

Intensive Care Coordination, Intensive Home-Based Services and Therapeutic Foster Care

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Learning Objectives

- ❑ Overview of [BHIN 21-058](#) and impact on specialty services
- ❑ Service components for Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)
- ❑ Screening requirements for ICC, IHBS, Therapeutic Foster Care (TFC) services
- ❑ Changes to the referral process for ICC Services
- ❑ CPT codes for ICC services
- ❑ Integrating CANS into the Child and Family Team (CFT) meetings



Behavioral Health Information
Notice No: 21-058

How This Impacts You

Behavioral Health Information Notice No: 21-058

- Purpose is to remind Mental Health Plans (MHPs) of their obligation to continue to provide ICC, IHBS, and TFC to children and youth, as well as requirements regarding authorization, timely access, and claiming procedures for these services.
- MHPs are required to provide ICC, IHBS, and TFC to all children and youth under the age of 21 who are eligible for full scope Medi-Cal and who meet medical necessity criteria for these services.

Why has the ICC/IHBS screening been included in the assessment?

- In the DHCS 2020 Triennial Chart Review, ACBH received the following feedback:
 - There was insufficient evidence that all Medi-Cal beneficiaries are being assessed to determine if they need Intensive Care Coordination (ICC) or Intensive Home-Based Services (IHBS).
 - Medical records did not contain evidence that beneficiaries received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.
 - Per the [Medi-Cal Manual for ICC, IHBS, and TFC for Medi-Cal Beneficiaries, Third Edition](#), providers must make individualized determinations of each child's/youth's need for ICC, IHBS, and TFC based on the child/youth's strengths and needs.

Intensive Care Coordination ICC

What are ICC Services?

- ICC is an intensive form of care coordination that identifies ancillary supports and systems to assist with client stabilization.
- ICC ensures that the client's complex behavioral health needs are met through active, integrated and collaborative participation by provider(s), family, and natural supports.
- ICC is an intensive form of Targeted Case Management (TCM) that facilitates assessment of, care planning for, and coordination of services for children and youth.
- ICC includes urgent services for beneficiaries with intensive needs.



How are ICC services different from Targeted Case Management?

- While the key service components of ICC are similar to Targeted Case Management (TCM), the difference between ICC and the more traditional TCM is that:
 1. ICC is intended for children and youth who:
 - Are involved in two or more child-serving systems
 - Have more intensive needs and/or
 - Whose treatment requires cross-agency collaboration.
 2. ICC facilitates a collaborative relationship among the child or youth, their family and involved child-serving systems.
- Membership in the Katie A. class or subclass is **not** a requirement for receiving medically necessary ICC or IHBS. Therefore, having an open child welfare services case is not required for a child or youth to receive ICC or IHBS.

Intensive Home-Based Services IHBS

What are IHBS services?

- IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's or youth's functioning.
- These interventions are aimed at:
 - helping the child/youth build skills for successful functioning in the home and community, as well as
 - improving the family's ability to help the child/youth successfully function in the home and in the community.

What is the difference between IHBS and other SMHS services?

- IHBS is expected to be:
 - of significant intensity to address the mental health needs of the child or youth,
 - consistent with the child's or youth's client plan, and
 - predominantly delivered outside an office setting, and in the home, school, or community.
- IHBS activities support the engagement and participation of the child/youth and their significant support persons.
- IHBS activities help the child/youth develop skills and achieve the goals and objectives of the client plan.

Screening Requirements

Target populations that require screening for ICC/IHBS

- ICC and IHBS are provided through the EPSDT (Early and Periodic Screening, Diagnosis and Treatment) benefit to all children and youth who meet ALL the following criteria:
 - Are under the age of 21
 - Are eligible for the full scope of Medi-Cal services
 - Meet medical necessity criteria for Specialty Mental Health Services (SMHS)
 - Have a Primary Mental Health clinician in place and are currently receiving services
 - Are involved with two or more child-serving systems (e.g. Probation, Special Education, Regional Center, etc.) or have multiple mental health providers
 - Require Care Coordination services that cannot be adequately provided under standard mental health case management services

Screening for ICC/IHBS/TFC Services

To comply with BHIN 21-058, providers must screen all beneficiaries, with full-scope Medi-Cal, under 21 years old to determine if they qualify for and need any of the following:

