

Note: There is no audio with this training



January 1, 2013

Updated October 18, 2017

Authority & Quality Improvement Services Division (AQIS)

Children and Youth Behavioral Health Support (CYBH)

# NEW CODES FOR KATIE A. SUBCLASS SETTLEMENT

# WHY ARE WE PROVIDING KATIE A. SUBCLASS SERVICES?

The Katie A. Lawsuit, *Katie A. et al. v. Bonta et al.*, refers to a class action lawsuit filed in Federal District Court in 2002, concerning the availability of intensive mental health services to children/youth in California who are either in foster care or at imminent risk of coming into care. A settlement agreement was reached in the case in December 2011.

# WHEN DO WE START KATIE A. SUBCLASS SERVICES?

January 1, 2013 was the State's targeted implementation date of Katie A. Subclass services. However, since there were delays by the State to finalize the guidance of these services until recently, CYBH will now begin to implement the services in July 2013.

As you learn about the Katie A. Subclass implementation and the required services, you will see that the County of Orange BHS-CYBH is already providing services to this foster youth subclass and has been for the last several years with the collaboration of Social Services Agency. The only difference now is that some of the services that you already provide will need to be coded differently. In addition, coordination of care will continue to be of most importance when working with providers outside of your program, i.e., WRAP services, SSA, TBS, etc. when providing services to the Katie A. Subclass.

# WHO MEETS THE KATIE A. SUBCLASS CRITERIA?

- Minors (children/youth up to age 21)
  - with an open child welfare services case
  - with full scope Medi-Cal (Title XIX)
  - who meet medical necessity for Specialty Mental Health Services
  - currently in or being considered for:
    1. Wraparound, therapeutic foster care, specialized care due to behavioral health needs or other intensive EPSDT services (i.e. TBS, crisis stabilization/intervention).
    2. Group Home (RCL 10 or above), psychiatric hospitalization or 24 hr. mental health treatment facility; or has experienced his/her 3<sup>rd</sup> or more placements within 24 months due to behavioral health needs.

\* CYBH has created an Eligibility Form that will need to be completed to verify if the minor meets the criteria of the Katie A. Subclass. See Eligibility Form at the next slide.

# ELIGIBILITY FORM

Children and Youth Behavioral Health

**Katie A./Intensive Services (ICC/IHBS) Eligibility Assessment**

(YES) ←-----Does the child/youth have an open child welfare case? -----→ (NO)

Clinic/Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**(Katie A. Only)**

1. Does the child have full-scope Medi-Cal? Y / N  
 2. Does the child have an open Child Welfare case? Y / N  
 3. Does the child meet medical necessity? Y / N  
 (If yes, see Assessment/Annual Update \_\_/\_\_/\_\_, or Prog. Note \_\_/\_\_/\_\_)  
 4. Is the child currently receiving or being considered for any of the following services?

Services/Placement	Receiving	Considered
Wrap/FSP Wrap		
TBS		
Specialized Care Rate		
Crisis Stabilization-CSU		
Other Intensive EPSDT		
RCL 10+ or FFA/STRIP		
Psychiatric Hospital		

5. Has the child had three or more placements within 24 months due to behavioral needs? Y / N

*\*Children meet criteria for the Katie A. Subclass if the answers to numbers 1, 2 and 3 are all "Yes" AND -The child is in, or being considered for, any of the services in 4 OR the answer to 5 is "Yes"*

**KATIE A. SUBCLASS\***

YES  NO ----> **Provider Only: if "NO," complete right side of form.**

Was the child/youth opened/accepted for mental health services?  Yes  No

SSA Social Worker (if available) \_\_\_\_\_

**This eligibility assessment was completed by:**  
 HCA Therapist  HCA Contract Therapist  
 CEGU Therapist  CCPU  Wrap/FSP Provider

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

F346-788 (Revised 1/17)

Client Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MRN: \_\_\_\_\_

**(Intensive Services Only)**

1. Does the child have full-scope Medi-Cal? Y / N  
 2. Does the child meet medical necessity? Y / N  
 (If yes, see Assessment/Annual Update \_\_/\_\_/\_\_, or Prog. Note \_\_/\_\_/\_\_)  
 3. Is the child currently receiving or being considered for any of the following services/conditions?

