



ICC AND IHBS SERVICE CODE EXPANSION

*Behavioral Health Services
Children, Youth, and Families*



June 2016

DON'T PANIC!





BHS Pathways to Well-Being Liaisons are dedicated to assisting providers with Pathways to Well-Being implementation and ICC/ IHBS service code expansion





WHAT IS NEW?



BHS-CYF Information Alert 2-16-16

***DHCS MHSUDS INFORMATION NOTICE NO.: 16-004
PROVISION OF ICC AND IHBS AS MEDICALLY NECESSARY THROUGH EPSDT***

*On February 5, 2016 the Department of Health Care Services issued an Information Notice regarding the Provision of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) as Medically Necessary Through EPSDT. The notice outlines that Mental Health Plans (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 be considered for receipt of these services.”*

WHAT DOES THIS MEAN?



June 2016

- ICC and IHBS is no longer exclusively provided to foster youth who meet criteria for Pathways Subclass
- As of 7/1/2016, ICC and IHBS will be available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services

OBJECTIVES FOR TODAY:



June 2016

- Describe the foundation and history of Pathways to Well-Being implementation
- Clearly define Intensive Care Coordination (ICC) and when it is indicated
- Clearly define Intensive Home-Based Services (IHBS) as an ancillary service to ICC
- Differentiate between the mandates of Pathways to Well-Being and the expansion of ICC/IHBS to all eligible beneficiaries
- Provide examples of what ICC and IHBS will look like as of 7/1/16



- We appreciate the work you do each and every day providing behavioral health services for children, youth and families living in the County of San Diego.
- We're all in this together!

HISTORY OF PATHWAYS TO WELL-BEING: FOSTER YOUTH FOCUS



June 2016

- Result of Katie A. lawsuit:
 - 2002 class action lawsuit against CDSS, CDHCS, and LA County
 - Plaintiffs alleged foster children do not receive adequate assessment and referral for mental health services and suffer multiple unnecessarily restrictive foster care placements
- Intent is to ensure that mental health needs of children/youth involved in the foster system are met through the use of a shared model of practice (Core Practice Model)
- Children/youth eligible for enhanced services/sub-class members must have particular services offered to them including:
 - Development of a Child and Family Team (CFT)
 - Intensive Care Coordination (ICC)
 - Intensive Home-Based Services (IHBS), as indicated
- Pathways to Well-Being is the County of San Diego's joint partnership between Behavioral Health Services (BHS), Child Welfare Services (CWS), and Probation, that derived from the Katie A. settlement



Since 2013, ICC and IHBS were KTA-specific Service Codes and available only to Pathways to Well-Being Enhanced/ SubClass identified youth

Via the expansion, on 7/1/16 ICC and IHBS are available 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 for these services

Previous Service Code Names

- KTA ICC 82 –KTA Intensive Care Coordination
- KTA ICC 882 –KTA Non-Billable Intensive Care Coordination
- KTA IHBS 83 –KTA Intensive Home-Based Services
- KTA IHBS 883 –KTA Non-Billable Intensive Home-Based Services

