

Katie A. Specialty Mental Health Services Report - 12 Month Rolling

Report run on 10/22/2015

Overview

The federal court's jurisdiction over the Katie A. lawsuit formally ended on December 1, 2014. The Katie A. v Bonta lawsuit Settlement Agreement outlined 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 third 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 14,079 (statewide) compared to 13,956 for the last reporting period. This is a 1% decrease of 123 subclass members.
- ▶ Total approved amount to date is \$120,342,541 (statewide) compared to \$122,229,107 for the last reporting period. This is a -2% decrease of -\$1,886,566.
- ▶ The total amount of ICC minutes provided to subclass members to date is 15,259,832 (statewide) compared to 15,072,325 for the last reporting period. This is a 1% increase of 187,507 minutes.
- ▶ The total amount of IHBS minutes provided to subclass members to date is 16,674,564 (statewide) compared to 16,592,043 for the last reporting period. This is a 0% decrease of 82,521 minutes.

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- ▶ The number of subclass members that have received ICC to date is 9,179 (statewide) compared to 9,051 for the last reporting period. This is a 1% increase of 128 subclass members.
- ▶ The number of subclass members that have received IHBS to date is 6,973 (statewide) compared to 6,848 for the last reporting period. This is a 2% increase of 125 subclass members.
- ▶ The total number of counties with approved claims for ICC and/or IHBS is 51.
- ▶ The total number of counties using the KTA Demonstration Project Identifier is 49.

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: August 18, 2014

- 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.

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; And

Claims Submitted with DPI Element "KTA"

Report Run on 10/22/2015

Supplemental Accessibility Tables

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

Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
780	7,659	27,627	55,916	31,750	86,699	71,836	70,769	102,335	74,464	76,761	50,886

Table Name: Unduplicated Count of Katie A. Subclass Members, By Service Month²

Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
7,231	6,948	7,089	7,147	7,226	7,617	7,274	6,910	6,609	4,435	2,514	471

Table Name: Approved ICC & IHBS Minutes Provided to Katie A. Subclass Members, By Service Month²

Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
3,564,874	2,688,688	3,031,376	3,374,515	3,306,072	3,748,924	3,580,274	3,064,842	3,317,042	1,704,612	522,919	30,257

Table Name: Total Approved Amount for All Services¹ Provided to Katie A. Subclass Members, By Service Month²

Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
\$ 14,041,851	\$ 11,032,996	\$ 11,780,279	\$ 12,708,083	\$ 12,315,285	\$ 14,277,537	\$ 13,027,603	\$ 11,749,152	\$ 11,272,956	\$ 5,255,706	\$ 2,425,914	\$ 455,179

Table Name: ICC & IHBS Unduplicated Count of Katie A. Subclass Members, By Service Month²

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
ICC	3,958	3,767	3,884	4,040	4,008	4,065	4,034	3,843	3,781	2,444	1,061	95
IHBS	3,043	2,927	3,079	3,121	3,138	3,232	3,181	3,071	3,029	1,976	663	48

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

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
ICC	427	353	357	397	395	426	402	357	409	347	211	167
IHBS	595	447	508	541	524	597	592	517	561	414	425	275

¹ All services are defined as any services billed on a 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; And
 Claims Submitted with DPI Element "KTA"
 Report Run on 10/22/2015

Supplemental Accessibility Tables

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

Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
25	278	609	1,194	989	1,861	1,944	1,957	2,358	2,627	1,894	975

Table Name: Unduplicated Count of OOC Katie A. Subclass Members, By Service Month³

Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
209	198	208	204	202	206	192	200	158	115	85	17

Table Name: Approved ICC & IHBS Minutes Provided to OOC Katie A. Subclass Members, By Service Month³

Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62,082	51,416	80,780	81,709	77,456	84,620	73,899	105,878	71,423	38,682	17,365	1,210

Table Name: Total Approved Amount for All Services² Provided to OOC Katie A. Subclass Members, By Service Month³

Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
\$ 388,374	\$ 336,437	\$ 380,245	\$ 429,133	\$ 376,598	\$ 408,018	\$ 361,333	\$ 374,616	\$ 280,904	\$ 129,825	\$ 87,368	\$ 12,952

Table Name: ICC & IHBS Unduplicated Count of OOC Katie A. Subclass Members, By Service Month³

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
ICC	72	77	84	94	86	87	77	93	74	57	33	^
IHBS	43	61	61	56	61	53	44	75	44	32	24	^

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

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
ICC	371	265	391	345	380	421	430	449	339	260	261	43
IHBS	822	509	786	881	734	905	927	855	1,052	746	364	361

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 a 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.

^ Data has been suppressed to protect patient privacy.

