

Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC)

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Requirements for Assessing and Providing ICC, IHBS and TFC

Per [BHIN 21-058](#), all beneficiaries with full-scope Medi-Cal under 21 years old must be assessed and provided with ICC, IHBS, and TFC if they meet medical necessity criteria for these services. Membership in the Katie A class or sub-class is not a requirement for this assessment to occur and services to be provided.

These services are protected as part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSTD) program when necessary to correct or ameliorate defects and mental illnesses or conditions for beneficiaries under age 21 eligible for full scope Medi-Cal (42 U.S.C. § 1396a (a)(43) and 42 U.S.C. § 1396d (r)).

Providers are required to complete individualized screening for these services and document this activity in the Assessment. If the beneficiary can benefit from these services, a referral must be provided promptly.

The ACBHD assessment form includes a section for this assessment. Providers are encouraged to build a similar template in their own Electronic Health Record systems. See training titled Intensive Care Coordination, Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) [ICC/IHBS/TFC Training](#) more information.

Intensive Care Coordination Services (ICC)

Referral Process for ICC Services

All referring clinicians are expected to provide 1) an up-to-date assessment and 2) a completed Child and Adolescent Needs and Strengths (CANS) with 3) the ICC referral form, available on the ACBHD [Forms](#) and [Child and Youth Service, Specialty Services](#) webpage. The form and the required documents should be emailed/faxed to the address/number that is published on the form.

Although CalAIM has provided some flexibility related to timeframes for completion and updates to an assessment, referral to these intensive services should only be made following an assessment that determines the need for these coordinated interventions.

Agencies Receiving Referrals for ICC Services

Providers that accept referrals from outside agencies may utilize the up-to-date assessment documents that are provided to provide services right away. However, a LMHP¹ within the agency must review the assessment and make any needed updates to

¹ LMHP includes licensed physicians, licensed and waived psychologists, licensed, waived or registered clinical social workers, professional clinical counselors and marriage and family therapists, registered nurses (includes

the form within 30 days. Service providers are required to either collect or produce all documents that are required for a complete clinical chart, including the PSC-35 and the Problem List.

The informing materials packet can be administered by the ICC coordinator.

CQRT Requirements for ICC Services

Per ACBHD requirements, providers are required to complete a CQRT checklist and CQRT Tracking Tool each month. An ICC chart should include the following documents, not required for other service types:

1. Most recent assessment documents demonstrating the need for ICC services
2. Child, Family Team (CFT) Care Plan & Meeting Minutes
3. Referral to IHBS services, if determined by the CFT Team

See section 8 of the [QA Manual](#) for more information regarding the CQRT requirements.

CANS Requirements for ICC Services

[BHIN 18-007](#), issued by Department of Health Care Services (DHCS), requires that the CANS assessment results be shared, discussed, and used within the Child, Family, Team (CFT) meeting process to support case planning and care coordination. Per this requirement, the CANS ratings should be discussed at every CFT meeting and updated accordingly. Documentation of the discussion should be noted in the meeting minutes and/or the clinical record.

Agencies are responsible for ensuring the CANS is completed on time. Agencies can either adopt the referring agency's CANS timeline or complete their own CANS. CANS must be completed within 60 days of episode opening, every 6 months, and at case closure.

Intensive Home-Based Services (IHBS)

IHBS Referral Process

IHBS referrals may only be made once a beneficiary is receiving ICC services. Providers who are not a member of the CFT meeting can contact the ICC coordinator listed on the SmartCare face sheet to request that IHBS be recommended during the next CFT meeting.

Referrals for IHBS are typically made by the ICC Coordinator using the referral forms available on the ACBHD [Forms](#) and ACBHD Mental Health [Child and Youth Service](#), [Specialty Services](#) webpages, and emailed to the address noted on the form. These are available in English and Spanish.

certified nurse specialists and nurse practitioners); licensed vocational nurses; licensed psychiatric technicians; and licensed occupational therapists.

Once submitted, services are authorized by ACBHD for up to 6 months. If within the CFT it is determined that additional time is needed, the ICC Coordinator will submit the 6-month renewal form that is also available on this webpage.

Therapeutic Foster Care (TFC)

TFC Referral Process

TFC services and the referral process are managed by the Alameda County Social Services Agency. If a beneficiary qualifies for TFC services, please contact their assigned Child Welfare Worker.

Additional Resources

- ICC forms: [Forms | ACBH Providers Website \(acgov.org\)](#) or [Child & Youth Services \(0 – 24 Years\) – Alameda County Behavioral Health](#)
- ICC memo: [Alameda County Behavioral Health \(acgov.org\)](#)
- ICC/IHBS/TFC screening tool: [Behavioral Health Screening Tool for Outpatient Services.pdf \(acgov.org\)](#)
- CalMHSA Documentation Guides: See [CalMHSA Documentation Guides](#)