PWB BHS Provider Questions and Answers

Billing Service Codes 82 (ICC) & 83 (IHBS)

- 1) What is the revised definition of Service Code (SC) 82 Intensive Care Coordination (ICC)?
 - 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 provided through collaboration between the members of a Child and Family Team (CFT). A Child and Family Team must be identified in order to provide ICC. ICC requires active, integrated and collaborative participation by the provider and at least one member of the CFT. ICC is a service that is used for the identification and coordination of ancillary supports and systems which promote safety, permanency and well-being. ICC services are offered to clients with significant and complex functional impairment and/or whose treatment requires crossagency collaboration.
- 2) Can SC 82 (ICC) be billed before client plan is finalized?
 - Yes, ICC can be billed under certain circumstances; for assessment of Pathways to Well-Being eligibility through the identified Child and Family Team, formulation of the Child and Family Team, facilitation and/or participation in Child and Family Team meeting, plan development through the Child and Family Team, safety planning through the Child and Family Team, and referral/linkage/warm handoff to help a client obtain needed services.
- 3) How many people need to be present in order to bill SC 82 (ICC)?
 - o ICC requires participation by the provider and at least one member of the CFT.
- 4) Can you bill SC 82 (ICC) for clients in a residential facility?
 - Effective July 1, 2017, SC 82 (ICC) can be provided and billed for Medi-Calbeneficiaries under the age of 21 who are placed in group homes or STRTPs, if medically necessary.
- 5) Can you bill SC 82 (ICC) for clients that are hospitalized?
 - SC 82 (ICC) can be billed for youth while in the hospital if used for the purpose of discharge planning and coordinating placement of the youth and may be provided during the 30 days immediately prior to discharge.
- 6) Is it necessary to identify the Child and Family Team in every progress note?
 - No, at a minimum, providers must document an identified Child and Family Team prior to or within the first ICC note in which it is being billed.
- 7) Can SC 82 (ICC) be billed for attending an IEP meeting?
 - An IEP meeting cannot be considered a CFT meeting but the service can be billed as SC 82 (ICC) when there is an identified Child and Family Team member(s) participating in the IEP meeting.
- 8) What is the revised definition of Service Code 83 In Home Based Services (IHBS)?
 - 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. A Child and Family Team must be identified in order to provide IHBS. IHBS are individualized, strength-based interventions that assist the client in building skills necessary for successful functioning in the home and community. IHBS is offered to clients with significant and complex functional impairment. These services are primarily delivered in the home, school or community and outside an office setting.
- 9) Can SC 83 (IHBS) still be used for families, now that it is not spelled out in the revised SC 83 (IHBS) definition?
 - Yes, as long as the youth is receiving ICC and there is an identified Child and Family Team.
- 10) Can SC 83 (IHBS) be billed before the client plan is finalized?
 - o No, SC 83 (IHBS) cannot be billed before the client plan is finalized.

- 11) Does a Child and Family Team meeting have to occur prior to billing ICC and IHBS?
 - No, the Child and Family Team must be identified but a Child and Family Team meeting is not required prior to billing.
- 12) For enhanced clients, are all rehab services automatically an SC 83 (IHBS)?
 - If there is an identified Child and Family Team and the client is receiving SC 82 (ICC), rehab services may be billed as SC 83 (IHBS). The program should choose the service code that best matches the service.
- 13) Does SC 83 (IHBS) count towards the Utilization Management (UM cycle)?
 - If IHBS is provided by the clinician it does count toward the UM, if it is provided by a
 paraprofessional it does not count toward the UM cycle.

