



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

May 3, 2013

MHSD INFORMATION NOTICE NO.: 13-11

SUBJECT: IMPLEMENTATION OF CLAIMING FOR INTENSIVE CARE COORDINATION AND INTENSIVE HOME-BASED SERVICES IN THE SHORT-DOYLE / MEDI-CAL CLAIMS PROCESSING SYSTEM FOR DATES OF SERVICE BEGINNING JANUARY 1, 2013

REFERENCE: KATIE A. etc., et al, v. DIANA BONTA, etc., et al, CLASS ACTION SETTLEMENT AGREEMENT (Case No. CV-02-05662 AHM [SHx]); United States Code (U.S.C.) 1396d.(r)

EXPIRES: Retain until superseded

The December 2011 Katie A. court settlement¹ (hereafter “Agreement”) requires county Medi-Cal Mental Health Plans (MHPs) to begin providing Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) on January 1, 2013, to Katie A. subclass members. The Agreement also requires that the Department of Health Care Services (DHCS) must have completed all necessary steps to ensure that MHPs can claim federal Medicaid reimbursement for ICC and IHBS services and develop a manual providing direction to MHPs and providers providing guidelines for delivering and billing ICC and IHBS. Counties can provide ICC and IHBS services and claim federal reimbursement through the Short-Doyle/Medi-Cal (SDMC) claiming system for dates of service beginning January 1, 2013.

The intent of the ICC and IHBS Manual is to instruct counties regarding these two services that are available to Katie A. subclass members. This letter describes how counties must code and claim ICC and IHBS in the SDMC claims processing system and the state data reporting requirements.

¹ *Katie A. etc., et al. v. Diana Bonta etc., et al*, CLASS ACTION SETTLEMENT AGREEMENT (Case No. CV-02-05662 AHM [SHx])

KATIE A. SUBCLASS DEFINITION

The Katie A. subclass is defined as children meeting all of the following four criteria:

1. Be under age 21 and have “full-scope” Medi-Cal eligibility;
2. Meet medical necessity criteria (as specified in *California Code of Regulations* Title 9, Section 1830.205 or Section 1830.210);
3. Have an open child welfare case. An open child welfare case is defined as any of the following: a) child is in foster care; b) child has a 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; and
4. Meet either “a.” or “b.” below:
 - a. Is currently in, or being considered for:
 - i. Wraparound services;
 - ii. Therapeutic Foster Care (TFC);
 - iii. Therapeutic Behavioral Services (TBS);
 - iv. Crisis Stabilization;
 - v. Crisis Intervention or other equally intensive services; or
 - vi. Has been assigned a specialized care rate due to behavioral health needs. or
 - b. Is currently in, or being considered for:
 - i. A foster care group home (Rate Classification Level [RCL] 10 or above);
 - ii. A psychiatric hospital;
 - iii. 24-hour mental health treatment facility; or
 - iv. Has experienced their third placement within 24 months due to behavioral health needs.

CLAIMING REQUIREMENTS FOR ICC AND IHBS

For dates of service beginning January 1, 2013, MHPs may submit claims for ICC and IHBS to DHCS for Medi-Cal federal financial participation (FFP) reimbursement.

The following are the requirements for claiming federal reimbursement for ICC and IHBS services:

- a. Claims for ICC and IHBS services must use the X12N 837 *Health Care Claim: Professional* (837P) transaction set.
- b. Claims for ICC services must use procedure code "T1017," the same code used for targeted case management (TCM). TCM is authorized and defined in California's existing Medicaid State Plan for Medi-Cal specialty mental health services.
- c. Claims for IHBS services must use procedure code "H2015," the same code used for mental health services (MHS). MHS are authorized and defined in California's existing Medicaid State Plan for Medi-Cal specialty mental health services.
- d. DHCS will reimburse ICC and IHBS at the same rates as TCM and MHS, respectively.
- e. Claims for ICC and IHBS services must use procedure modifier "HK". This will be in place of procedure modifier "HE" which will continue to be used for all other TCM and MHS services.
- f. Claims for ICC and IHBS services must be in fractions of 15-minute units of service, similar to TCM and MHS.
- g. A child/youth may receive the following services but not during the same hours of the day that the child/youth is receiving IHBS services:
 1. Day Treatment Rehabilitative
 2. Day Treatment Intensive
 3. Group Therapy
 4. Therapeutic Behavioral Services (TBS)
- h. Similar to MHS (H2015), the following services are not reimbursable during the provision of IHBS services:
 1. Psychiatric Inpatient Hospital (except on date of admission or discharge)
 2. Psychiatric Inpatient Hospital Administrative Days
 3. Psychiatric Health Facility (PHF) (except on date of admission or discharge)
 4. Adult Crisis Residential (except on date of admission or discharge)
- i. Similar to TCM (T1017) and MHS (H2015), both ICC and IHBS are reimbursable for multiple services on the same day by using the duplicate service override

modifiers. MHS and IHBS are reimbursable up to a cumulative maximum of 2,878 minutes per day. TCM and ICC are reimbursable up to a cumulative maximum of 1,440 minutes per day.

