

The purpose of this document is to address frequently asked questions regarding the implementation of the Behavioral Health Services Department (BHSD) ICC and IHBS policy beginning on January 1, 2024.

ICC and IHBS Policy

❖ Why is BHSD implementing an ICC and IHBS policy?

Per federal regulations, ICC and IHBS are services provided through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. County Mental Health Plans are obligated to provide ICC and IHBS to eligible full scope Medi-Cal beneficiaries under age 21 for whom these services are medically necessary. Before the provision of these services, screening must first be completed to determine the eligibility and need for services.

BHSD Children, Youth and Family (CYF) System of Care has developed a written policy “CLI-007 Screening and Service Request for Intensive Care Coordination (ICC) & Intensive Home Based Services (IHBS)” to standardize procedures for determining and documenting eligibility and need for ICC and IHBS services, expanding on existing practices.

❖ Who does this policy apply to?

The approved BHSD policy #CLI-007 applies to BHSD County providers and County Contracted Providers serving the eligible population and will require these providers to screen all eligible full scope Medi-Cal beneficiaries under aged 21 years for ICC and IHBS and refer to the appropriate services upon meeting criteria.

❖ When does this policy take effect?

The implementation of BHSD policy #CLI-007 will begin on January 1, 2024.

ICC and IHBS Screenings

❖ Who is eligible to be screened for ICC and IHBS?

All beneficiaries under 21 years of age in the CYF System of Care must be screened for ICC. All beneficiaries receiving ICC must be screened for IHBS.

❖ Do ICC and IHBS screenings take place at the same time?

ICC and IHBS are separate screenings. For initial screenings, eligible beneficiaries should be screened for ICC needs first. After starting ICC services and establishing the Child and Family Team (CFT) for the beneficiary, IHBS screening will then be completed in the context of the CFT.

❖ Do all CYF programs or services with beneficiaries under 21 years of age need to complete screenings?

Screening requirements vary for the following groups.

1. There are programs and services that are required to complete both ICC and IHBS screenings given that they provide ICC and IHBS services.
2. Certain programs and services are exempted from both ICC and IHBS screenings due to the duration, acuity, and/or setting of services.
3. Certain programs and services are required to complete ICC screening but are exempted from IHBS screening given that they do not provide ICC and IHBS services. IHBS screening would be transfer to the program or service identified to provide ICC services for the beneficiary.
4. Certain programs and services are required to complete ICC screening only if the beneficiary is not concurrently receiving other Specialty Mental Health Services (SMHS).

Refer to “Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) Screening Guidance and Service Availability” document for specific details.

❖ **[NEW] Who should administer the ICC screening?**

ICC screening must be administered by a member of the clinical team and completed as clinically appropriate and in a timely manner.

❖ **[UPDATED] When are new beneficiaries screened for ICC?**

Beneficiaries new to a program/service or agency must be screened as part of the initial assessment process to establish care. While ICC screening does not need to be initiated immediately at intake, it should be done during and by the completion of the initial assessment phase.

This initial assessment phase is an opportunity to speak with the beneficiary and family about the services they may be already receiving and discuss their service needs. The screener should leverage information and responses from clinical interview and required functional assessments (CANS/PSC-35) to complete the ICC screening form.

❖ **[UPDATED] Are there exceptions to ICC screening for new beneficiaries?**

There are two exceptions to the ICC screening requirement for new beneficiaries:

1. The beneficiary is newly referred to a program or service exempted from ICC and IHBS screenings, OR
2. The beneficiary is newly referred to a program/service or agency due to an ICC service request. The referring program/service or agency had already completed an ICC screening and determined eligibility and need for services.

Refer to “Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) Screening Guidance and Service Availability” document for exempted programs and services.

❖ **When are current beneficiaries screened for ICC?**

Current beneficiaries under 21 years of age will be screened for ICC needs as clinically indicated for changes in service needs or when any of the following events occur:

1. A beneficiary is being transitioned to a higher level of care.
2. A beneficiary is being discharged from hospitalization or custody.
3. Therapeutic Behavioral Services (TBS) is being added to a beneficiary’s treatment plan.

❖ **[UPDATED] How often should screenings occur?**

ICC and IHBS screenings should be completed as clinically appropriate and in a timely manner according to the changes of a beneficiary’s condition.

