QRTIPS
Health Care Agency • Behavorial Health Services • CYS Quality, Review & Training

January 2014

Katie A. Subclass (Part 4)

1. **If a child, who is in the subclass is meeting their goals, doing well, and no longer needs either Wraparound, Full Service Partnership, or TBS, are they still a member of the subclass?**
   If the CFT (Child and Family Team) determines the child is no longer needing Wraparound, FSP or TBS then this child can be transitioned out of the Katie A. Subclass. However, if the child still needs Specialty Mental Health Services, then these services need to continue without being a Katie A. Subclass.

2. **Can the provider bill for ICC when the ICC Coordinator is contacting all parties involved with the meeting, organizing, scheduling, and logistics for IHBS services to be provided?**
   No. Contacting parties to organize or to schedule meetings or to discuss/review logistics for ICC or IHBS services are considered clerical tasks and can cannot be billed as ICC. The provider should use the ICC Non-billable service codes for these services.

3. **If the client is Katie A. and the family refuses ICC and IHBS services, is it required to have a CFT every 90 days because the child is a Katie A child?**
   If the family refuses Katie A services, try to re-engage the child/youth and family. If you are not able to engage the child/youth/family to participate in services, then you cannot provide ICC or IHBS services, therefore there is no need to complete a 90 day review.

4. **Who are the Members of a Child & Family Team?**
   The CFT must include the child, youth and family and, for those youth and families involved with child welfare and mental health, the formal supports from mental health and child welfare. Teams may include extended family; informal support persons such as friends, coaches, faith-based connections; and other formal supports such as educational professional and representatives from other agencies providing services to the child and family. (*See page 12 of the CORE PRACTICE MODEL manual.*)

5. **Does the ICC coordinator need to be present at every CFT meeting?**
   No, the ICC coordinator does not need to be present at every CFT meeting. However, it is important to provide and document coordination of care. Ideally, the ICC coordinator should outreach and consult with the person who runs the CFT meeting to discuss the outcome of the meeting for the purpose of monitoring and continuity of care.

6. **Should the clinician/provider utilize an assessment or the ICC code to complete the quarterly updates for Katie A. clients? What about doing any other type of assessments or evaluations during the "treatment" phase while a case member of the Katie A. Subclass?**

   Once a client is identified as a member of the Katie A subclass, the clinician/provider should only use the ICC code for the quarterly reviews **NOT** the assessment code. Any type of assessments or evaluations done during the treatment phase must be coded as ICC while the case remains a member of the Katie A. subclass.

7. **How should I document my contribution to the CFT meetings?**

   Your documentation should reflect ***your unique*** contribution to the team meeting per your specialized discipline and your intervention should address the children/youth's goals and objectives as outlined on the CSP. Your progress note and intervention should **not** be only a summary of details of the meeting but you must integrate and detail in your progress note intervention section what you uniquely contributed to the meeting that addresses the child's/youth's mental health goals and objectives.

8. **Are we required to complete a progress note for each 90-day review in addition to completing the 90-Day tracking sheet form?**

   Yes, you are required to do both. The 90-day tracking sheet form must be completed and dated. There must be a corresponding progress note for the date listed on the 90 day tracking sheet form that details the child's/youth progress towards their CSP goals and objectives. Ideally, the 90 day review should be to address the effectiveness of the treatment and provides the clinician with the opportunity to monitor and make any necessary adaptions to the treatment plan.

9. **Can you bill a Group Session service as IHBS?**

   No. IHBS are Intensive Home Based Services. As such they are intended to be a specialized individualized service. Group sessions can only be billed as Group Therapy or Group Rehab; whatever is clinically recommended as long as this type of service is on the CSP and the MTP.