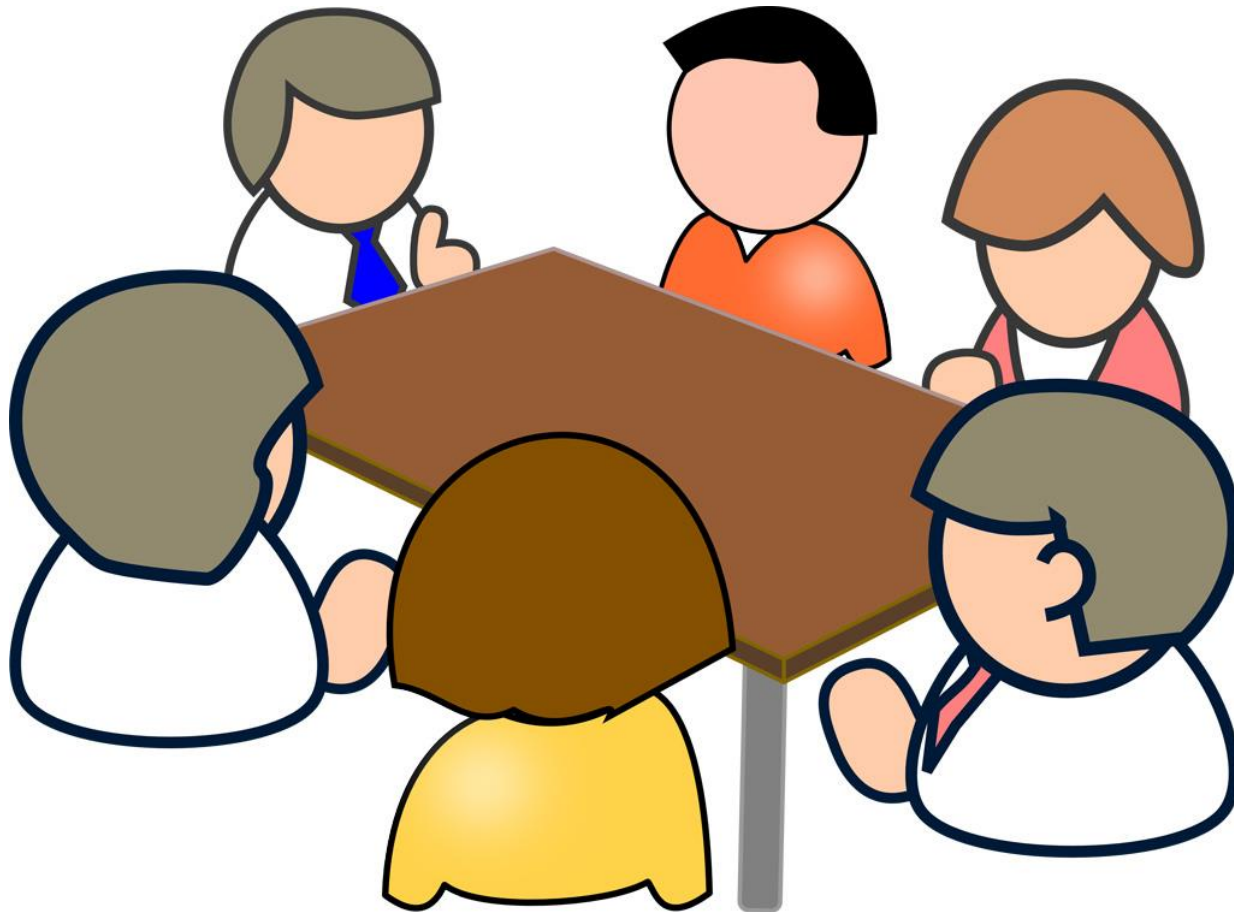
Updated Service Code Names as of 7/1/16

- ICC 82 –Intensive Care Coordination
- ICC 882 –Non-Billable Intensive Care Coordination
- IHBS 83 –Intensive Home-Based Services
- IHBS 883 –Non-Billable Intensive Home-Based Services

*Note that the KTA Specifier was removed



INTENSIVE CARE COORDINATION





REVISED DEFINITION:

Intensive Care Coordination (ICC) is a service that is mandated for members of the Katie A Subclass and available 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 for these services. ICC is linked to teaming/collaboration and provided through the Child and Family Team (CFT). ICC requires active, integrated and collaborative participation by the provider in order to ensure that the complex behavioral health needs of the client are being met. ICC is an intensive service that is used for the identification and coordination of ancillary supports and systems which assists with stabilization. ICC services are offered to clients with significant and complex functional impairment which call for a high level of care coordination.

****7/1/16 Revision: Expands ICC to all eligible Medi-Cal beneficiaries**



KEY COMPONENTS:

- **Mandated** for members of Katie A Subclass
- **Available** to all Medi-Cal beneficiaries under the age of 21, who need intensive care coordination
- Linked to teaming/collaboration
- Offered through the Child and Family Team (CFT)
- Requires more active, integrated and collaborative participation by the provider
- Used for the identification and coordination of ancillary supports and systems
- Assists with stabilization
- Offered to clients with significant and complex functional impairment which require a high level of care coordination



WHAT IS TEAMING?

- Teaming is the process of a group of people collaboratively working together who are committed to a common purpose, approach and goals for which they hold themselves mutually accountable.
Teaming brings together the ideas of the child/youth and family, their natural supports and professionals to work toward a shared vision of safety, permanency, and well-being.



WHAT IS THE CHILD AND FAMILY TEAM (CFT)?