Care Coordination

- 14) When a youth is open to more than one BHS Provider, who is responsible for submitting Progress Report to CWS form/paperwork?
 - Collaboration between the two providers must occur to decide who will be the Care Coordinator and be being responsible to submit all necessary paperwork to Child Welfare Services Protective Service Worker.
- 15) When we open a client who is already Enhanced (Subclass), and they have recently had a CFT meeting, do we need to have another CFT meeting within 30 days of establishing eligibility, or do we stay with the 90 day schedule they already had in place?
 - o If the current provider attended the recent CFT meeting it can be counted towards their initial CFT meeting timeline as long as it is appropriately documented. If the newprovider did not attend the previous CFT meeting and is taking over as the Care Coordinator then all Pathways protocols and timelines need to be met (i.e. holding the initial CFT meeting within 30 days of Enhanced eligibility determination and then a minimum of 90 days thereafter).
- 16) If we have had a recent CFT meeting (i.e. 30 days ago) for an Enhanced (Subclass) client, and are discharging the client, should we do another CFT meeting at discharge?
 - o It's not mandated to have a CFT meeting at discharge, however discharge planning is an integral part of the Child and Family Team process and should be addressed with the Child and Family Team before ending program services. It is considered best practice to convene the CFT meeting prior to discharge. The needs of the youth and family should be prioritized in the decision.
- 17) Can a CCR CFT and PWB CFT Meeting be combined?
 - Yes, whenever possible we encourage meetings to be combined. In order for it to be considered a PWB CFT Meeting, behavioral health issues must be addressed, members must sign the current version of the Progress Summary and Action Plan (to be distributed to all members) and complete the Individual Progress Note/ICC Note (to be distributed to youth, caregiver, and PSW).
- 18) What is the procedure for discharging a PWB client?
 - Complete Eligibility for Pathways to Well-Being & Enhanced Services form in Cerner Community Behavioral Health (CCBH).
 - If open to a single BHS program (your agency only) while still eligible for Class or Subclass, enter an "End Date" in the CCM.
 - If upon discharge from a BHS Program (your agency), the client will remain open to another BHS Program, collaboration must occur between providers to determine if youth still meets eligibility. Once collaborative decision making occurs, enter or keep the agreed upon eligibility status in CCM.
 - Complete and fax Pathways Progress Report to Child Welfare Services (CWS) form to HEP OA, as instructed on the form, attaching all relevant documents

Documentation

19) If there is certainty that youth does not have an open CWS case, do providers have to complete the Eligibility form?

- No, the Eligibility form is only required for youth with an open Child Welfare Services
 case. However, if you become aware at any time during the course of treatment that a
 client has an open Child Welfare Services case, you are required to complete the
 Eligibility form.
- 20) What is the date you enter as the effective date in the Client Categories Maintenance (CCM) aka "flip the switch?"
 - The date you enter in the CCM should match the date on your eligibility form. If a client enters your program with an active Class or Subclass designation in the CCM and the program agrees with the designation, continue with the date of the original designation and document it as such on the eligibility form.
- 21) If we have a CFT meeting scheduled and the client doesn't show up or cancels right before but the team still met, can the meeting still be documented as a CFT meeting?
 - The client must be present in order to count it as a CFT meeting. The only exception is in in the rare circumstance that the Child and Family Team decided beforehand that it would be detrimental to the client's wellbeing to participate in any portion of the meeting or developmentally inappropriate. The youth's voice should be incorporated and represented by a team member and clearly document the reason the client was not present.
- 22) If a Protective Services Worker (PSW) doesn't show up for a scheduled CFT meeting, can it count as a required CFT meeting for an Enhanced youth?
 - o It can, as long as the meeting was not planned or scheduled without the social worker. Clear documentation must support that all efforts were made to include the PSW and the PSW had previously confirmed attendance. The youth and family's needs should be considered when determining the timeline for the next meeting if PSW was not present.
- 23) Is there a specific template that must be used in order to bill for ICC?
 - The ICC Progress note can be used to document any ICC services, and it must be used when documenting a Child and Family Team Meeting.

Eliaibility

- 24) If a youth is in Extended Foster Care (EFC) through CWS and/or receiving Independent Living Skills (ILS), does the youth qualify for Enhanced Services?
 - Neither EFC nor ILS are standalone qualifiers for Enhanced Services. Providers are expected to complete the Eligibility form for all clients until age 21 with an open Child Welfare case to determine if they meet Subclass/Enhanced eligibility.
- 25) Can non-CWS youth over the age of 18 qualify for ICC?
 - ICC services are available to all youth until the age of 21, in accordance to the ICC definition. (Please see Question #1 above)