



ICC and IHBS Screening and Service Request Form Information Guide December 2024

Corresponds with “ICC and IHBS Screening and Service Coordination Form – December 2024”

Additional resource materials are available on [BHSD ICC and IHBS Resource Webpage](#).

Table of Contents

Background and Overview.....	2
Purpose.....	2
ICC Screening	2
When to screen?	2
How often to screen?	2
Screening and Service Request Form.....	2
Main Sections of Form	3
Who can fill out the form?	3
Intensive Care Coordination (ICC).....	3
Form Section: ICC Screening	3
ICC Screening Administrative Information.....	3
ICC Screening Questions	5
Form Section: ICC Screening Outcome.....	5
Form Section: ICC Disposition	6
To Be Completed by Screening Program	6
To Be Completed by Receiving Program.....	7
Intensive Home Based Services (IHBS).....	7
Form Section: IHBS Service Request.....	7
IHBS Service Request to BHSD Utilization Management (UM).....	9
Reauthorization Request.....	9

Background and Overview

The County of Santa Clara (CSC) Behavioral Health Services Department (BHSD) is implementing a policy for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) for County and County Contracted Providers (CCPs) across the Children, Youth and Family (CYF) System of Care. As part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, ICC and IHBS must be provided to eligible members* who are under age 21 with full scope Medi-Cal in need of medically necessary Specialty Mental Health Services (SMHS). The BHSD ICC and IHBS policy provides guidance on the determination of need and the coordination process for ICC and IHBS services. The implementation of this policy begins on January 1, 2024. (*The term “member/members” is now used in place of the term “beneficiary/beneficiaries”.)

Purpose

This information guide serves a resource for County and CCPs by describing the ICC and IHBS processes and the use of the corresponding “*ICC and IHBS Screening and Service Coordination Form*”.

ICC Screening

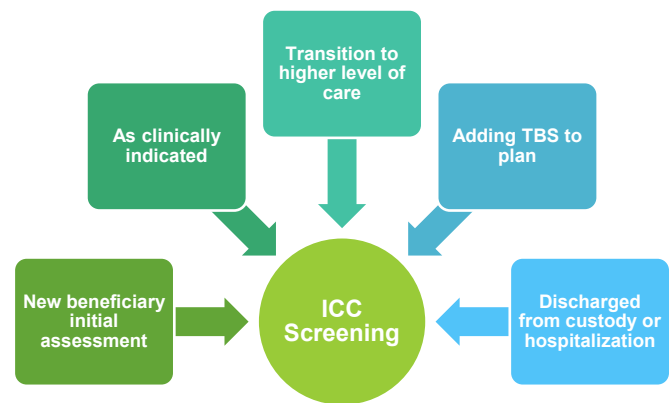
All eligible members under age 21 with full-scope Medi-Cal must be screened for ICC service needs using the standardized form developed by CSC BHSD CYF.

When to screen?

New members will be screened for ICC as part of the initial assessment process to establish care.

Current members will be screened for ICC as clinically indicated for changes in service needs or when any of the following events occur:

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



How often to screen?

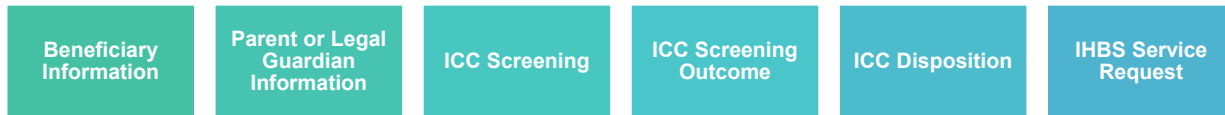
Screenings should be completed as clinically appropriate and in a timely manner according to the changes of a member’s condition.

- For members who are new to a program or agency, screening must be completed as part of the initial assessment process to establish care.
- For members 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 member’s condition.
- For members 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 members 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 member for ICC needs.