- j. Specialty Mental Health Services, including ICC and IHBS, are not Medicaid reimbursable if:
 - 1. Provided at a non-hospital facility where the beneficiary is: i) an inmate serving time for a criminal offense; or ii) confined involuntarily in a State or federal prison, jail, detention facility, or other penal facility – (i.e. the beneficiary is an inmate of a public institution, as defined in Section 1905(a)(A) of the Social Security Act and Title 42, Code of Federal Regulations [CFR] Section 435.1009)
 - 2. The beneficiary is a child who is residing out-of-state at the time of service

- k. Counties cannot claim ICC for children/youth in a hospital, psychiatric health facility, group home or psychiatric nursing facility, except when used solely for the purpose of coordinating placement of the child/youth for discharge. Under this condition, a child may receive ICC during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per admission to the facility as part of discharge planning.

- l. Counties cannot claim IHBS as services provided for children/youth in group homes. However, counties may claim reimbursement for IHBS for children/youth that are transitioning to a permanent home environment when it is to facilitate the transition during single day and multiple day visits outside the group home setting.

- m. ICC and IHBS services for beneficiaries with Medicare and/or Other Health Coverage are directly claimable to Medi-Cal and providers need not bill Medicare and/or Other Health Coverage.

- n. For cost report and provider certification purposes, ICC is identified using Mode of Service 15 and Service Function Code 07, and IHBS is identified using Mode of Service 15, Service Function Code 57. The following table lists this mode and procedure mapping:

| Service | Mode of Service | Service Code | Procedure Code | Procedure Modifier |
|--------------------------------------|-----------------|--------------|----------------|--------------------|
| Intensive Care Coordination (ICC) | 15 | 07 | T1017 | HK |
| Intensive Home Based Services (IHBS) | 15 | 57 | H2015 | HK |

- o. Certification of MHP providers in the SDMC Provider Master File certified to provide TCM services under Mode of Service 15, Service Function Code 01 – 09 will include certification to provide ICC services. Certification of MHP providers certified to provide MHS services under Mode of Service 15, Service Function Codes 30 – 57, 59 will include certification to provide IHBS.
- p. To identify all specialty mental health services provided to Katie A. subclass members, MHPs shall identify all claims for services provided to clients identified as Katie A. subclass members by supplying the Loop 2300 REF-Demonstration Project Identifier (DPI) segment with the value “KTA” as the Demonstration Project Identifier (data element REF02). Use of the DPI is not a current requirement to claim for FFP reimbursement; however, DHCS strongly encourages MHPs to submit this indicator as soon as possible to facilitate reporting of all services provided to Katie A. subclass members.
- q. As with all Medi-Cal specialty mental health services, MHPs are responsible to perform authorization, utilization management and utilization review activities and to maintain adequate clinical records consistent with federal and State requirements to ensure compliance with medical necessity criteria and the requirements above. Also, MHPs and providers shall not authorize or seek reimbursement for any services when those services would be duplicative of other services for which the MHP or provider has claimed reimbursement. DHCS will monitor compliance with these requirements during its compliance reviews.

TRACKING OTHER MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES PROVIDED TO KATIE A. SUBCLASS MEMBERS

The Agreement requires DHCS and MHPs to conduct specific activities related to data, accountability, quality assurance and oversight, including the establishment of a joint State/local Accountability, Communication and Oversight (ACO) Taskforce. MHPs may participate in or provide input to the ACO Task Force that will be forming to address

these issues. The Agreement also requires a statewide data-informed system of accountability, communication and oversight that: (1) improves data exchange and matching among California Department of Social Services (CDSS), DHCS, MHPs and county child welfare services (CWS) agencies; (2) uses existing data collection and baseline and performance benchmarks to the greatest extent feasible; (3) determines what will be measured to evaluate progress in implementing and providing access to ICC and IHBS; (4) establishes a method to track the use of ICC and IHBS; and (5) develops requirements and a general plan for the collection of data and information about children in the Katie A. class (beginning with the subclass and extending to entire class at a future date) who receive mental health services in order to evaluate utilization patterns including types, frequency, and intensity of services, and timely access to care. DHCS will continue to work with MHPs to develop and implement data reporting requirements.

Please contact the Mental Health Services Division, County Customer Services Section at (916) 650-6525 or MedCCC@dhcs.ca.gov if you have any questions about this information notice.

Sincerely,

Original signed by

Vanessa Baird, Deputy Director
Mental Health & Substance Use Disorder Services