Services/Placement	Receiving	Considered
Wrap/FSP Wrap		
Specialized Care Rate		
Intensive SMHS (TBS, Crisis Stabilization, In-Home Crisis)		
RCL 10+ or FFA/STRIP		
Psychiatric Hosp. and/or DC'd w/in 90 days		
2 or more psych. hosp. w/in 12 mos.		
2 or more placement changes for behavior w/in 24 mos.		
2 or more antipsychotic meds at same time over 3 mos.		
Age 0-5 w/ 1 or more anti-psychotic meds OR 1+ MH DX		
Age 6-11 w/ 2 or more anti-psychotic meds OR 2+ MH DX		
Age 12-17 w/ 3 or more anti-psychotic meds OR 3+ MH DX		
2 or more ER visits due to mental health w/in 6 mos.		
Detained for WIC 501/502 (Ward) due to mental health		
Received SMHS AND homeless during prior 6 mos.		

*\*Children meet criteria for Intensive (ICC/IHBS) Services if: The answers to numbers 1 and 2 are all "Yes" AND the child is receiving/being considered for any in 3. (Note: the above criteria are guidelines only and should not be used as absolutes).*

**Intensive Services\***

YES  NO

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

To download this document visit

<http://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=61772>



# 2 NEW CYBH BILLING CODES

- ❑ Katie A. Subclass services currently only has 2 new primary billable codes, which are Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS). BHS-CYBH will include the option to code for a **No Fee** (non-billable service) or a **Noncompliant** service, as there may be circumstances in which these two primary services may not be billed.
  1. Intensive Care Coordination:
    - All Subclass members are required to receive ICC services
      - ▶ 90899-151 Intensive Care Coordination
      - ▶ 90899-152 Intensive Care Coordination No Fee
      - ▶ 90899-153 Intensive Care Coordination Noncompliant
  2. Intensive Home-Based Services:
    - Subclass members will receive IHBS when medically necessary (if applicable)
      - ▶ 90899-154 Intensive Home-Based Services
      - ▶ 90899-155 Intensive Home-Based Services No Fee
      - ▶ 90899-156 Intensive Home-Based Services Noncompliant
- ❑ ICC & IHBS services are guided by the Core Practice Model (CPM)
  - ▶ CPM adheres to a set of family centered values and principles that are driven by a defined Child and Family Team (CFT) process, and would be utilized by all agencies or individuals who serve the Katie A. Subclass members and their families.

\* All of these new codes are already included in the current ED.

# ICC DEFINED

- ▶ A service that is responsible for facilitating assessment, care planning and coordination of services, including urgent services for children/youth who meet the Katie A. Subclass criteria.
  - ▶ Note: All who meet the Katie A. Subclass criteria are required to receive ICC services. When a child becomes part of the Katie A. Subclass use ICC vs. Targeted Case Management codes. There is an exception to this rule which will be explained later on (Slide 14) of this training.

# ICC SERVICES IN DETAIL

- ▶ Identify an ICC Coordinator which mirrors what a primary therapist is already doing when coordinating services for a youth in Foster Care. This is not a role change but simply a title that the State has asked us to use for these cases.
  - ▶ The ICC Coordinator can be any CYBH mental health provider/representative that is part of the Child and Family Team (i.e., licensed clinician, rehab worker, etc.). Typically in CYBH, the primary therapist would be the ICC Coordinator. The exception to this rule would be when a case is also opened in CCPU, then the CCPU therapist would always be the ICC coordinator. Once the ICC Coordinator is determined, this must be documented on the 90-Day review tracking sheet (see Slide 20 or 23 for an example).
  - ▶ The ICC Coordinator's duties may include but are not limited to:
    - ▶ Facilitating the planning and delivery of services cross-system/multi-agency (i.e., wraparound services, TBS, education, probation, etc.)
    - ▶ Assessing the need for urgent mental health services
    - ▶ Coordination of care to address services on the Care Plan
  - ▶ The ICC coordinator is typically the point of access on the Child and Family Team (CFT)
    - ▶ A CFT is comprised of the youth, family members and all ancillary services with the goal of successfully transitioning the youth out of the child and welfare system by way of integrating a multidisciplinary approach, that may, but are not limited to services such as child welfare, mental health, education, probation, etc. It could be that you are already participating in these type of meetings but if not, direction will be provided in the future as to how these will be formed.

