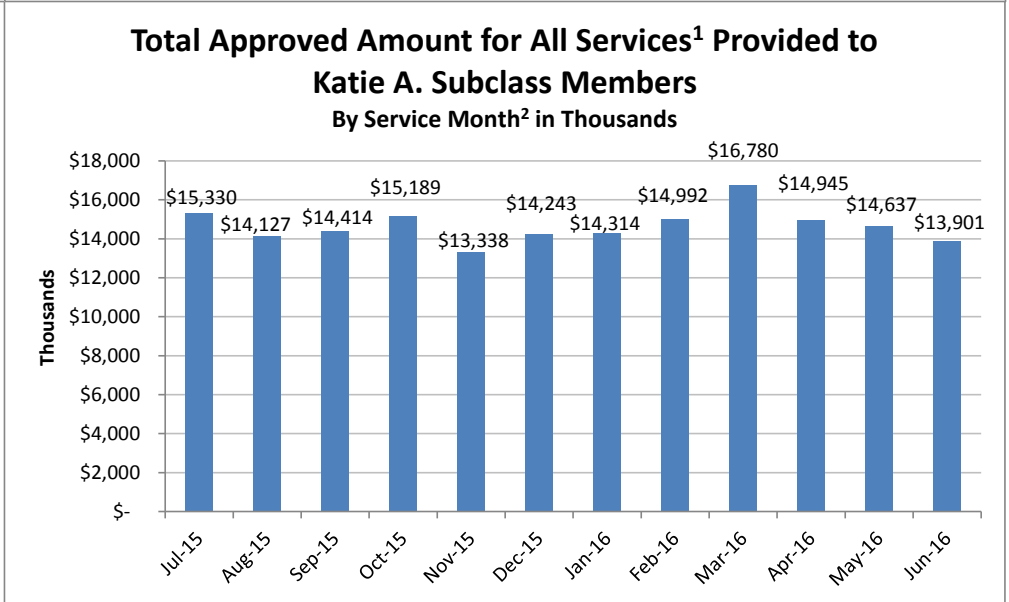
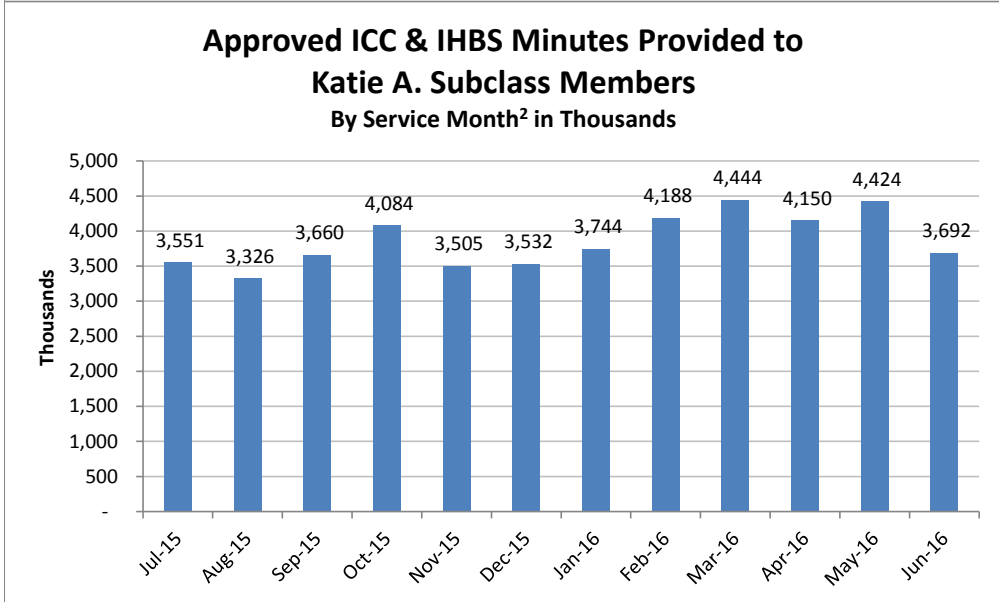