- For beneficiaries who are new to a program or agency, screening must be completed as part of the initial assessment process to establish care.
- For beneficiaries who are in established care and has a completed initial assessment, screening must be completed as clinically appropriate and in a timely manner according to the changes of a beneficiary’s condition.
- For beneficiaries who are receiving ICC, the continued provision of ICC and IHBS should be discussed by the Child and Family Team at least every 90 days.
- For beneficiaries who are not receiving ICC services, providers are encouraged to leverage the timing of required functional assessments (CANS/PSC-35 at every 6 months) to screen or rescreen beneficiary for ICC needs.

❖ **When the policy begins on January 1, 2024, are retrospective screenings required to be completed for beneficiaries who are already in the CYF System of care?**

No retrospective screenings are required for current beneficiaries. Prospective screenings of current beneficiaries will begin on January 1, 2024.

❖ **[NEW] For the ICC screening age-specific indicators, could Z codes be considered as a diagnosis?**

Z codes are considered a diagnosis, but not a mental health diagnosis. The diagnosis present needs to be clinically appropriate to justify the need to add in ICC services. For example, if a child is diagnosed with a Z code of Z63.7 (ill family member), that would not necessarily necessitate ICC services.

If Z codes are present in addition to a mental health diagnosis, then it should be assessed if there could be a justification for ICC. For example, if there is a Z62.0 (inadequate parental supervision and control) and there is DFCS involvement and an additional mental health diagnosis, that would warrant ICC services.

Standardized ICC and IHBS Form

❖ Can my agency build the standardized form in our EHR?

Yes, we encourage you to build the standardized form in your EHR.

❖ What are requirements for the EHR form?

We ask that the EHR form contains the same content grouped in the same sections as the fillable PDF form. A simple printable or exportable text version of the form should be available for auditing purposes.

❖ Does the EHR form need to look like the fillable PDF form?

No, the EHR form does not need to be formatted the same as the fillable PDF form.

ICC and IHBS Services

❖ Do all CYF programs or services provide ICC and IHBS services?

Currently only certain programs and services provide ICC and IHBS services. When standardized ICC and IHBS screenings begin on January 1, 2024, these programs and services will be the ones to provide services for the system of care. Service availability will be increased over time. Additional programs and services have already been identified to be onboarded and trained to provide ICC and IHBS services. Refer to “Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) Screening Guidance and Service Availability” document for specific details.

❖ **[UPDATED]** Will all screened beneficiaries receive ICC and IHBS services?

ICC and IHBS are voluntarily services for beneficiaries and families. They can choose to accept or decline the services.

❖ **[NEW]** What happens when ICC screening indicates a beneficiary is in need of services?

When a beneficiary is determined to need ICC services through the screening, the provider should help the beneficiary and family understand what meeting ICC criteria means and what ICC services are. This involves having a conversation with the beneficiary and family to:

- Inform that ICC criteria were met.
- Describe ICC service goals and components
- Collaboratively discuss whether ICC services would be beneficial for the beneficiary (pros and cons).
- Offer the option of and linkage to ICC services.

When the beneficiary and family agree to ICC services, the provider would determine the level of care needed and which ICC program would be appropriate for the family and their needs. The provider would then facilitate the linkage with the consent of the family.

Authorization for Services

Prior Authorization for Services

❖ Does ICC require prior authorization?

No, ICC does not require prior authorization. Requests for service would be directed to appropriate internal or external programs with capacity.

❖ **Does IHBS require prior authorization?**

Yes, IHBS requires prior authorization. Under the new BHSD authorization policy (UMR #001), IHBS must be authorized by BHSD Utilization Management (UM) prior to starting services.

❖ **[NEW] When does the process for IHBS authorization request begin?**

The new BHSD UM authorization policy was implemented January 1, 2024. Therefore, providers must begin submitting authorization requests to BHSD UM for IHBS services to be initiated after January 1, 2024.

❖ **Can my program continue to pre-authorize IHBS?**

No, providers can no longer pre-authorize IHBS. Providers must follow the UM authorization process to request approval to provide IHBS.