# IHBS DEFINED

- ▶ Are intensive, individualized and strength-based, needs-driven intervention activities that support the engagement/participation of the minor and his/her significant others to help the minor develop skills and achieve the goals and objectives of the Care Plan.
- ▶ Note: When a child becomes part of the Katie A. Subclass, Rehab services will no longer be used and replaced with IHBS instead. There is an exception to this rule which is explained later of this training guide (Slide 14). This is similar to what we are currently doing when referring a case for Rehab services. The primary therapist determines the need and then makes the referral for Rehab services and will now do the same for IHBS.

# IHBS SERVICES IN DETAIL

## ▶ IHBS Services:

- ▶ Medically necessary skill-based interventions for remediation of behaviors or improvement of symptoms.
- ▶ Development of functional skills to improve self-care, self-regulation or other functional impairments.
- ▶ Improve and/or educate self-management of symptoms.
- ▶ Promote the development or maintenance of social supports.
- ▶ Address behaviors that interfere with the achievement of stable and permanent family life.
- ▶ Address behaviors that impede seeking or maintaining a job.
- ▶ Address behaviors that impede with educational objectives.
- ▶ Address behaviors that impede with transitional independent living (i.e. seeking or maintaining housing and living independently).

## ▶ IHBS vs. Rehab Services:

The major difference is that IHBS is used for Katie A. Subclass members only vs. children/youth who have not been identified to meet the criteria for this Subclass. Services listed above are essentially the same as Rehab services as we know it.

# HOW WILL WE IMPLEMENT KATIE A. SUBCLASS SERVICES?

## ❑ How this might look:

1. CYBH clinicians will screen all present and in-coming foster youths for the Katie A. Subclass using the Eligibility Form.

- It is not necessary to document in a progress note the completion of this form.

2. Once the Subclass member is identified, then immediately:

- Add ICC and/or IHBS to the existing CARE PLAN or INTERIM CARE PLAN if appropriate.

▶ This may be done by writing in ICC next to Targeted Case Management and if necessary, writing in IHBS next to Rehab services.

▶ The clinician needs to initial and date the Care Plan changes.

▶ Signatures from the youth or guardian are not necessary for updating this existing Care Plan.

▶ The clinician needs to write a corresponding progress note about the Care Plan update and bill it as ICC.

▶ Clinician will need to update the MTP to document coordination of care for services provided in collaboration with SSA and/or other programs. **Reminder: after the Care Plan and MTP get updated, you must notify the other programs of this update as part of coordination of care (i.e., WRAP, etc.) so they must also start using these codes.**

# HOW WILL WE IMPLEMENT KATIE A. SUBCLASS SERVICES? (CONTINUED)

- ▶ No less frequent than every 90 days, it is required that Katie A. Subclass services be reviewed (a progress note is required for these reviews). In addition, there is a 90-Day review tracking sheet to track these reviews (see slide 18).
  - ▶ This type of review is to re-assess the client and family's need and progress in treatment. It is a review of the CFT Individualized Plan of Care and should be conducted, at a minimum, with input from the social worker and client/family.
  - ▶ The content of the 90-Day review progress note should be similar to what we currently write for a 6-Month Update progress note.
  - ▶ These 90-Day reviews get coded as billable ICC services.
- ▶ In order to know when the 90-Day reviews are due, think of these as quarterly reviews which would usually fall between the 6-Month Update and the Annual Update review. Also between the Annual Update review and the 6-Month Update review. (Examples provided in Slides 21 & 24)
- ▶ When a 90-Day review falls at the same time as the 6-Month or Annual Update review only one progress note is needed. No need to write two separate notes. The Care Plan continues to be updated only at the 6-Month and Annual Update review.

\* For the Katie A. Subclass members only, the 6-Month Update/quarterly review and Annual Update/quarterly review (known as the 90-Day review), should be billed as ICC and not as an Assessment service.