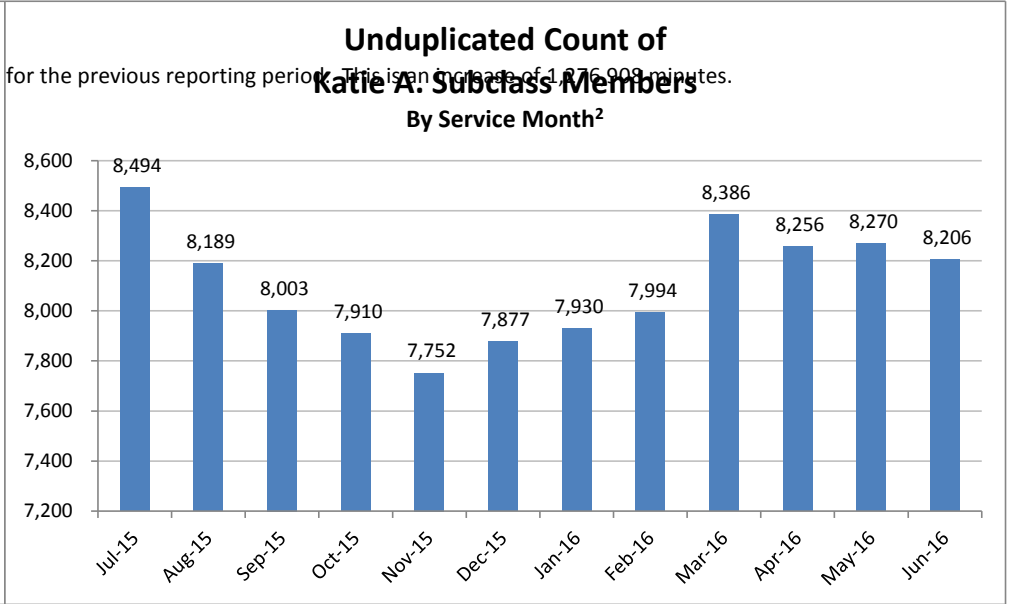
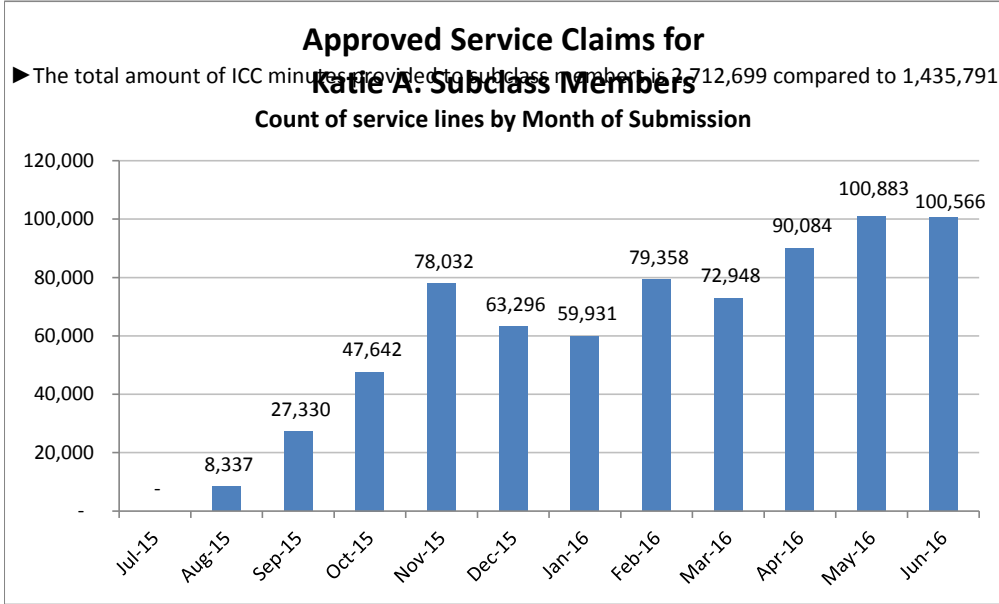
## Notes Updated: March 28, 2016