Screening and Service Request Form

A single form was developed to include ICC and IHBS related processes. Service providers are required to use the standardized form to screen and facilitate coordination for ICC and IHBS services.

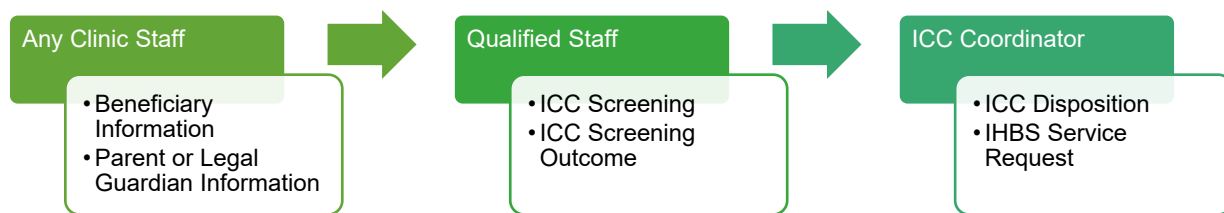
Main Sections of Form



Who can fill out the form?

The individual to complete the standardized form will vary depending on the form section. While any clinic staff can fill out the first two form sections (*Beneficiary Information*, *Parent or Legal Guardian Information*), the remainder of the form must be completed by designated staff.

Given that ICC screenings must be conducted by a professional or paraprofessional on the clinical team, only these individuals are qualified to complete the *ICC Screening*, *ICC Screening Outcome*, *ICC Disposition* sections on the form. ICC Coordinators receiving and reviewing ICC service requests will complete *ICC Disposition*. When IHBS needs are identified, ICC Coordinators will also complete *IHBS Service Request* and follow the authorization request process.



Intensive Care Coordination (ICC)

Form Section: ICC Screening

The *ICC Screening* section has two components: (1) administrative information; and (2) criteria questions. The first component captures when, who, where, and type of ICC screening being conducted.

ICC Screening Administrative Information

- To begin, enter administrative information of screening being conducted.



Form Fields	Descriptions and/or Instructions
Screening Date	Enter date of ICC screening being conducted
Screening Conducted By	Enter name of individual who conducting ICC screening
Screening Program, Agency & Location	Enter program name, agency name and location of where ICC screening is being conducted. <i>Location is needed for agencies with more than one location.</i>
Screening Type	Select screening type based on reason for screening
Initial Screening	This screening is for a member new to the service provider; or this is the first ICC screening being conducted for this member at the agency.
Re-screening	This is a subsequent screening for a member. Indicate reason for the re-screening.

ICC Considerations and Indicators

ICC should be considered whenever clinically indicated. A list of recommended indicators for ICC services from the [Medi-Cal Manual for ICC, IHBS and TFC \(3rd Edition\)](#) is included to help screener consider needed ICC services. This is not an exhaustive list, and other circumstances may be included in the consideration.