- The CFT is at the center of Intensive Care Coordination. The team is comprised of the child/youth and family, their identified natural supports, and service providers, who are working toward a shared vision of safety, permanency, and well-being. This team is the main vehicle for assuring collaboration among those persons providing support and services to the child/youth and family.
- There is a distinction between the CFT, which consists of the members involved in a shared vision with the family, and a CFT meeting which is just **ONE WAY** the CFT members communicate



INTENSIVE CARE COORDINATION (ICC)

- ICC is available to all youth determined to be members of the Katie A Subclass. Effective 7/1/16, the ICC codes/service became available for youth who may not be Katie A Subclass members, but have recently accessed or are at risk of needing intensive treatment services.



ICC may be indicated when a youth is:

- At risk of psychiatric hospitalization
- Recently discharged from hospitalization (generally within last 90 days)
- Recently discharged from Emergency Screening Unit/ North County Crisis, Intervention and Response Team (generally within last 90 days)
- At risk of needing crisis stabilization (Emergency Screening Unit or North County Crisis, Intervention and Response Team)
- Placed in, being considered for, or recently discharged from a RCL 10 or above facility



ICC may be indicated when a youth is:

- Receiving intensive services from programs such as:
 - Crisis Action Connection
 - Therapeutic Behavioral Services (TBS)
 - Wraparound
 - Comprehensive Assessment and Stabilization Services (CASS)
 - Foster Family Agency Stabilization and Treatment (FFAST)



SOME EXAMPLES OF ICC**

- Collaborating with formal and/or informal supports to ensure that the complex behavioral needs of the youth are met
- Facilitating or attending a collaborative team meeting or CFT meeting
- Collaboration with identified team supports in order to address complex behavioral health needs of the client
- Collaboratively developing Client Plan/Teaming Goals
- Collaboratively monitoring progress towards client plan goals and updating CFT action plans when appropriate. Must be connected to a direct client service
- Safety planning and check-in with client and/or family when including or identifying the support system (Brief Safety Contact)

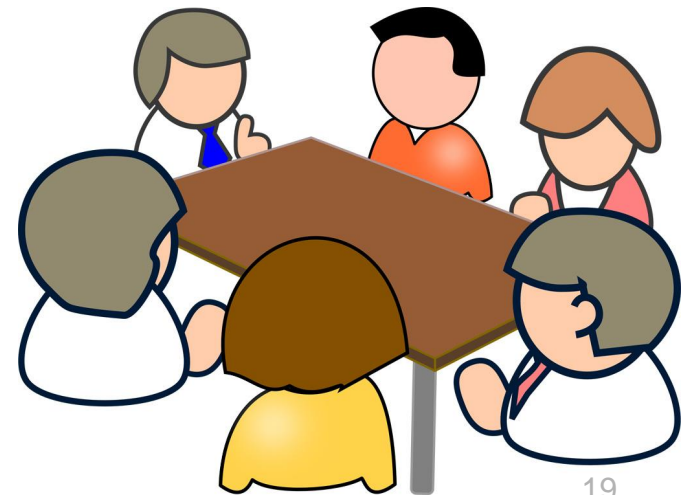
- **Reminder:** Claiming for ICC must be connected to a direct client service (with or without the client, but not exclusively for documentation)
- Does not include routine status updates, “checking in” on how client is doing among internal program staff

** This is not a comprehensive list.

Intensive Care Coordination
always includes:

- Identification of supports to assist with stabilization
OR
- Review of supports with client/family and how to utilize them (Brief Safety Contact)
OR
- Collaboration with identified team supports in order to address complex behavioral health needs of the client

This can occur inside OR
outside of a team meeting
setting





WHO CAN PROVIDE ICC?

- All direct service providers
- Excluded from UM (like collateral and case management)



INTENSIVE HOME-BASED SERVICES





REVISED DEFINITION

Intensive Home-Based Services (IHBS) are mental health rehabilitative services that are available to Katie A subclass members as well as beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria and are receiving Intensive Care Coordination. IHBS are individualized, strength-based interventions designed to improve mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community. IHBS is also available to improve the family's ability to help the child/youth successfully function in the home and community. IHBS services are offered to clients with significant and complex functional impairment which require more intensive services. These services are primarily delivered in the home, school or community and outside an office setting.