# WHEN DO WE STOP PROVIDING KATIE A. SUBCLASS SERVICES?

- ▶ Once the Subclass member is no longer in the child-welfare system, ICC/IHBS services must be discontinued.
  - ▶ The ICC Coordinator needs to complete the Katie A. Subclass Eligibility Form only with the following information: clinic name, client's name, DOB, MRN, check "NO" in item 6 regarding client does not meet Katie A. Subclass criteria, date and sign. Support staff will enter this information in IRIS. Termination date will be the date on which the form was signed.
- ▶ However, if the minor continues to be eligible for Medi-Cal and meets medical necessity for specialty mental health services as determined by the clinician, the minor may continue to receive mental health services based on their needs.

# KATIE A. SUBCLASS “REMINDERS”

- ❑ Use the Eligibility Form to assess if a youth meets the Katie A. Subclass criteria (not billable).
- ❑ Update the MTP coordination of care section with ICC and/or IHBS services.
- ❑ Update the existing Care Plan by writing in ICC next to Targeted Case Management and IHBS next to Rehab services if applicable. Initial, date and write a corresponding progress note (bill as ICC).
- ❑ ICC Services are basically the same as Targeted Case Management services. ICC billing codes are only used for those client’s who meet the Katie A. Subclass criteria. All members of the Subclass must receive ICC.
- ❑ IHBS Services are basically the same as Rehab services. The IHBS codes should only be used for those identified as Katie A. Subclass members and who meets medical necessity for specialty mental health services.
- ❑ **EXCEPTIONS:** ICC services are non-billable to Medi-Cal if a child/youth is placed in a psychiatric hospital unless it is 30 days prior to the discharge. The sole purpose of the discharge is to identify placement for the child/minor. Discharge services may include consultation and assessment which involves contacting and coordinating with the hospital of those directly involved with decision of placement. IHBS cannot be billed if the child/youth is placed in a psychiatric hospital.
  - ❖ When a child/youth is psychiatrically hospitalized, continue to use non-billable codes.
- ❑ When the youth is no longer in the child welfare system, complete the Eligibility Form to indicate that the youth is no longer a Subclass member and stop billing ICC and IHBS services.
- ❑ Continue to provide mental health services (i.e. individual therapy, collateral therapy, case management, psychiatric services, rehab services, etc.) if the minor is determined to have a need for specialty mental health services, has Medi-Cal and meets medical necessity.

# GLOSSARY

**Child and Family Team (CFT)** – A CFT is comprised of the youth and family and all of the ancillary individuals who are working with them toward their successful transition out of the child welfare system. The team is comprised of the child welfare worker, the youth and family, service providers and any other members as necessary and appropriate. No single individual, agency or service provider works independently but rather as part of the team for decision-making. Child welfare workers and mental health staff and service providers work within a team environment which engages youth and families as partners in that environment. Each individual team member has their unique role and responsibilities, but they are always working as part of the team.

**Core Practice Model (CPM)** – The Core Practice Model (CPM) is a set of concepts, values, principles, and standards of practice that outline an integrated approach to working with children/youth and families involved with child welfare who have or may have mental health needs. It provides a framework for all child welfare and mental health agencies, service providers and community/tribal partners working with youth and families.

**Foster Care Placement** – 24-hour substitute care for all children placed away from their parent(s) or guardian(s) and for whom the State agency has placement and care responsibility. (Section 1355.20 Code of Federal Regulations).

**Intensive Care Coordination (ICC)** – a service that is responsible for facilitating assessment, care planning and coordination of services, including urgent services (for children/youth who meet the Katie A. Subclass criteria).

**Intensive Home Based Services (IHBS)** – are intensive, individualized and strength-based, needs-driven intervention activities that support the engagement and participation of the child/youth and his/her significant others and to help the child/youth develop skills and achieve the goals and objectives of the plan.

# GLOSSARY (CONT.)

**Open Child Welfare Services Case** – means any of the following: a) child is in foster care; b) child has a voluntary family maintenance case (pre or post, returning home, in foster or relative placement), including both court ordered and by voluntary agreement. It does not include cases in which only emergency response referrals are made.