Indicators	Definitions
<ul style="list-style-type: none"> Involved with two or more supportive services from child-serving systems 	<p>The member is in child welfare, is juvenile justice involved, or receiving special education, developmental (SARC), and/or specialized medical services.</p>
<ul style="list-style-type: none"> Receiving or being considered for Wraparound 	<p>The member is currently receiving Wraparound or is eligible for Wraparound (DFCS and Juvenile Justice involved).</p>
<ul style="list-style-type: none"> Being considered for intensive specialty mental health services (SMHS) or currently receiving crisis stabilization or intervention services 	<p>The member is being considered for intensive SMHS, including but not limited to Therapeutic Behavioral Services (TBS) or receiving crisis stabilization or intervention services.</p> <p>For children aged 0-5 in ECMH services, intensive SMHS includes concurrent therapy and family specialist support.</p>
<ul style="list-style-type: none"> Currently in or being considered for Short Term Residential Therapeutic Programs (STRTPs) 	<p>The member is currently in or being considered for a Short Term Residential Therapeutic Program (STRTP).</p>
<ul style="list-style-type: none"> Discharged within 90 days from or currently being treated at a Psychiatric Hospital or Crisis Stabilization Unit (CSU) 	<p>The member was hospitalized and discharged in the past 90 days from a psychiatric hospital or Crisis Stabilization Unit, or currently being treated at a psychiatric hospital or Crisis Stabilization Unit.</p> <p>Examples of psychiatric hospital: Fremont Hospital, San Jose Behavioral Health, John Muir, etc.</p>
<ul style="list-style-type: none"> Experienced two or more mental health hospitalizations in last 12 months 	<p>The member was hospitalized at a psychiatric facility for mental health reasons two or more times in the last 12 months.</p>
<ul style="list-style-type: none"> Experienced two or more placement or placement changes within 24 months due to behavioral health needs 	<p>Within the last 24 months, the member has had two or more formal out-of-home placements, or two or more placement changes due to behavioral health needs.</p> <p>Exclude informal family arrangements.</p>
<ul style="list-style-type: none"> Treated with two or more antipsychotic medications at the same time over a three (3) month period 	<p>The member has been taking two or more antipsychotic medications simultaneously for full three months.</p>
<ul style="list-style-type: none"> Had two or more crisis encounters within the last six (6) months due to behavioral health concerns 	<p>The member had two or more crisis encounters due to any mental health condition within the last six months, (e.g., Mobile Crisis, Emergency Room, Emergency Psychiatric Services, Crisis Stabilization Unit, Behavioral Health Urgent Care)</p> <p>May include but not limited to 5150 holds.</p>
<ul style="list-style-type: none"> Currently receiving SMHS and experiencing housing insecurity 	<p>The member is in SMHS and experiencing housing instability (at risk of losing housing, or currently unhoused).</p>

ICC Screening Questions

The following questions are to help assess member’s eligibility and needs for ICC services. ICC service is offered to full scope Medi-Cal members under age 21 in need of medically necessary SMHS.

The two questions affirm that:

- 1 The member has full scope Medi-Cal.
- 2 Specialty Mental Health Services (SMHS) is medically necessary for the member.

Form Section: ICC Screening Outcome

The *ICC Screening Outcome* section must be completed. The screener must use clinical judgement to determine whether the member is in need of ICC.

“Is ICC service medically necessary?”	Procedures
Yes, ICC is medically necessary.	<ol style="list-style-type: none"> 1. Mark option “Yes”. 2. Discuss ICC with the member and family. See below section for details. Under “Discussed ICC service?”, <ol style="list-style-type: none"> I. Mark option “Yes, discussed” when service is discussed with member and family. II. Mark option “No, unable to discuss” if service was not discussed with member and family. <ol style="list-style-type: none"> i. Indicate in notes the reasons for not being able to discuss ICC service. 3. Offer ICC to the member and family. Under “Offered ICC service?”, <ol style="list-style-type: none"> I. Mark option “Yes, offered” when service is offered to member and family. II. Mark option “No, not offered” if service was not offered to member and family. <ol style="list-style-type: none"> i. Indicate in notes the reasons for not offering ICC service. 4. If discussed and offered services, ask member and family about accepting ICC services. Under “Accepted ICC service?”, <ol style="list-style-type: none"> I. Mark option “Yes, accepted” when member and family agree to services. II. Mark option “No, declined” if member and family decline services. <ol style="list-style-type: none"> i. Indicate in notes the reasons for member and family to decline ICC service. 5. <u>For members already in ICC and being re-screened:</u> indicate under “Continue ICC service?” whether the member will continue or discontinue ICC service. <ol style="list-style-type: none"> I. Indicate in notes the reasons for member and family to discontinue ICC service. 6. <u>For members in need of and agreed to ICC service:</u> proceed to link ICC service for member.
No, ICC is not medically necessary.	<ol style="list-style-type: none"> 1. Mark option “No”. 2. Conclude ICC screening and document appropriately.

All forms pertaining to ICC screening, whether the member is eligible for and accepts ICC services or not, must be retained for auditing purposes.