****7/1/16 Revision: Expands IHBS to all eligible Medi-Cal beneficiaries who are receiving ICC**



KEY COMPONENTS:

IHBS services are intervention activities that are:

- Provided when indicated to those receiving ICC (generally, rehab becomes IHBS when receiving ICC)
- Individualized
- Strength-based & needs-driven
- Support engagement/participation of child/youth & significant support persons
- **Build functional skills**
- Usually less than 90 minutes



SOME EXAMPLES OF IHBS

- Activities that teach youth functional skills
 - Assisting youth in activity that will create a new functional skill or build on strength
 - Modeling and coaching functional skills in the community
 - Supporting youth to address behaviors that interfere with being successful at school or maintaining a job
 - Promote the development, maintenance and use of social networks including the use of natural and community resources
- *When attending an outing, sporting event, party, etc., with a youth, only the portion where you are directly addressing the functional impairment can be billed



WHO CAN PROVIDE IHBS?

- All direct service providers
- Excluded from UM, unless provided by a clinician (like rehab services)



- Via the BHA, determine if youth is CWS involved

Pending BHA Children for CARROT 6CARPET dated 06/03/2016 (TRAIN)

Home

Client Information Broadcast Alert Information and Alerts

Refresh Perform Validation Check Save and Close Save Final Approve Print Delete Add Signature Prospective Planning Tiers Progress Indicators Close Panel Close

MATTHEW

Caseload

Type

SAI

SAI

Caseload Scheduled

CARROT 6

Assessments

Date

05/26/2015

05/26/2015

05/26/2015

05/26/2015

05/26/2015

06/03/2016

BHA Children

County of San Diego Mental Health Services
BEHAVIORAL HEALTH ASSESSMENT - CHILDREN

Program Name:

Pathways to Well-Being/KTA

Client is involved with Child Welfare Services No Yes

May call Child Welfare Services at 858-694-5191 to obtain name of current worker.

Child Welfare Services PSW Name: PSW Phone:

PSW Email:

1. Legal Status for CWS client:

- VS - Voluntary Services
- Pre - Adjudication
- FM - Family Maintenance
- FR - Family Reunification
- EFC - Extended Foster Care
- PP - Permanent Plan: Court has jurisdiction - specify:
 - APPLA: another planned permanent living arrangement
 - Legal Guardianship pending; once finalized, dependency ends
 - Adoption is pending; once finalized, dependency ends

2. CWS Child Living Arrangement:

- Parents
- Relative
- Non-Relative Extended Family Member (NREFM)



- If CWS is involved, complete Eligibility for Pathways to Well-Being & Enhanced Services form
 - Form will soon be in Cerner
- Once determination is made as to whether client has an open CWS case, follow appropriate steps...





ACTIONS YOU NEED TO COMPLETE:

Pathways to Well-Being (Class/Enhanced)

- Flip Switch in Client Categories Maintenance (CCM)
- Complete/update Client Plan to include appropriate service code*
- Complete Progress Report to Child Welfare Services
- Identify CFT members with input from youth, family and PSW*
- Convene first/initial CFT Meeting within 30 days of eligibility determination*
- Conduct CFT Meetings at a minimum of every 90 days*

