



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.

Katie A. Subclass Eligibility Assessment 1. Does the above mentioned child have full scope Medi-Cal? \refsiles back 2. Does the above mentioned child have an open Child Welfare Case? \refsiles back 3. Does the above mentioned child meet Medical Necessity criteria? \refsiles back 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:			Name: DOB: MRN:		
2. Does the above mentioned child have an open Child Welfare Case? Yes 3. Does the above mentioned child meet Medical Necessity criteria? Yes 3. Does the above mentioned child meet Medical Necessity criteria? Yes 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: Wraparound or Full Service Partnership Wraparound Eurently Therapeutic Foster Care Specialized Care Rate due to behavioral health needs Therapeutic Behavioral Services Image: Considered for or above facility Placement in an RCL 10 or above facility Placement in an RCL 10 or above facility Placement in an RCL 10 or above facility Yes 6. Child meets criteria for the Katie A. Subclass*: Yes 7. Was the child/youth opened/accepted for mental health services? Yes * Child meets Katie A. Subclass if The answers to numbers 1,2 and 3 are alt: "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 1.3.14 Regular Foster Care Home Intensive Treatment Foster Care (ITFC) Treatment Foster Care Oregon (TFCO) Relative's H		Katie A. Subclass Eligibility Asse	essment		
3. Does the above mentioned child meet Medical Necessity criteria? Yes 3. Does the above mentioned child meet Medical Necessity criteria? Yes If yes, see Assessment / Annual update dated: or Progress Note dated _/_/	1. Does the abo	ove mentioned child have full scope Medi-Cal?		Ves	
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: Wraparound or Full Service Partnership Wraparound Currently Being Therapeutic Foster Care	2. Does the abo	ove mentioned child have an open Child Welfare Case	?	Yes	
4. Is the child currently receiving or being considered for any of the following services? Check all that apply: Currently receiving service? Check all that apply: Currently receiving service considered for Wraparound or Full Service Partnership Wraparound Currently receiving service considered for Specialized Care Rate due to behavioral health needs Therapeutic Behavioral Services Crisis Istabilization (admission to ETS) Other intensive EPSDT services (e.g., Crisis Intervention) Placement in an RCL 10 or above facility Placement in a RCL 10 or above facility Placement in a RCL 10 or above facility Placement in a 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 6. Child meets criteria for the Katie A. Subclass*: [] Yes 7. Was the child/youth opened/accepted for mental health services? [] Yes "Children meet criteria for the Katie A. Subclass if. The answers to numbers 1,2 and 3 are alt: "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, whati is the child's current living situation:	3. Does the abo	ove mentioned child meet Medical Necessity criteria?		Yes	
Currently Being Wraparound or Full Service Partnership Wraparound Interapeutic Foster Care Specialized Care Rate due to behavioral health needs Interapeutic Foster Care Specialized Care Rate due to behavioral health needs Interapeutic 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 RSU 10 or above facility Placement in a RSU 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 6. Child meets criteria for the Kate A. Subclass*: Yes 7. Was the child/youth opened/accepted for mental health services? Yes *Childre meet criteria for the Kate A. Subclass if: The answers to numbers 1,2 and 3 are alt: "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 Batility assessment was completed by: Parent/Guardian Home Trans	If yes, see A	ssessment / Annual update dated: c	or Progress Note da	ted _/_/	
Image: Provide Partnership Wraparound receiving service considered for Wraparound or Full Service Partnership Wraparound Image: Partnership Wraparound Image: Partnership Wraparound Therapeutic Foster Care Specialized Care Rate due to behavioral health needs Image: Partnership Wraparound Image: Partnership Wraparound Therapeutic Behavioral Services Image: Partnership Wraparound Image: Partnership Wraparound Image: Partnership Wraparound Other intensive EPSDT services (e.g., Crisis Intervention) Image: Partnership Wraparound or 4.000000000000000000000000000000000000	4. Is the child cur	rently receiving or being considered for any of the follo	wing services? Che	ck all that apply:	
Wraparound or Full Service Partnership Wraparound				· ·	
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? 6. Child meets criteria for the Katie A. Subclass*: 7. Was the child/youth opened/accepted for mental health services? *Children meet criteria for the Katie A. Subclass if: The answers to numbers 1,2 and 3 are alt: "Yes" AND -The child is in, or being considered for, any of the services in 4 OR the answers to 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):	Wraparound or Fu	III Service Partnership Wraparound	receiving controc	considered for	
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 RCL 10 or above facility Placement in a 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? F. Child meets criteria for the Katie A. Subclass*: 7. Was the child/youth opened/accepted for mental health services? 8. Child meets 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 1-14 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 CEGU Therapist CCPU Wrap/FSP Provider Name: Title: Phone:	Therapeutic Foste	r Care			
Crisis Stabilization (admission to ETS)	Specialized Care	Rate due to behavioral health needs			
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? 6. Child meets criteria for the Katie A. Subclass*: 7. Was the child/youth opened/accepted for mental health services? Placement in a psychiatric hospital or 24-hour mental health services? 8. Child meets criteria for the Katie A. Subclass if: The answers to numbers 1,2 and 3 are alt: "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:					
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 6. Child meets criteria for the Katie A. Subclass*: 7. Was the child/youth opened/accepted for mental health services? *Children meet criteria for the Katie A. Subclass if: The answers to numbers 1,2 and 3 are alt: "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 Intensive Treatment Foster Care (ITFC) Treatment Foster Care Oregon (TFCO) Relative's Home Parent/Guardian Home Transitional Living Program SSA Social Worker (if available):					
facility					
		ychiatric hospital or 24-hour mental health treatment.			