Discussing and offering ICC services to member and family

When a member is determined to need ICC services, the provider must help the member and family understand this means and what ICC services are. The conversation with the member and family is to:

- Inform that ICC is needed.
- Describe ICC service goals and components.
- Collaboratively discuss whether ICC services would be beneficial for the member (pros and cons).
- Offer the option of and coordination to ICC services.

When the member 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 coordination with the consent of the family.

Form Section: ICC Disposition

The *ICC Disposition* section must be completed in order to request ICC services regardless of internal vs. external request type. *Refer to definitions below.*

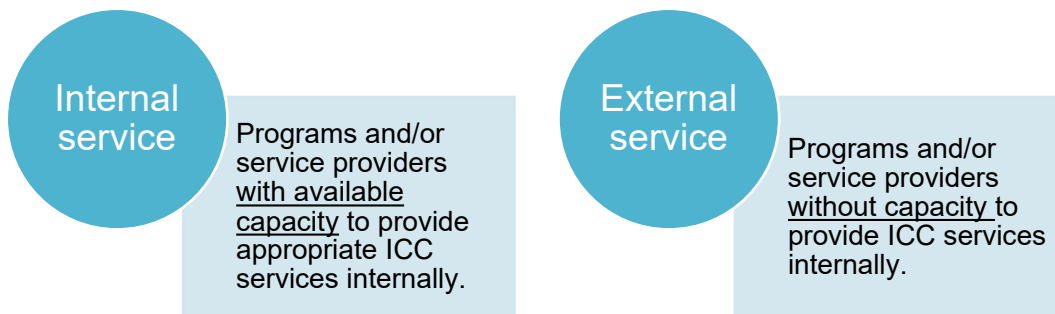
There are two parts to this section: (1) to be completed by the program that completed the ICC screening; and (2) to be completed by the program that would provide ICC service to member.

To Be Completed by Screening Program

1. To begin, enter administrative and contact information of screener and screening program and agency.

Form Fields	Descriptions and/or Instructions
Date of Completing Form to Coordinate Service	Enter date of completing this section
Program	Enter program name <i>Location is needed for agencies with more than one location.</i>
Agency	Enter agency name and location <i>Location is needed for agencies with more than one location.</i>
Completed By	Enter name of individual who is completing the section
Email Address	Enter email address of above individual
Phone Number	Enter phone number of above individual
Fax Number	Enter fax number of above individual

2. For “ICC service type to be provided”: Determine whether an internal or external ICC service is needed.



3. For “ICC to be added as adjunct”: Indicate whether ICC service would be provided as an adjunct

service.

- a. ICC service may be added as an adjunct, for case-by-case consideration, with identified specialty programs and dependent on best clinical practice and the circumstance of the member, and as guided by their Child and Family Team.
4. Follow the appropriate process to link ICC service.
 - a. Internal service: Submit to designated ICC coordinator within own program or agency according to internal procedures.
 - b. External service: Follow current transfer process to identify available ICC services from an external agency for the member. The form will then be shared with the ICC Coordinator at the agency providing ICC services.

To Be Completed by Receiving Program

The receiving program may be the same program as the screening program or a different program. The ICC Coordinator of the receiving program will complete the form section.

1. To begin, enter administrative and contact information of reviewing ICC Coordinator.

Form Fields	Descriptions and/or Instructions
Form Received Date	Enter date of form was received by ICC Coordinator
Program	Enter program name
Agency	Enter agency name
Request Reviewed By	Enter name of ICC Coordinator who is reviewing the request
Email Address	Enter email address of ICC Coordinator
Phone Number	Enter phone number of ICC Coordinator
Fax Number	Enter fax number of ICC Coordinator

2. For "ICC Coordinator Assigned": Indicate the name of the ICC Coordinator assigned to the member.
 - a. Mark 'same as service request reviewer' if the individual reviewing the ICC service request will also serve as the member's ICC Coordinator.
3. For "ICC being added as adjunct": Indicate whether the receiving program will provide ICC as adjunct.
 - a. ICC service may be added as an adjunct, for case-by-case consideration, with identified specialty programs and dependent on best clinical practice and the circumstance of the member, and as guided by their Child and Family Team.