- 1) Claims were being 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 Children and Family Team, 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 SDMC system change was implemented on 5/30/14 to correct this and Counties are in the process of submitting replacement claims.
- 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) County Table (pages 9 – 11) data elements have been suppressed or combined in county regions to protect client privacy. The OOC County Tables (formerly pages 12 – 14) have been removed to protect client privacy.
- 5) As of 3/1/2016 the query methodology was updated to search for "HK" modifiers (which indicate ICC and IHBS services) in 837 claim file primary, secondary and tertiary modifier positions. Previously, only the primary modifier position was queried for "HK" modifiers.
- 6) The "**Approved Service Claims for Katie A. Subclass Members** Count of service lines by Month of Submission" (page 3) are zero in July 2015. This submission rate is due to instructions that were provided to the counties and providers to delay submission of claims until new rate tables were approved. In July 2015, counties and providers did not submit claims from July 1st to July 16th. The delay in claim submissions has no impact on services provided to clients.

Please contact Medi-Cal County Claims Customer Service (MedCCC) at [MedCCC@dhcs.ca.gov](mailto: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; And  
 Claims Submitted with DPI Element "KTA"  
 Report Run on 6/27/2017



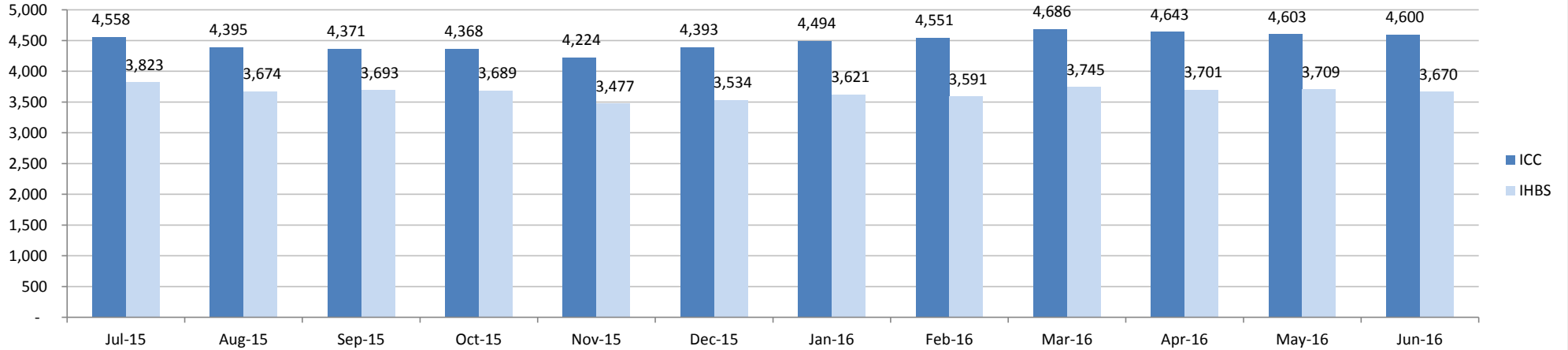
<sup>1</sup> All services are defined as any services billed on a claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

<sup>2</sup> 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.

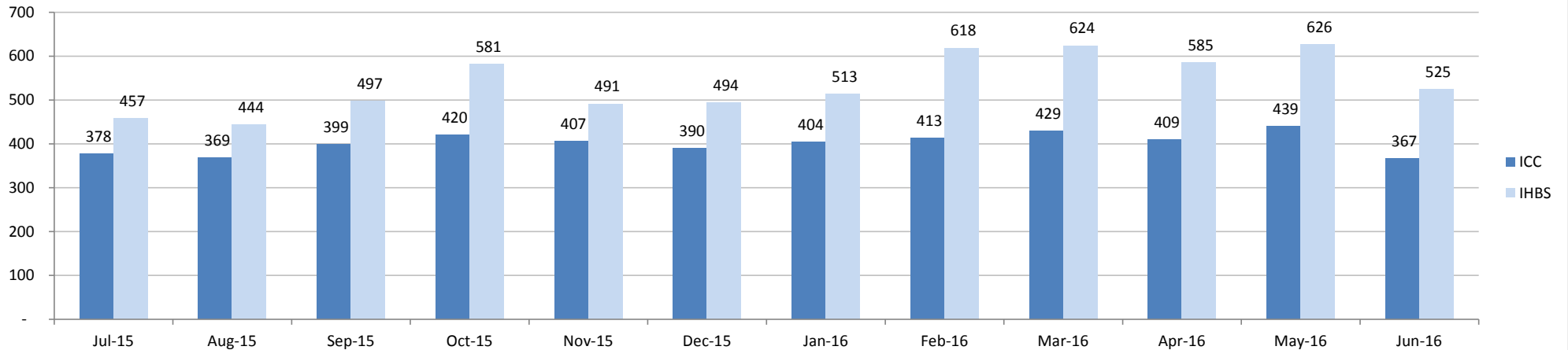
# SMHS Provided to Katie A. Subclass Members by Month

Procedure Codes H2015 (IHBS)/T1017 (ICC), Modifier HK; And  
 Claims Submitted with DPI Element "KTA"  
 Report Run on 6/27/2017

## ICC & IHBS Unduplicated Count of Katie A. Subclass Members By Service Month<sup>2</sup>



## Average Approved ICC & IHBS Minutes per Unduplicated Katie A. Subclass Member By Service Month<sup>2</sup>



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

<sup>2</sup> 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; And

Claims Submitted with DPI Element "KTA"

Report Run on 6/27/2017

## Supplemental Accessibility Tables

**Table Name:** Approved Service Claims for Katie A. Subclass Members, Count of service lines by Month of Submission

Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
-	8,337	27,330	47,642	78,032	63,296	59,931	79,358	72,948	90,084	100,883	100,566

**Table Name:** Unduplicated Count of Katie A. Subclass Members, By Service Month<sup>2</sup>

Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
8,494	8,189	8,003	7,910	7,752	7,877	7,930	7,994	8,386	8,256	8,270	8,206