IHBS Authorization Periods

❖ **What is the authorization period for IHBS?**

For an initial IHBS authorization request, UM will authorize services up to 12 months.

❖ **What is the re-authorization period for IHBS?**

Re-authorization for IHBS will be up to 3 months per re-authorization request.

IHBS Re-Authorization Requirements

❖ **Is a re-authorization request required for extended IHBS services?**

Yes, a re-authorization request is required if the beneficiary requires IHBS beyond the authorized 12 months of service.

❖ **What is needed for the re-authorization IHBS request?**

IHBS re-authorization does not require completing the IHBS service request section on the standardized form. However, providers must review and follow BHSD UM's requirements. As of December 2023, providers requesting any re-authorization requests must complete and submit: (1) the UM authorization request form, (2) justification for reauthorization request, (3) updated clinical documentation indicating extended IHBS services is medically necessary and, (4) LPHA signature. Re-authorization requests must be submitted to UM no later than five business days prior to the expiration of the active authorization period.

IHBS Active Authorizations (Prior to January 1, 2024)

❖ **[NEW] What happens to IHBS services that were initiated before January 1, 2024?**

IHBS services initiated before January 1, 2024, can remain in place without an authorization from UM until:

- Within the context of the CFT, the existing treating provider/program determines that ongoing IHBS services is no longer medical necessary; or
- Services in the current treatment episode terminate, whichever comes first.

An authorization request to UM would be required for existing IHBS beneficiaries if there is a new treatment episode where IHBS services are needed.

Care Planning and Documentation Requirements

❖ **[UPDATED] Are there care planning requirements for ICC and IHBS?**

While the Department of Health Care Services (DHCS) updated clinical documentation requirements as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, specific care planning requirements remain in effect for ICC as indicated in [BHIN 23-068](#). DHCS utilizes the terms "care planning"

and “care plan” to reference and be inclusive of activities and requirements for client plans, treatment plans, and service plans. For IHBS, DHCS is not enforcing the use of a care plan or specific care planning requirements.

Please review the recent guidance provided by DHCS in [BHIN 23-068](#) for specific details.

❖ **[NEW] Are ICC providers required to use the Transformational Care Planning (TCP) template for care plan documentation?**

ICC providers must adhere to the care planning requirements as stated in the most recent DHCS guidance ([BHIN 23-068](#)). The use of a care plan template is at the discretion of the provider. BHSD is not at this time enforcing requirements for the location, format, or specification for the care plan documentation as long as the required care plan elements are documented and easily identifiable in beneficiary records for care coordination and auditing purposes.

❖ **[NEW] Is a separate treatment plan required when providing ICC and/or IHBS services?**

A separate treatment plan is not required. When ICC services begin, the required care plan to be developed would consist of a course of actions to respond and address the assessed needs of the beneficiary (treatment plan). When IHBS services is authorized by UM, the plan to provide IHBS should be embedded into the treatment plan.

ICC Coordinators

❖ **What is an ICC Coordinator?**

An ICC Coordinator is part of the service delivery team and must be designated to the beneficiaries receiving ICC services.

❖ **Who qualifies to be an ICC Coordinator?**

Providers with ICC and IHBS services must identify individuals who are qualified and can fulfill the role and responsibilities of an ICC Coordinator.

❖ **What is the role of an ICC Coordinator?**

ICC Coordinators serve as the single point of accountability to ensure appropriate services are coordinated and delivered and to provide ongoing support to the beneficiaries, families, and Child and Family Teams (CFTs).

❖ **What are the responsibilities of ICC Coordinators?**

ICC Coordinators are responsible for:

- Establishing the CFTs for beneficiaries receiving ICC.
- Ensuring that the CFT comes together at least every 90 days (and as often as necessary) in a CFT meeting to jointly review the strengths and needs of the youth, and ongoing service necessity.
- Utilizes the CFT teaming process to engage, monitor, and adapt services, and plan for transitions.
- Engaging and facilitating collaborative relationships among the beneficiary, family, and involved systems, natural supports, and partner providers.
- Providing service planning and monitoring to ensure care plan is aligned and coordinated.
- Ensuring necessary services are assessed and delivered.

Please refer to the [Medi-Cal Manual](#) for specific details and examples of ICC Coordinator functions.