**Parent Partners/Advocates** – Parent Partners/Advocates are key individuals who work with children/youth and families within the public child welfare, juvenile probation or mental health systems. Parent Partners/Advocates are past consumers and can convey information on how systems and programs can instill the family-centered and family driven philosophy and principles necessary to engage children/youth and families.

**Rehabilitation** – Per SPA #10-016, rehabilitation means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

**Therapeutic Foster Care (TFC)** – TFC will be added to this manual at a later date.

**Wraparound** – Wraparound is an intensive, individualized care planning and management process. The Wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that results in plans and services that are effective and relevant to the child and family

# GLOSSARY (CONT.)

**Specialty Mental Health Services** – Per Title 9, Chapter 11, Section 1810.247, means:

- (a) Rehabilitative Mental Health Services, including:
  - (1) Mental health services
  - (2) Medication support services
  - (3) Day treatment intensive
  - (4) Day rehabilitation
  - (5) Crisis intervention
  - (6) Crisis stabilization
  - (7) Adult residential treatment services
  - (8) Crisis residential treatment services
  - (9) Psychiatric health facility services
- (b) Psychiatric Inpatient Hospital Services
- (c) Targeted Case Management
- (d) Psychiatrist Services
- (e) Psychologist Services
- (f) EPSDT Supplemental Specialty Mental Health Services
- (g) Psychiatric Nursing Facility Services

# INFORMATIONAL LINKS

AQIS / CYBH Katie A. Subclass Documentation & Training Guide

<http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=30160>

Core Practice Model Guide for Katie A. Subclass members:

<http://humanservices.ucdavis.edu/Resource/PDF/123%20169%20Core%20Practice%20Katie%20A%20Guidebook.pdf>



THE FOLLOWING SLIDES PROVIDE EXAMPLES ON THE 90-DAY REVIEWS USING THE KATIE A. SUBCLASS MEMBER TRACKING SHEET.

# KATIE A. SUBCLASS MEMBER TRACKING SHEET BLANK FORM

Clinic Name and address

## Katie A. Subclass Member Tracking Sheet

Label

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No
See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.
Initials: _____	Initials: _____	Initials: _____	Initials: _____

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No
See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.
Initials: _____	Initials: _____	Initials: _____	Initials: _____

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No	Child meets Katie A. Subclass criteria: ___ Yes ___ No
See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.
Initials: _____	Initials: _____	Initials: _____	Initials: _____

# HOW TO IMPLEMENT THE 90-DAY REVIEWS

## Example A:

- ▶ This is an existing open case for over a year in CYBH since **February 2012**.
- ▶ The foster child is identified as a Katie A. Subclass member on **May 1, 2013**.
- ▶ The Medi-Cal month and year of intake is **February, 2012**.
  1. The existing Care Plan and MTP coordination of care are updated by **May 1, 2013**.
    - \* A progress note is written indicating that ICC and/or IHBS services will be provided. This is billed as ICC.

A 90-day review tracking sheet is placed in the chart.
  2. The 1<sup>st</sup> 90-Day review will be due by **July 31, 2013**, which will also be the month in which the 6-Month Update is due.
    - \* The 90-Day review is documented in the appropriate quarterly box on the tracking sheet.

A corresponding progress note reflects progress towards goals and objectives. This is billed as ICC.
    - \* This is a 90-Day review/6-Month Update, only one note is required and this is billed as ICC.
    - \* As usual procedure for a 6-Month Update; the MTP and the Care Plan must be updated.

# HOW TO IMPLEMENT THE 90-DAY REVIEWS

## Example A:

3. The next 90-Day review will be due 3 months after the 6-Month Update review, on **October 31, 2013**.
  - \* The appropriate quarterly box on the tracking sheet is completed. In addition, a corresponding progress note is done documenting the progress and/or barriers during this period. This is billed as ICC.
4. The next 90-Day review will be at the actual Annual Update review and due by **January 31, 2014**.
  - \* The 90-Day review is documented in the appropriate quarterly box on the tracking sheet. and a corresponding progress note to reflect progress towards the goals and objectives. This is billed as ICC.
  - \* This is a 90-Day/Annual Update, only one note is required and this is billed as ICC.
  - \* As usual procedure for an Annual Update review; the MTP and Care Plan must be updated.

