

Medi-Cal/EPSDT Intensive Services

Expanded Services for all Medi-Cal Beneficiaries:
Intensive Care Coordination (ICC) and Intensive
Home Based Services (IHBS)
Children and Youth Behavioral Health

December 2016



What's New

DHCS MHSUDS Information Notice No.16-004: Provision of ICC and IHBS as medically necessary through EPSDT (February 5, 2016)

- MHPs are obligated to provide ICC and IHBS through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for these services.
- Neither membership in the Katie A. class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS, and therefore a child does not need to have an open child welfare services case to receive these services.

Let's Break It Down

- All Medi-Cal beneficiaries are entitled to ICC and IHBS services under their EPSDT benefit
- Membership in the Katie A. subclass or class is **NOT** a prerequisite for receiving ICC or IHBS services (i.e. does not need to have an open SSA case)
- All service components of ICC and IHBS remain in place, including the establishment of a Child and Family Team (CFT)

What about Katie A.?

- Our responsibility to provide ICC and IHBS to the Katie A. subclass does not change.
- Our procedures for collaborating with SSA around shared cases involving Katie A. clients will remain in place (Note: CCR implementation may expand involvement in CFT meetings).
- Eligibility criteria for the Katie A. subclass does not change; however, the actual form used to determine eligibility has been adapted to include all Medi-Cal clients.

How Do We Determine When To Provide Intensive Services?

- All children receiving services are to be screened to see if they may benefit from intensive services (ICC/IHBS)
- A new eligibility form for the Katie A. Subclass and Intensive Services has been created which includes suggested criteria for intensive services
- These “criteria” are not requirements but are intended to be used as guidance when trying to determine need for ICC/IHBS services



Children and Youth Behavioral Health

Katie A./Intensive Services (ICC/IHBS) Eligibility Assessment

(YES) ←-----Does the child/youth have an open child welfare case? -----→(NO)

Clinic/Agency Name: _____
Address: _____
Phone: _____

Client Name: _____
DOB: _____
MRN: _____

(Katie A. Only)

- 1. Does the child have full-scope Medi-Cal? Y / N
2. Does the child have an open Child Welfare case? Y / N
3. Does the child meet medical necessity? Y / N
4. Is the child currently receiving or being considered for any of the following services?

Table with 3 columns: Services/Placement, Receiving, Considered. Rows include Wrap/FSP Wrap, TBS, Specialized Care Rate, Crisis Stabilization-CSU, Other Intensive EPSDT, RCL 10+ or FFA/ STRTP, Psychiatric Hospital.

- 5. Has the child had three or more placements within 24 months due to behavioral needs? Y / N

*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"

KATIE A. SUBCLASS*

YES NO ---->

Provider Only: if "NO," complete right side of form.

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

SSA Social Worker (if available) _____

This eligibility assessment was completed by:

HCA Therapist HCA Contract Therapist
CEGU Therapist CCPU Wrap/FSP Provider
Name Phone
Signature Date

(Intensive Services Only)

- 1. Does the child have full-scope Medi-Cal? Y / N
2. Does the child meet medical necessity? Y / N
3. Is the child currently receiving or being considered for any of the following services/conditions?

Table with 3 columns: Services/Placement, Receiving, Considered. Rows include Wrap/FSP Wrap, Specialized Care Rate, Intensive SMHS, RCL 10+ or FFA/ STRTP, Psychiatric Hosp., 2 or more psych. hosp. w/in 12 mos., 2 or more placement changes for behavior w/in 24 mos., 2 or more antipsychotic meds at same time over 3 mos., Age 0-5 w/ 1 or more anti-psychotic meds OR 1+ MH DX, Age 6-11 w/ 2 or more anti-psychotic meds OR 2+ MH DX, Age 12-17 w/ 3 or more anti-psychotic meds OR 3+ MH DX, 2 or more ER visits due to mental health w/in 6 mos., Detained for WIC 601/602 (Ward) due to mental health, Received SMHS AND homeless during prior 6 mos.

*Children meet criteria for Intensive (ICC/IHBS) Services if: The answers to numbers 1 and 2 are all: "Yes" AND the child is receiving/being considered for any in 3. (Note: the above criteria are guidelines only and should not to be used and absolutes).

Intensive Services*

YES NO

Name Phone

Signature Date



Conditions to Consider...