**Table Name:** Approved ICC & IHBS Minutes Provided to Katie A. Subclass Members, By Service Month<sup>2</sup>

Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
3,550,791	3,326,297	3,660,002	4,083,617	3,505,253	3,531,691	3,743,573	4,188,443	4,443,723	4,150,023	4,423,611	3,691,936

**Table Name:** Total Approved Amount for All Services<sup>1</sup> Provided to Katie A. Subclass Members, By Service Month<sup>2</sup>

Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
\$ 15,329,657	\$ 14,127,364	\$ 14,413,598	\$ 15,188,933	\$ 13,337,867	\$ 14,242,564	\$ 14,314,283	\$ 14,991,807	\$ 16,780,394	\$ 14,944,515	\$ 14,636,941	\$ 13,901,082

**Table Name:** ICC & IHBS Unduplicated Count of Katie A. Subclass Members, By Service Month<sup>2</sup>

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
ICC	4,558	4,395	4,371	4,368	4,224	4,393	4,494	4,551	4,686	4,643	4,603	4,600
IHBS	3,823	3,674	3,693	3,689	3,477	3,534	3,621	3,591	3,745	3,701	3,709	3,670

**Table Name:** Average Approved ICC & IHBS Minutes per Unduplicated Katie A. Subclass Member, By Service Month<sup>2</sup>

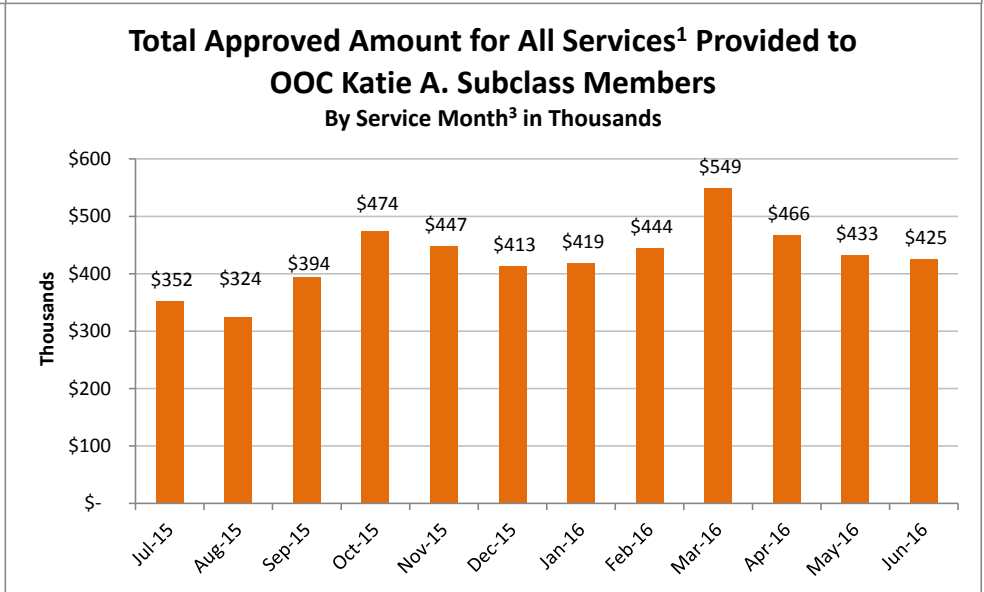
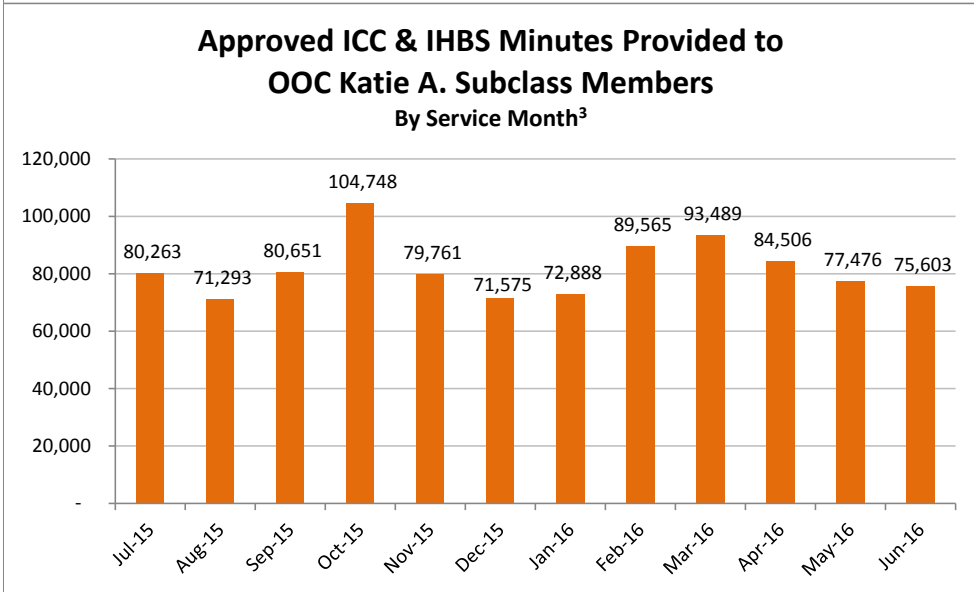
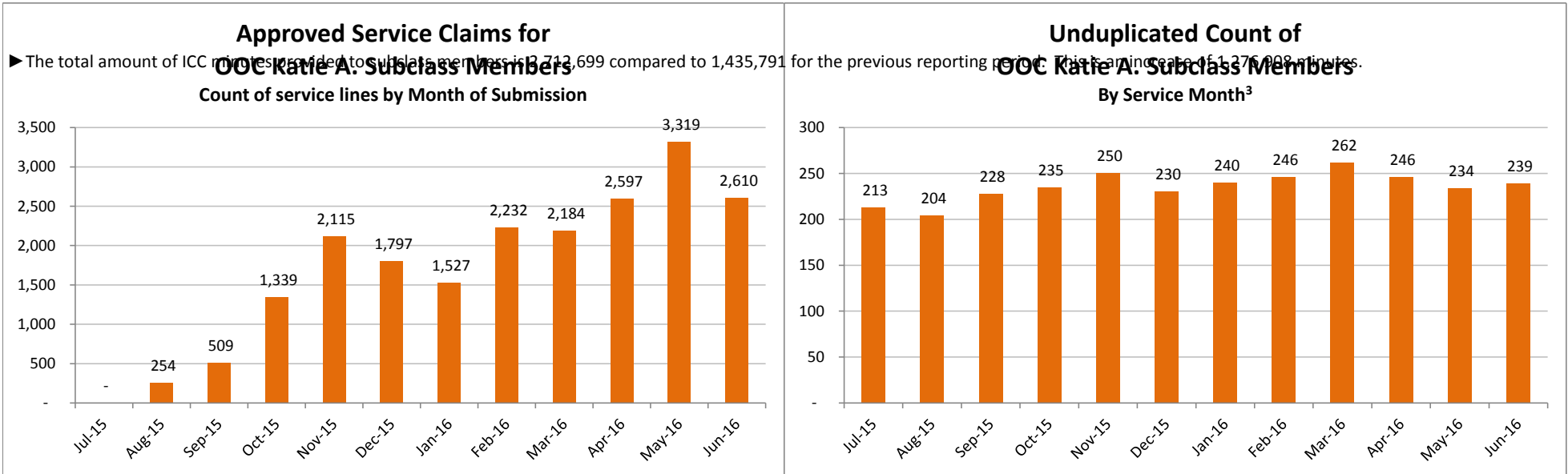
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
ICC	378	369	399	420	407	390	404	413	429	409	439	367
IHBS	457	444	497	581	491	494	513	618	624	585	626	525