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

Intensive Service Needs Assessment: ICC/IHBS/TFC		
<p>All beneficiaries with full-scope Medi-Cal under 21 years old must be assessed to determine if they qualify for and need any of the following: Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC).</p> <p>Links to Referral Forms in English are provided below. For Referral Forms in Spanish, use this website: Child & Youth Services – Alameda County Behavioral Health (acbhc.org)</p> <p>Based upon the clinical assessment, indicate if any of the services below are needed:</p>		
<p>Intensive Care Coordination (ICC) is needed and cannot be adequately provided under standard mental health case management services.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Connected	<p>If checked, referral required ICC Referral Form</p>
<p>Intensive Home-Based Services (IHBS) are needed to assist the child/youth in building the skills necessary to successfully function at home and in the community and to assist their family in supporting the child/youth in achieving this goal. These services cannot be adequately provided under standard mental health case management services.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Connected	<p>If checked, contact the ICC provider listed on the face sheet to recommend IHBS at next Child and Family Team Meeting (CFT)</p>
<p>Therapeutic Foster Care (TFC) services are needed to address the child/youth's severe emotional issues by providing intensive therapeutic and behavior management services in an in-home, family-based care setting.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Connected	<p>If checked, contact the Child and Family Team facilitator (from ICC, Child Welfare, or Probation) to make the recommendation for TFC</p>

How to document the ICC/IHBS/TFC screening

- For Clinicians Gateway (CG) users, ACBHD has incorporated the ICC/IHBS/TFC screening tool into the SMHS Assessment template.
- The Assessment should specify that the child was assessed for ICC, IHBS, and TFC services.
- If the child/youth does not qualify for, need, or want services, this should be clearly documented in the Assessment form.
- For providers that do not use CG, the [SMHS Assessment](#) template may be used for the purpose of documenting ICC/IHBS/TFC assessments.

ICC/IHBS Referral Process

ICC Referral Process

- If the child is eligible and in need of ICC, a referral is required.
- Referral forms are available in English and Spanish on the ACBH Mental Health [Child and Youth Service page](#).
- The completed referral form should be submitted to the ACBHD ICC Administrator along with:
 - A recently updated Assessment that demonstrates the need for ICC services **and**
 - The most recent CANS
- Providers making internal referrals within their own agency, are also required to submit the above documents to the ACBHD ICC Administrator for tracking purposes.
- ICC services will be assigned by the ACBHD ICC Administrator.
- The need for continued ICC services should be reassessed by the ICC provider every 6-12 months using the CANS and through the assessment process.

IHBS Referral Process

- IHBS referrals may only be made once a beneficiary is receiving ICC services.
- Clinicians who are not a member of the Child, Family Team (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 on the ACBHD Mental Health [Child and Youth Service page](#). These are available in English and Spanish.
- 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 the ACBHD website.

Process for Handling Missing ICC Procedure Codes

Programs Missing ICC Procedure Codes

If you receive a referral for ICC services and your program does not have the ICC billing codes assigned yet:

- Open the client in SmartCare under the Program (RU) that will be assigned the ICC billing codes.
- Hold billing for ICC services until ACBHD assigns the codes to the Program.
- Begin billing once ACBHD notifies you that Program updates have been completed.

Additional Documentation Requirements for ICC Services

Care Plans for ICC and IHBS Services

- The Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) Documentation Redesign was implemented in July 2022.
- As part of this initiative, changes were made to some treatment plan requirements.
- However, federal law requires a care plan for individuals receiving case management services ([42 C.F.R. §440.169\(d\)\(2\)](#)). As a result, an individualized plan of care is still required for Targeted Case Management services, including Intensive Care Coordination.
- ACBHD has redesigned the [CFT meeting minutes](#) template to include all elements of Care Plans required for ICC and IHBS services.

Reference: [BHIN 23-068 Documentation Requirements for SMH DMC and DMC-ODS Services.pdf](#)

Network Adequacy Obligations

(see [BHIN 21-058](#) and [BHIN 21-023](#))

- An appointment must be available within 10 business days of any routine request.
- If more urgent care is needed, MHPs must make such appointments available within 48-hours.
- If an ICC appointment cannot be offered within 10 days, a timeliness NOABD must be issued by the ICC provider.
- Once a child has been assessed as being eligible or in need of ICC, IHBS, and TFC, the provider should make a referral as soon as possible to ensure timely access standards are met.
- Services are meant to support youth with more intensive needs and to stabilize placement in the home/community. Therefore, timely access is critical.



CPT Codes for ICC Services

CPT codes for ICC Services

CPT Code	Code Name	Min Time	Allowable Disciplines	Example Description
T1017	ICC	8-23	All	ICC Coordinator providing Services
H2000	CFT- Facilitator	8-23	All	CFT Facilitation
H2000	CFT- Attendee	8-23	All	Attending a CFT

CANS Implementation into the CFT

Incorporation of CANS in the CFT

- [BHIN 18-007](#) issued by DHCS, requires that the CANS assessment results be shared, discussed, and used within the CFT 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 minutes and/or the clinical record.
- Additional training for CANS integration in CFT meetings will be provided by the ACBHD Child and Young Adult System of Care (CYASOC) team in the near future.

Thank You

For questions about clinical documentation, please contact QATA@acgov.org.