# 90-DAY REVIEW TRACKING SHEET: EXAMPLE A

Clinic Name and address

**Katie A. Subclass Member  
Tracking Sheet**

**Example A  
Case Opened: 02/01/12**

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
See progress note dated: _____ of case.	See progress note dated: <u>07/31/13</u> for update of case.	See progress note dated: <u>10/31/13</u> for update of case.	See progress note dated: <u>01/31/14</u> for update of case.
Initials: _____	Initials: <u>CP</u>	Initials: <u>CP</u>	Initials: <u>CP</u>

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No
See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.
Initials: _____	Initials: _____	Initials: _____	Initials: _____

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No
See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.
Initials: _____	Initials: _____	Initials: _____	Initials: _____



# HOW TO IMPLEMENT THE 90-DAY REVIEWS

## Example B:

- ▶ This is a new case and identified to meet the criteria for the Katie A. Subclass during the assessment period.
- ▶ The case is opened **May 1, 2013**.
  1. The clinician will complete the Initial Assessment within the 60-Day period by **June 29, 2013**.
    - \* If the client meets criteria to receive ICC and IHBS (if applicable) then the Care Plan must include TCM/ICC and Rehab services/IHBS (if applicable). Place a 90-Day review tracking sheet in the chart.
  2. The 1<sup>st</sup> 90-Day review is due at the 6-Month Update, **October 31, 2013**, even though in this case it is greater than the 90-Day review period. The purpose for this 1<sup>st</sup> 90-Day review exception is to align the 90-Day review with the 6-Month Updates and Annual Updates going forward.
    - \* The 90-Day review is documented in the appropriate quarterly box on the tracking sheet. In addition, a corresponding progress note to reflect progress towards the goals and objectives. This is billed as ICC.
    - \* This is a 90-Day review/6-Month Update, only one note is required and this is billed as ICC.
    - \* As usual procedure for a 6-Month Update; the MTP and the Care Plan must be updated.

# HOW TO IMPLEMENT THE 90-DAY REVIEWS (CONTINUED)

## Example B:

3. The next 90-Day review will be due 3 months following the 6-Month Update review and is due by **January 31, 2014**.
  - \* The appropriate quarterly box on the tracking sheet is completed. In addition, a corresponding progress note is done to document the progress and/or barriers during this period . This is billed as ICC.
4. The next 90-Day review will be at the actual Annual Update review and due by **April 30, 2014**.
  - \* The 90-Day review is documented in the appropriate quarterly box on the tracking sheet and a corresponding progress note to reflect progress towards the goals and objectives.
  - \* This is a 90-Day/Annual Update, only one note is required and this is billed as ICC.
  - \* As usual procedure for Annual Update review; the MTP and Care Plan must be updated.

# 90-DAY REVIEW TRACKING SHEET: EXAMPLE B

Clinic Name and address

**Katie A. Subclass Member  
Tracking Sheet**

**Example B  
Case Opened: 05/01/13**

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
See progress note dated: _____ of case.	See progress note dated: <u>10/31/13</u> for update of case.	See progress note dated: <u>01/31/14</u> for update of case.	See progress note dated: <u>04/30/14</u> for update of case.
Initials: _____	Initials: <u>CP</u>	Initials: <u>CP</u>	Initials: <u>CP</u>

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No
See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.
Initials: _____	Initials: _____	Initials: _____	Initials: _____

90-Day Review: 1 <sup>st</sup> Quarter	90-Day Review: 2 <sup>nd</sup> Quarter / 6- Month Review	90-Day Review: 3 <sup>rd</sup> Quarter	90-Day Review: 4 <sup>th</sup> Quarter / Annual Review
Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child meets Katie A. Subclass criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No
See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.	See progress note dated: _____ for update of case.
Initials: _____	Initials: _____	Initials: _____	Initials: _____



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Thank You!

**YOU HAVE FINISHED THIS TRAINING.**