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

<sup>2</sup> 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)<sup>1</sup> by Month

Procedure Codes H2015 (IHBS)/T1017 (ICC), Modifier HK; And  
 Claims Submitted with DPI Element "KTA"  
 Report Run on 6/27/2017



<sup>1</sup> 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.

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

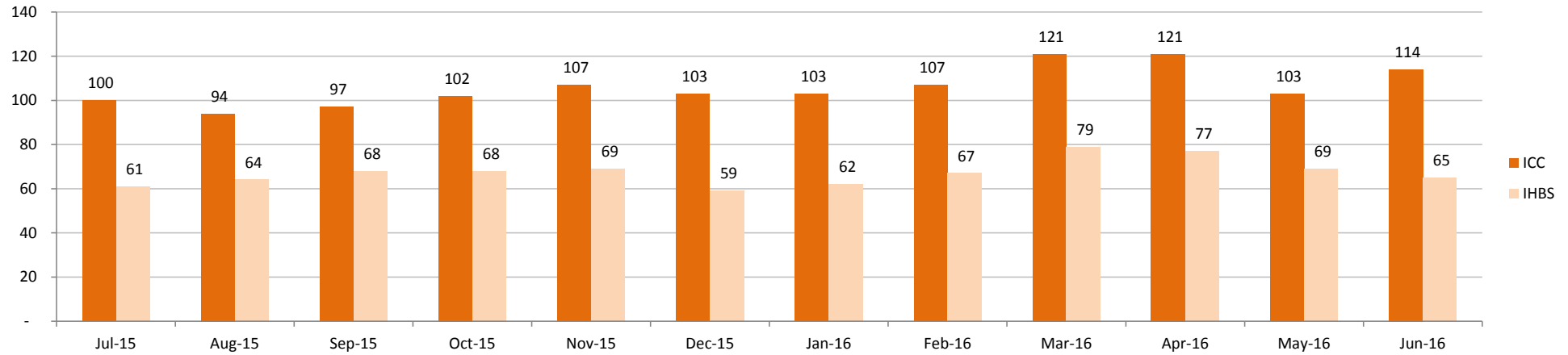
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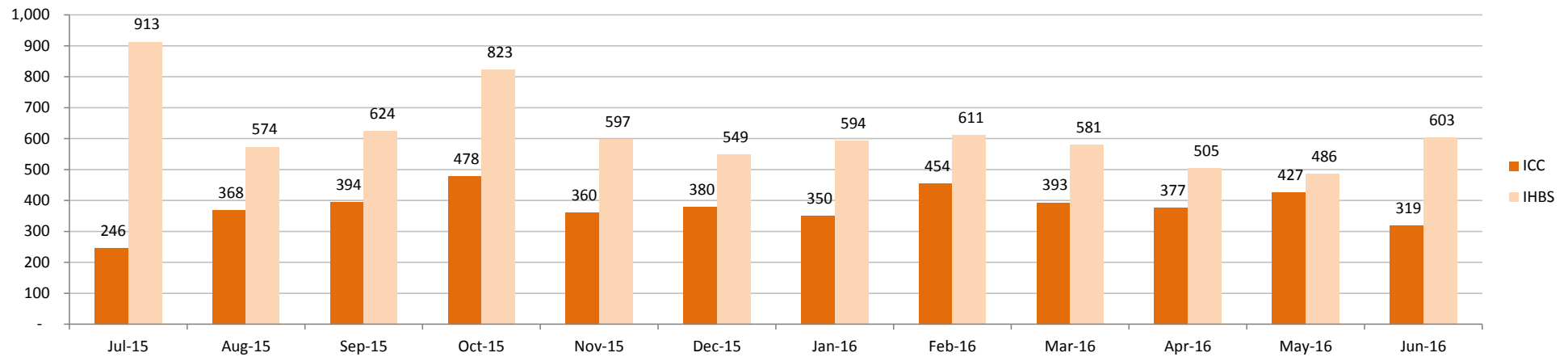
# SMHS Provided to Katie A. Subclass Members Treated Out of County (OOC)<sup>1</sup> by Month

Procedure Codes H2015 (IHBS)/T1017 (ICC), Modifier HK; And  
 Claims Submitted with DPI Element "KTA"  
 Report Run on 6/27/2017

## ICC & IHBS Unduplicated Count of OOC Katie A. Subclass Members By Service Month<sup>3</sup>



## Average Approved ICC & IHBS Minutes per Unduplicated OOC Katie A. Subclass Member By Service Month<sup>3</sup>



<sup>1</sup> 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.

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# SMHS Provided to Katie A. Subclass Members Treated Out of County (OOC)<sup>1</sup> by Month

Procedure Codes H2015 (IHBS)/T1017 (ICC), Modifier HK; And  
 Claims Submitted with DPI Element "KTA"  
 Report Run on 6/27/2017

## Supplemental Accessibility Tables

**Table Name:** Approved Service Claims for OOC Katie A. Subclass Members, Count of service lines by Month of Submission

Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
-	254	509	1,339	2,115	1,797	1,527	2,232	2,184	2,597	3,319	2,610

**Table Name:** Unduplicated Count of OOC Katie A. Subclass Members, By Service Month<sup>3</sup>

Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
213	204	228	235	250	230	240	246	262	246	234	239

**Table Name:** Approved ICC & IHBS Minutes Provided to OOC Katie A. Subclass Members, By Service Month<sup>3</sup>

Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
80,263	71,293	80,651	104,748	79,761	71,575	72,888	89,565	93,489	84,506	77,476	75,603

**Table Name:** Total Approved Amount for All Services<sup>2</sup> Provided to OOC Katie A. Subclass Members, By Service Month<sup>3</sup>

Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
\$ 351,825	\$ 324,440	\$ 394,323	\$ 473,514	\$ 447,322	\$ 412,570	\$ 418,562	\$ 443,812	\$ 549,355	\$ 466,390	\$ 432,865	\$ 425,250

**Table Name:** ICC & IHBS Unduplicated Count of OOC Katie A. Subclass Members, By Service Month<sup>3</sup>

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
ICC	100	94	97	102	107	103	103	107	121	121	103	114
IHBS	61	64	68	68	69	59	62	67	79	77	69	65

**Table Name:** Average Approved ICC & IHBS Minutes per Unduplicated OOC Katie A. Subclass Member, By Service Month<sup>3</sup>

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
ICC	246	368	394	478	360	380	350	454	393	377	427	319
IHBS	913	574	624	823	597	549	594	611	581	505	486	603

<sup>1</sup> 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.

