




QRTips

May 2016

Revised Katie A. Eligibility Form

Changes to the Katie A. Subclass Eligibility Assessment form include the following:

- “Full Service Partnership Wraparound” was added to Item # 4. In Orange County FSP Wraparound is considered to be the same as Social Services Agency Wraparound.
- Item #7 was added so provider can indicate if a child/youth was opened or accepted for services at their clinic/agency.
- A place to write/type the SSA’s social worker’s name was added.
- Check boxes to indicate who the form was completed by were added.

 Clinic/Agency Name: _____ Name: _____
 _____ DOB: _____
 _____ MRN: _____

Katie A. Subclass Eligibility Assessment

1. Does the above mentioned child have full scope Medi-Cal? Yes No

2. Does the above mentioned child have an open Child Welfare Case? Yes No

3. Does the above mentioned child meet Medical Necessity criteria? Yes No

If yes, see Assessment / Annual update dated: _____ or Progress Note dated __/__/__.

4. Is the child currently receiving or being considered for any of the following services? Check all that apply:

| | Currently receiving service | Being considered for |
|---|-----------------------------|----------------------|
| Wraparound or Full Service Partnership Wraparound | | |
| Therapeutic Foster Care | | |
| Specialized Care Rate due to behavioral health needs | | |
| Therapeutic Behavioral Services | | |
| Crisis Stabilization (admission to ETS) | | |
| Other intensive EPSDT services (e.g., Crisis Intervention) | | |
| Placement in an RCL 10 or above facility | | |
| Placement in a Psychiatric hospital or 24-hour mental health treatment facility | | |

5. Has the child had three or more placements within 24 months due to behavioral health needs? Yes No

6. Child meets criteria for the Katie A. Subclass*: Yes No

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

*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"

8. If child meets Katie A. Subclass criteria, what is the child’s current living situation:
 Group Home Levels 1-12 Group Home Levels 13-14 Regular Foster Care Home
 Intensive Treatment Foster Care (ITFC) Treatment Foster Care Oregon (TFCO)
 Relative’s Home Parent/Guardian Home Transitional Living Program

SSA Social Worker (if available): _____

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

Name: _____ Title: _____ Phone: _____

SIGNATURE _____ DATE: _____

Revised 4.11.16