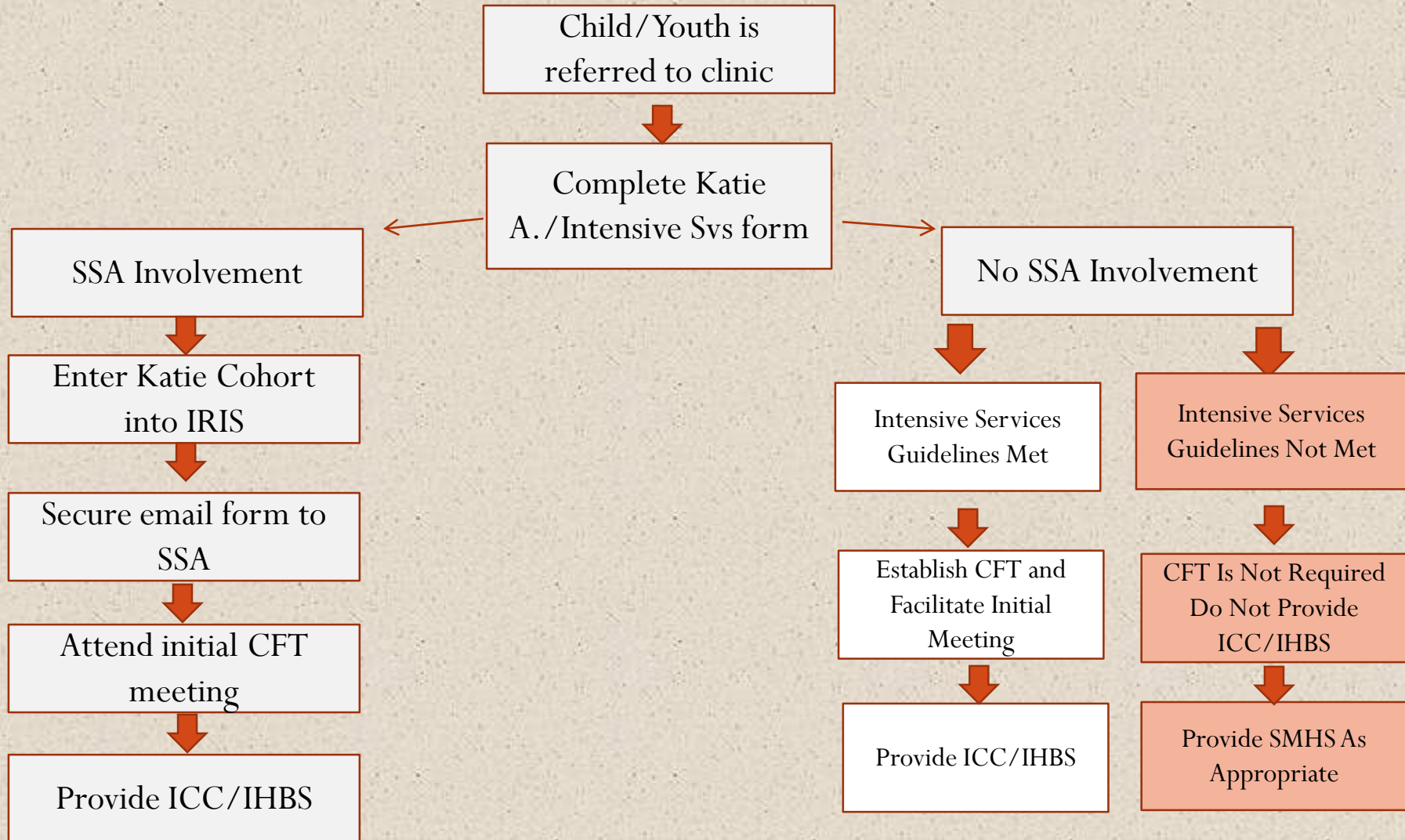
Your client has experienced any of the following situations

Wraparound/Full Service Partnership (FSP) Wraparound	Two or more antipsychotic meds at same time over three months
Specialized Care Rate (Therapeutic Foster Care)	Age 0-5 with one or more anti-psychotic meds OR one or more mental health Dx
Intensive SMHS (TBS, Crisis Stabilization, In-Home Crisis)	Age 6-11 with two or more anti-psychotic meds OR two or more MH Dx
RCL 10+ or Foster Family Agency/Short Term Residential Therapeutic Program	Age 12-17 with three or more anti-psychotic meds OR three or more MH DX
Psychiatric Hospitalization and/or Discharged with in 90 days	Two or more ER visits due to mental health with in six months
Two or more psychiatric hospitalizations with in 12 months	Detained for WIC 601/602 (Ward) due to mental health
Two or more placement changes for behavior with in 24 months	Received SMHS AND homeless during prior six months

What About Child Family Teams (CFTs)?

- Since ICC IHBS and CFTs are now available to all Medi-Cal beneficiaries, CFTs will also now occur with youth who do not have open SSA cases, this includes Probation youth
- When working with a Probation youth in a CFT, the Probation officer will take the role the Social Worker normally takes
- When your client does not have an open SSA or Probation case, the therapist takes on the role of the facilitator and ICC coordinator. The Therapist schedules/arranges the initial meetings.
- The therapist will use the **Care Plan in lieu of the Individualized Plan of Care**

Intensive Services Decision Points



Billing for ICC and IHBS

- Same service function codes used for the Katie A. subclass will be used for Intensive Services (ICC/IHBS) to the general Medi-Cal population
- Lockouts and limitations will remain in place (i.e. cannot bill while child/youth is in a 24-hour psychiatric facility)
- CFT modifier will be made available to track services provided during a CFT meeting
- IHBS can only be billed with ICC services
- IHBS services cannot be provided during the same time of day that TBS services are being provided

Billing for ICC and IHBS (cont.)