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

For Service Months October 2014 - September 2015

Report Run on 10/22/2015

#	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*	432	\$ 6,107,952	107	172	173	22	114	327	21	^	^	-	^	^	^	^
2	Alpine	-	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	Amador*	25	\$ 191,671	23	24	^	^	^	12	-	-	-	-	-	-	-	-
4	Butte*	204	\$ 1,420,309	68	82	40	16	47	181	^	^	-	-	-	-	-	-
5	Calaveras*	25	\$ 65,555	-	15	15	^	^	22	-	-	-	-	-	-	-	-
6	Colusa*	20	\$ 125,484	^	^	^	-	^	20	-	-	-	-	-	-	-	-
7	Contra Costa*	380	\$ 8,393,600	116	311	194	26	120	290	35	^	^	-	^	-	-	-
8	Del Norte*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	El Dorado*	55	\$ 427,186	26	27	47	-	^	53	-	-	-	-	-	-	-	-
10	Fresno*	448	\$ 2,942,448	164	166	299	^	134	403	^	-	^	-	-	-	-	-
11	Glenn*	32	\$ 256,181	29	28	19	^	^	30	-	-	-	-	-	-	-	-
12	Humboldt*	54	\$ 719,285	^	37	22	^	20	53	^	-	-	-	^	-	-	-
13	Imperial^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14	Inyo*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15	Kern*	200	\$ 1,646,158	63	114	29	20	97	187	14	^	^	-	-	-	-	^
16	Kings*	48	\$ 224,316	21	19	39	^	18	44	-	-	-	-	-	-	-	-
17	Lake	45	\$ 80,230	14	44	-	-	-	-	-	-	-	-	-	-	-	-
18	Lassen*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	Los Angeles*	4,064	\$ 34,164,367	3,628	3,620	62	20	89	233	-	-	-	-	-	-	-	-
20	Madera*	190	\$ 406,106	-	^	124	^	17	184	-	-	-	-	-	-	-	-
21	Marin*	40	\$ 589,862	13	27	32	-	^	37	^	-	-	-	-	-	-	-
22	Mariposa*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	Mendocino	73	\$ 319,460	60	65	-	-	-	-	-	-	-	-	-	-	-	-
24	Merced*	70	\$ 177,152	-	29	35	^	-	58	-	-	-	-	-	-	-	-
25	Modoc*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	Mono*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
27	Monterey	363	\$ 1,667,821	205	320	-	-	-	-	-	-	-	-	-	-	-	-
28	Napa*	47	\$ 168,489	^	^	23	^	^	45	-	-	-	-	-	-	-	-
29	Nevada*	53	\$ 582,606	20	37	46	^	16	52	-	-	-	-	-	-	-	-
30	Orange*	977	\$ 6,082,952	103	286	500	94	236	938	^	-	236	-	-	-	-	-
31	Placer*	65	\$ 309,132	18	38	^	^	^	58	-	-	-	-	-	-	-	-
32	Plumas*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
33	Riverside*	1,544	\$ 5,447,105	255	568	507	40	570	1,267	24	-	^	-	-	-	-	-
34	Sacramento*	484	\$ 4,130,855	195	349	412	^	238	414	-	-	-	-	-	-	-	-
35	San Benito*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
36	San Bernardino*	792	\$ 5,510,470	437	567	164	41	277	728	14	^	^	-	^	-	^	^
37	San Diego*	882	\$ 9,080,318	209	553	90	22	424	676	37	^	^	-	^	17	-	^
38	San Francisco*	304	\$ 9,511,423	236	238	69	^	42	127	-	^	-	-	-	-	-	-
39	San Joaquin*	351	\$ 1,602,660	68	145	263	30	95	263	^	-	^	-	^	-	-	^
40	San Luis Obispo*	154	\$ 2,742,154	89	119	86	^	51	139	^	-	^	^	-	-	-	^
41	San Mateo*	108	\$ 1,816,832	45	78	60	^	46	86	^	^	^	^	-	^	-	-
42	Santa Barbara*	181	\$ 2,064,631	52	147	111	20	80	147	-	-	-	-	^	-	-	-
43	Santa Clara*	393	\$ 2,894,943	339	382	-	-	-	-	-	-	-	-	-	-	-	-
44	Santa Cruz*	97	\$ 1,340,148	84	69	41	^	^	64	^	-	^	-	-	-	-	-
45	Shasta*	87	\$ 926,446	30	74	65	^	45	74	-	^	^	-	-	-	-	-
46	Sierra**	-	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-	-
47	Siskiyou*	54	\$ 234,239	20	37	26	-	^	49	-	-	-	-	-	-	-	-
48	Solano*	90	\$ 792,753	32	56	34	-	20	70	^	^	^	-	-	-	-	-
49	Sonoma	-	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	Stanislaus*	114	\$ 1,195,850	^	^	68	^	61	102	-	^	^	-	-	-	-	-
51	Sutter***	-	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-	-
52	Tehama	33	\$ 6,035	-	33	-	-	-	-	-	-	-	-	-	-	-	-
53	Trinity*	46	\$ 114,892	-	-	13	-	^	46	-	-	-	-	-	-	-	-
54	Tulare*	151	\$ 1,181,933	61	115	108	12	57	138	-	-	-	-	-	-	-	-
55	Tuolumne*^	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	Ventura*	184	\$ 1,795,821	90	110	101	^	50	157	-	-	-	-	-	-	-	-
57	Yolo*	20	\$ 64,117	^	^	^	-	14	13	-	-	^	-	-	-	-	-
58	Sutter/Yuba*	41	\$ 428,931	^	12	31	^	23	32	-	-	-	-	-	-	-	-
	Statewide^^	14,079	\$ 120,342,541	6,973	9,179	4,004	473	3,084	7,869	189	291	59	^	14	25	^	17

* 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

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 SDMC II database is queried for service lines from approved claims that are claimed with the following Electronic Data Interchange Health Care Claim Transaction Set (837) data elements:

- A Demonstration Project Identifier (DPI) set to "KTA", or
- Healthcare Common Procedure Coding System (HCPCS) codes for Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS).

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.