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### Unique Katie A. Subclass Member Count by Type of SMHS Provided by County of Service

For Service Months July 2015 - June 2016

Report Run on 6/27/2017

#	County Name	Unique Katie A. Subclass Members	Total Approved Amount	IHBS Subclass Member Count	ICC Subclass Member Count	Case Management/ Brokerage Subclass Member Count	Crisis Intervention Subclass Member Count	Medication Support Services Subclass Member Count	Mental Health Services Subclass Member Count	Crisis Stabilization Subclass Member Count	Day Rehabilitation Subclass Member Count	Day Treatment Intensive Subclass Member Count	Adult Residential Treatment Services Subclass Member Count	Crisis Residential Treatment Services Subclass Member Count	Hospital Inpatient Subclass Member Count	Hospital Inpatient Admin Subclass Member Count	Psychiatric Health Facility Subclass Member Count	
1	Alameda*	593	\$ 11,925,353	109	268	297	47	165	508	51	^	^	-	^	^	^	22	
2	Alpine	-	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3	Amador*	36	\$ 211,010	26	32	^	^	16	20	-	-	-	-	-	-	-	-	
4	Butte*	156	\$ 1,738,707	69	101	51	20	54	121	^	^	^	-	-	-	-	-	
5	Calaveras*	31	\$ 136,316	^	19	17	^	^	26	-	-	^	-	-	-	-	-	
6	Colusa*	16	\$ 64,186	^	^	^	^	^	15	-	-	-	-	-	-	-	-	
7	Contra Costa*	444	\$ 10,020,168	129	388	272	34	141	376	38	^	^	^	^	-	-	-	
8	Del Norte*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9	El Dorado*	50	\$ 370,477	26	35	43	-	^	50	-	-	-	-	-	-	-	-	
10	Fresno*	704	\$ 7,845,564	152	135	529	24	287	608	93	^	^	-	-	-	-	23	
11	Glenn*	37	\$ 303,049	29	32	17	^	^	35	-	-	-	-	-	-	-	-	
12	Humboldt*	117	\$ 2,717,883	34	80	63	^	67	111	14	-	^	-	-	^	-	-	
13	Imperial*	133	\$ 858,045	115	41	27	^	96	114	-	-	-	-	-	-	-	-	
14	Inyo*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
15	Kern*	198	\$ 1,589,022	82	122	71	25	102	184	17	^	^	-	-	-	-	-	
16	Kings*	41	\$ 265,500	19	18	34	^	14	34	-	-	-	-	-	-	-	-	
17	Lake	43	\$ 81,679	^	43	-	-	-	-	-	-	-	-	-	-	-	-	
18	Lassen*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
19	Los Angeles*	4,842	\$ 50,030,426	4,442	4,317	126	50	189	529	-	-	-	-	-	-	-	-	
20	Madera*	168	\$ 392,731	-	14	124	^	12	163	-	-	-	-	-	-	-	-	
21	Marin*	57	\$ 936,356	16	38	48	^	14	52	^	-	-	-	-	-	-	-	
22	Mariposa*	21	\$ 95,539	^	^	^	^	^	19	-	-	-	-	-	-	-	-	
23	Mendocino	93	\$ 406,917	65	86	-	-	-	-	-	-	-	-	-	-	-	-	
24	Merced*	150	\$ 1,176,936	21	50	58	^	12	143	-	-	-	-	-	-	-	-	
25	Modoc*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
26	Mono*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
27	Monterey	332	\$ 2,251,649	207	257	-	-	-	-	-	-	-	-	-	-	-	-	
28	Napa*	41	\$ 698,470	14	20	23	^	19	38	-	-	^	-	-	-	-	-	
29	Nevada*	48	\$ 368,358	17	33	43	^	16	46	-	-	-	-	-	-	-	-	
30	Orange*	1,136	\$ 6,213,591	122	285	489	117	258	1,093	^	-	-	-	^	-	-	-	
31	Placer*	59	\$ 580,069	26	49	37	^	15	44	-	-	-	-	-	-	-	-	
32	Plumas*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
33	Riverside*	1,968	\$ 8,321,425	509	1,208	503	44	576	1,535	^	^	^	-	-	-	-	^	
34	Sacramento*	578	\$ 3,332,553	251	403	469	12	259	483	-	-	-	-	-	-	-	-	
35	San Benito*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
36	San Bernardino*	990	\$ 8,682,841	525	742	219	43	323	856	^	^	^	^	-	^	-	^	
37	San Diego*	993	\$ 11,050,825	278	675	97	43	450	754	65	272	^	-	^	^	-	^	
38	San Francisco*	301	\$ 13,529,471	248	249	72	^	27	122	-	-	-	-	-	-	-	-	
39	San Joaquin*	356	\$ 2,324,805	111	186	234	37	126	285	^	-	^	-	-	-	-	-	
40	San Luis Obispo*	167	\$ 3,182,196	120	148	72	18	63	139	-	-	^	-	-	-	-	^	
41	San Mateo*	115	\$ 1,662,213	44	84	57	^	41	84	^	-	^	-	-	-	-	-	
42	Santa Barbara*	198	\$ 2,110,177	50	148	106	27	91	161	-	-	-	-	^	-	-	-	
43	Santa Clara*	612	\$ 6,181,972	533	597	-	-	-	-	-	-	-	-	-	-	-	-	
44	Santa Cruz*	113	\$ 1,404,149	101	82	41	^	^	64	-	-	^	-	-	-	-	-	
45	Shasta*	78	\$ 1,178,652	30	67	59	^	46	72	-	-	^	-	-	-	-	-	
46	Sierra**	-	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
47	Siskiyou*	30	\$ 133,301	15	18	^	-	^	29	-	-	-	-	-	-	-	-	
48	Solano*	153	\$ 2,756,669	105	105	102	^	39	141	^	^	^	-	-	-	-	-	
49	Sonoma	183	\$ 560,318	106	175	-	-	-	-	-	-	-	-	-	-	-	-	
50	Stanislaus*	164	\$ 2,288,340	68	83	94	19	89	153	-	^	^	-	-	-	-	^	
51	Sutter***	-	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
52	Tehama	73	\$ 26,352	-	73	-	-	-	-	-	-	-	-	-	-	-	-	
53	Trinity*	33	\$ 58,904	-	-	^	-	^	33	-	-	-	-	-	-	-	-	
54	Tulare*	141	\$ 1,033,146	57	120	103	19	49	126	-	-	-	-	-	-	-	-	
55	Tuolumne*	13	\$ 68,109	^	^	^	-	^	12	-	-	-	-	-	-	-	-	
56	Ventura*	306	\$ 4,233,972	131	224	182	^	64	234	-	-	-	-	-	-	-	-	
57	Yolo*	45	\$ 174,665	19	23	^	-	15	21	-	-	^	-	-	-	-	-	
58	Sutter/Yuba*	35	\$ 324,767	-	^	27	^	21	29	-	-	-	-	-	-	-	-	
	<b>Statewide^^</b>	<b>17,230</b>	<b>\$ 176,209,005</b>	<b>9,015</b>	<b>11,920</b>	<b>17,230</b>	<b>4,862</b>	<b>661</b>	<b>3,802</b>	<b>9,693</b>	<b>324</b>	<b>290</b>	<b>60</b>	<b>^</b>	<b>^</b>	<b>21</b>	<b>^</b>	<b>68</b>