- ICC services can be billed through the following existing services codes:
 - ✓ 90899-151(T1017-HE) Intensive Care Coordination
 - ✓ 90899-152 Intensive Care Coordination Non-Billable
 - ✓ 90899-153 Intensive Care Coordination Non-Compliant
- IHBS services can be billed through the following existing services codes:
 - ✓ 90899-154 (H2015-HE) Intensive Home-Base Services
 - ✓ 90899-155 Intensive Home-Based Services Non-Billable
 - ✓ 90899-156 Intensive Home-Based Services Non-Compliant

CFT Facilitator

- The role of CFT Facilitator will typically be assigned to the primary therapist; however, anyone on the CFT can be designated as the Facilitator if the team deems it appropriate and consistent with the child and family's needs and preferences.
- Most therapist engage in practice behaviors that mirror the CFT Facilitator already. For complex cases, therapists usually increase their level of engagement with the child and family, as well as other individuals or service providers who are involved with the family.

Examples of Therapist as Facilitator

- The therapist meets with the child/youth and family to discuss changes in the child's Care Plan due to a crisis event or intensification of symptoms. Therapist facilitates the process by which services are planned and linkages to ancillary services are made.
- The therapist collaborates with child/youth and family, as well as other services providers such as Wraparound, TBS coach, rehab worker, school teacher, etc. during a face-to-face meeting.
- Therapist tries to engage informal support person(s) and/or systems that play an important role in the life of the child/youth and family by inviting them to a meeting with the child/youth and family. Therapist directs and structures this gathering of individuals.

ICC Coordinator

- The role of the ICC Coordinator for the CFT is no different that it is for the Katie A. subclass
- The therapist will continue to ensure that all services to the child/family are documented and coordinated with other services providers when applicable
- Activities related to service planning and coordination of services can occur inside or outside of a CFT meeting

Examples of Therapist as ICC Coordinator

- The therapist reviews progress of child/youth in treatment and makes adjustments to the Care Plan with input from child/youth and family and other service providers and support persons. (Note: Review of Care Plan should occur no less frequent than every 90 days).
- The therapist ensures that services from other providers/organizations/support persons are integrated into the client Care Plan and reviewed with the CFT.
- Therapist initiates troubleshooting process when access or delays to services emerge for the child/youth and family. Therapist works with service providers to address the problem.

ICC Services

Intensive Care Coordination (ICC): a service that involves facilitating assessment, care planning and coordination of services, including urgent services and carried out through the CFT process.

Service Components:

1. Comprehensive Initial and Ongoing Assessment/Reassessment
2. Development and Adaptation of the Care Plan
3. Referral, Monitoring and Follow-up Activities
4. Transition

What Do ICC Services Look Like?

An ICC coordinator serves as the single point of accountability to:

- Ensure that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically relevant manner and that services and supports are guided by the needs of the child or youth.
- Facilitate a collaborative relationship among the child or youth, his/her family and involved child-serving systems.
- Support the parent/caregiver in meeting their child or youth's needs.
- Help establish the Child and Family Team (CFT) and provide ongoing support.
- Organize and match care across providers and child serving systems to allow the child or youth to be served in his/her home community.

IHBS Services

Intensive Home Based Services: are intensive, individualized and strength-based, needs-driven intervention activities that support the engagement and participation of the child or youth and his/her significant others and to help the child or youth develop skills and achieve the goals and objectives of the Care Plan.

Service Components:

1. Development of positive behaviors and functional skills
2. Education of child/youth and caregivers/family
3. Developing connections with community and social networks
4. Increase behaviors that promote healthy transition towards independence.

What Do IHBS Services Look Like?

- Medically necessary skill-based interventions for the remediation of behaviors or improvement of symptoms
- Development of functional skills to improve self-care, self-regulation, or other functional impairments
- Development of skills or replacement behaviors that allow the child or youth to fully participate in the CFT and Care Plans
- Improvement of self-management of symptoms, including self-administration of medications as appropriate;
- Education of the child or youth and/or their family or caregiver(s) about, and how to manage the child or youth's mental health disorder or symptoms
- Support of the development, maintenance and use of social networks including the use of natural and community resources;

More Information

- The “Medi-Cal Manual For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) & Therapeutic Foster Care (TFC) for Medi-Cal Beneficiaries” has been revised (Second Edition, September 21, 2016)
- MHUSUDS Information Notice No.: 16-004, Provision of ICC and IHBS as Medically Necessary Through EPSDT (February 5, 2016)