* If enhanced/subclass criteria met

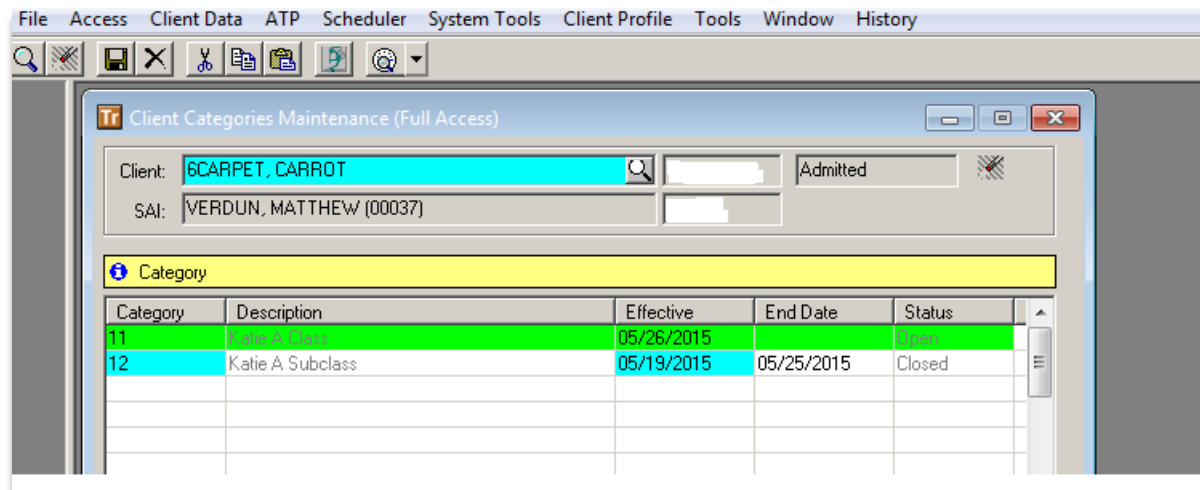
Non-CWS Clients

- Do **NOT** identify in CCM; Do **NOT** flip switch
- Complete/update client plan, to add ICC and IHBS if the need is determined
- Identify CFT members/ supports with youth and caregiver and begin the process of teaming
- Provide ICC
- Provide IHBS, as needed

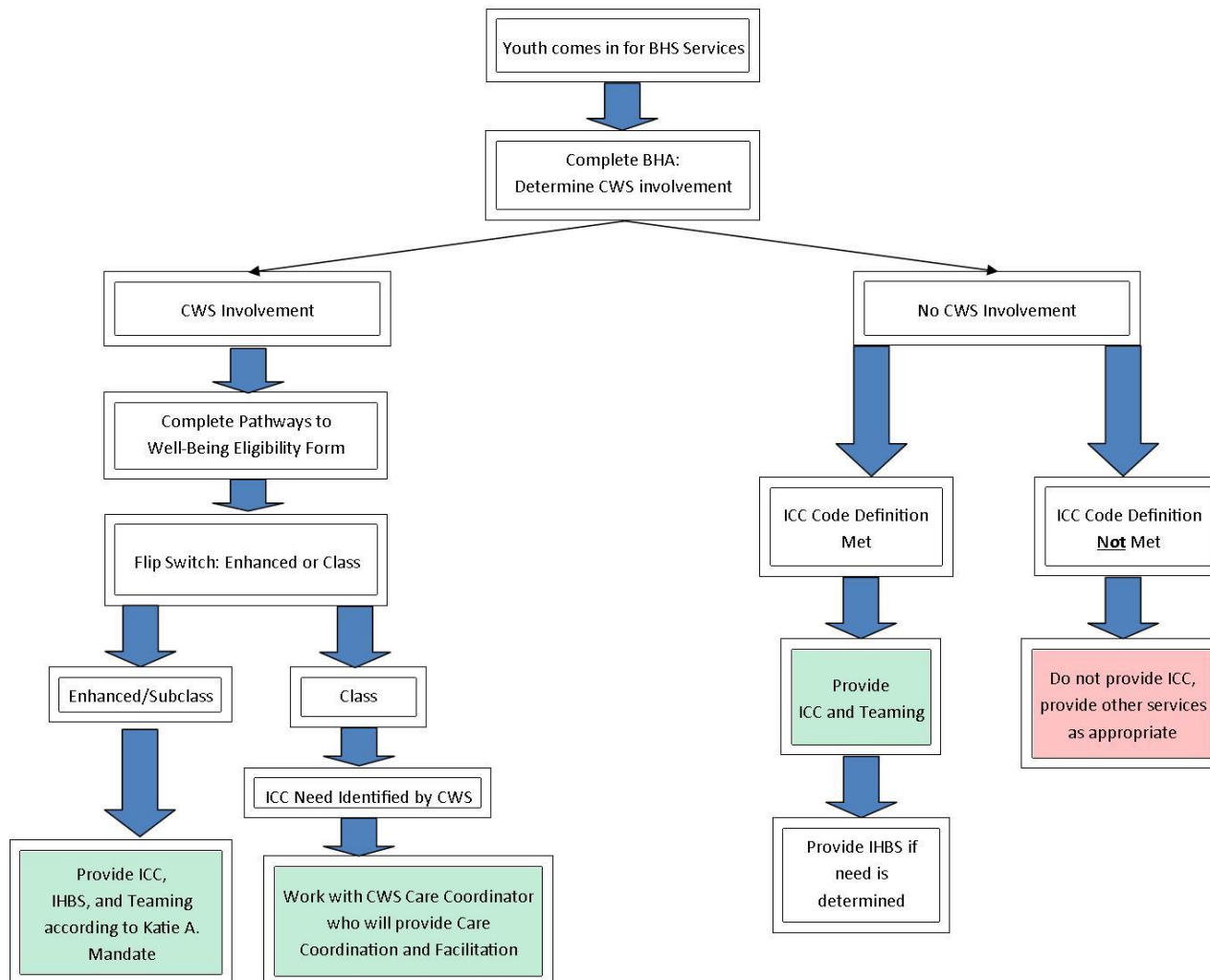
AN IMPORTANT REMINDER FOR OPEN CWS CASES:



- All Pathways to Well-Being mandates remain in place for clients with an open CWS case
- Depending on Class or Subclass status, this includes: Client Categories Maintenance, forms, meeting timelines, and mandated meeting attendees
- Providers are required to “flip the switch” in Client Categories Maintenance for CWS involved clients



ICC DECISION POINTS:





- ICC may only be billed for up to 30 calendar days prior to date of discharge for the purposes of discharge planning from a group home or psychiatric hospitalization
- IHBS may not be provided in a group home, but can be provided to a youth transitioning out of group home when the service is provided outside of the group home setting
- ICC and IHBS may not be billed at the same time as Day Treatment Intensive, Day Treatment Rehabilitative, or Group Therapy
- Update to **Pathways to Well-Being**: Service Codes are not limited to ICC and IHBS; providers have a full menu of codes to choose from; select the code that most appropriately fits the service description



REQUIRED ELEMENTS FOR ICC

- Documentation should substantiate the clinical reason for intensive care coordination
- Each ICC progress note should contain elements of collaboration/ teaming and/or discussion of support systems
- Pathways to Well-Being progress notes should continue to document **safety, permanency, and well-being.**
- PN Templates:
 - For formal CFT Meeting use Individual Psych/Rehab CFT template
 - For all other ICC use Individual Psych/Rehab without CFT template



CFT MEETING IDENTIFIER

- When documenting a CFT meeting in Cerner, in the field for **Provided To** select “Child, Family Team”

Enter/Edit Client Service

Client: [] Form #: [] (blank for new #) Date: 05/12/2016

Unit: [] SubUnit: []

Loaded Assignment for Unit/SubUnit: []

Server: [] Supervisor: [] 0

Collateral Servers? No Collateral Servers for this Service

Service: ICC 82 [] 82 Lab: [] 0

	Start	Duration	Stop
Service:	[]	1:25	[]
Travel:	[]	0:31	[]
Documentation:	[]	0:11	[]

Days: 0 Quantity: 0.00

Participants: 0 Fee: []

Provided To: Child, Family Team [] T

Outside Facility: []

App. Type: Scheduled [] 1

Intensity Type: NOT APPLICABLE [] N

Provided At: Home [] H

Contact Type: Face to Face [] F

Billing Type: Not Applicable [] X

EBP/SS Diagnoses

Save Clear Cancel



REQUIRED ELEMENTS FOR IHBS

- Must be receiving ICC to receive IHBS
- Document descriptions of how your interventions develop skills, such as:
 - Implementation of a positive behavioral plan
 - Improvement of symptoms
- Document specific descriptions of your skill-building interventions, such as:
 - Modeling interventions
 - Improvement of symptom self-management
 - Developing/maintaining natural supports
 - PN Templates
 - WRAP – use WRAP Template
 - Other Programs – use Individual Psych/Rehab Template



DOCUMENTATION AND BILLING STANDARDS

- Service must be medically necessary
- Each provider documents his/her own individual progress note including service code, service time, documentation and travel time.
- Each progress note should document the client's functional impairment and how intervention will diminish impairment
- Each progress note should document client's response to intervention
- Each progress note should document client plan for continued services





- MHSUDS INFORMATION NOTICE NO.: 16-004
http://www.dhcs.ca.gov/services/MH/Documents/ICC_IHBS_Through_EPSDT.pdf
- BHETA Pathways to Well-Being eLearning: <http://theacademy.sdsu.edu/pathways-resources/pathways-bulletin-20-elearning-booster.pdf>
- BHETA Pathways to Well-Being Webpage and Resources, including expansion updates: <https://theacademy.sdsu.edu/programs/bheta/pathways/>

CONTACT US!



June 2016

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