\* Counties currently submitting claims with the 'KTA' Demonstration Project Identifier.

\*\* Sierra - There is no data listed for Sierra County (Code 46) because Placer County (Code 31) acts as the MHP for both counties and submits service claims for Medi-Cal beneficiaries in both counties.

\*\*\* Sutter - There is no data listed for Sutter County (Code 51) because Sutter/Yuba is a combined MHP pursuant to the joint powers agreement between those two counties. All Medi-Cal specialty mental health services claims for Medi-Cal beneficiaries in both counties are submitted under Yuba County's code (Code 58).

^ Data in the cells have been suppressed to protect patient privacy.

^^ The Statewide totals shown reflect the actual Statewide totals and incorporates any County data that may have been suppressed.

## Katie A. Services Report Technical Definitions

### Data Source:

Short Doyle Medi-Cal II (SD2), Copy of Production Database

### Methodology:

1. The SD2 Copy of Production Database is queried for Payer Claim Control Numbers (ID numbers that are unique to each service line) found with a Demonstration Project Identifier (DPI) value set to "KTA" and/or claimed with Intensive Care Coordination (T1017, HK) or Intensive Home Based Services (H2015, HK) services
2. The query filters out voided, replaced, and denied claims

### Query Methodology:

1. This report defines the subclass as the total number of youth linked to claims with a DPI of "KTA" or claims billed with either Intensive Care Coordination or Intensive Home Based Services that were adjudicated and approved through the SDMC claiming system
2. Not all counties have implemented the "KTA" claim indicator so their claims may be under reported for services other than ICC and IHBS
3. 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
4. Claims were being denied due to use of a secondary modifier with ICC and IHBS claims. A SDMC system change was implemented on 5/30/14 to correct this and Counties are in the process of submitting replacement 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 Children and Family Team, 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."*
5. Claim lag: In the Short Doyle Medi-Cal II data system, 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