7. Was the child/youth opened/accepted for mental health services? Yes *Children meet criteria for the Katle A. Subclass if. The answers to numbers 1,2 and 3 are alt. "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 Katle A. Subclass criteria, what is the child's current living situation: Group Home Levels 1-12 Group Home Levels 13-14 Intensive Treatment Foster Care (ITFC) Treatment Foster Care Oregon (TFCO) Relative's Home Parent/Guardian Home SSA Social Worker (if available):	5. Has the child	had three or more placements within 24 months due to	o behavioral health r	needs? 🗌 Yes	
"Children meet criteria for the Katle A. Subclass if: The answers to numbers 1 , 2 and 3 are alt: "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 Katle 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): Hose ligibility assessment was completed by: HCA Therapist HCA Contract Therapist CEGU Therapist CCPU Wrap/FSP Provider Name: Title: Phone:	6. Child meets c	riteria for the Katie A. Subclass*:		Yes	
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:	7. Was the child	/youth opened/accepted for mental health services?		Yes	
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): Hose Home Care Care Home Wrap/FSP Provider HCA Therapist HCA Contract Therapist CEGU Therapist CCPU Wrap/FSP Provider Name: Title: Phone:			are all: "Yes" AND -Th	e child is in, or being	
This eligibility assessment was completed by: HCA Therapist HCA Contract Therapist CEGU Therapist CCPU Wrap/FSP Provider Name: Title: Phone:					_
This eligibility assessment was completed by: HCA Therapist HCA Contract Therapist CEGU Therapist CCPU Wrap/FSP Provider Name: Title: Phone:	considered for, any of 8. If child meets Group Home I Intensive Trea Relative's Hom	Levels 1-12 Group Home Levels 13-14 F tment Foster Care (ITFC) Treatment Foster Car ne Parent/Guardian Home Tr	Regular Foster Care e Oregon (TFCO) ransitional Living Pr	ogram	
HCA Therapist HCA Contract Therapist CEGU Therapist CCPU Wrap/FSP Provider Name: Title: Phone:	considered for, any of 8. If child meets Group Home L Intensive Trea Relative's Hon	Levels 1-12 Group Home Levels 13-14 F tment Foster Care (ITFC) Treatment Foster Car ne Parent/Guardian Home Tr	Regular Foster Care e Oregon (TFCO) ransitional Living Pr	ogram	
Name: Title: Phone:	considered for, any of 8. If child meets Group Home L Intensive Trea Relative's Hom SSA Social Worke	Levels 1-12 Group Home Levels 13-14 F Iment Foster Care (ITFC) Treatment Foster Car ne Parent/Guardian Home Tr er (if available):	Regular Foster Care e Oregon (TFCO) ransitional Living Pr	ogram	
	considered for, any of 8. If child meets Group Home I Intensive Trea Relative's Hor SSA Social Worke This eligibility ass	Levels 1-12 Group Home Levels 13-14 F tment Foster Care (ITFC) Treatment Foster Car ne Parent/Guardian Home Tr trif available): essment was completed by:	Regular Foster Care e Oregon (TFCO) ransitional Living Pr	ogram	
	considered for, any of 8. If child meets Group Home I Intensive Trea Relative's Hon SSA Social Worke This eligibility ass HCA Therapist	Levels 1-12 Group Home Levels 13-14 F trment Foster Care (ITFC) Treatment Foster Care ne Parent/Guardian Home Treatment Foster Care er (if available):	Regular Foster Care e Oregon (TFCO) ransitional Living Pr CCPU UWrap/F	ogram	