Intensive Home Based Services (IHBS)

As part of ICC services, the ICC Coordinator will facilitate the process of establishing a Child and Family Team (CFT) for the member. The CFT will develop an individualized care plan for the member and determine the member's need for IHBS.

Form Section: IHBS Service Request

When IHBS is appropriate and agreed upon by the member and family, the ICC Coordinator will proceed with submitting an IHBS service request. To submit the service request, the ICC Coordinator will add to the "ICC and IHBS Screening and Service Request Form" with the most recent ICC related sections completed. The BHSU Utilization Management (UM) authorization request process must also be followed to request IHBS.

1. To begin the 'IHBS Service Request' form section, enter administrative information regarding the IHBS service request.

Request Date	Request Completed By	Start Date of ICC Services	Date of IHBS Need Identified by CFT	Date of Most Recent CFT Meeting	Request Type
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Form Fields	Descriptions and/or Instructions
Request Date	Enter date of IHBS service request
Request Completed By	Enter name of ICC Coordinator who is completing the request
Start Date of ICC Services	Enter date ICC Services was initiated for the member
Date of IHBS Need Identified by CFT	Enter date CFT determined IHBS is needed for the member
Date of Most Recent CFT Meeting	Enter date of the most recent CFT meeting for the member
Request Type	The standardized form is for new prior authorization requests only. The member is currently not receiving IHBS services. <i>Note for continuing/reauthorization:</i> Follow BHSD UM procedures for reauthorization requests.

2. Indicate justification for IHBS request by selecting appropriate conditions from the checklist. Describe other justification if necessary.

- Functional impairment (challenges with functioning in the home and/or community)
 - Developmental impairment (challenges with developmental progress)
 - Social impairment (challenges with interaction with others)
 - Probable significant deterioration (deterioration at home and/or community)
 - Family instability (interference with having a stable and permanent family life)
 - Housing instability (interference with maintaining housing)
 - Educational challenges (interference with educational achievement)
 - Employment instability (interference with seeking and maintaining a job)
- Other, please describe:

3. In the following text box, list mental health diagnosis and provide narrative of the member’s treatment plan goals and how IHBS will benefit the member.

4. Provide additional information to indicate plan and agreement for IHBS services.

- a. ‘Is an ICC care plan in place for the member?’: There should be an individualized care plan developed for the member as part of ICC services. See [below section](#) for details.
 - i. If not, a care plan must be in place for first before requesting for IHBS.
- b. ‘Was IHBS agreed upon and accepted by the member and family?’: The member and family must agree to receiving IHBS.
 - i. If not, IHBS would not be provided.

5. A Licensed Practitioner of the Healing Arts (LPHA) from the program: Provide attestation that the member meets medical necessity criteria.

- a. Mark checkbox of statement: “I attest that IHBS is a medically necessary service for this member.”
- b. Name of LPHA who reviewed the request and is providing attestation, along with credentials and license number
- c. Signature of LPHA
- d. Date of LPHA attestation and signature

6. Date of IHBS Service Request Sent to BHSD UM: indicate date of when the IHBS service request was submitted to BHSD UM.

Care Planning Requirements

Under the most recent guidance [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. While there were changes to clinical documentation requirements as part of CalAIM, specific care planning requirements remain in effect for certain SMHS, including ICC. Therefore, for members receiving ICC services, providers must develop and document the required elements of the care plan within the member record.

IHBS Service Request to BHSD Utilization Management (UM)

In addition to completing the IHBS Service Request form section, the ICC Coordinator must also complete the CSC BHSD UM authorization request form.

1. Submit required documents and information to BHSD UM for IHBS review and authorization.
 - I. CSC BHSD UM Authorization Form
 - II. ICC and IHBS Screening and Service Request Form
 - III. Other required information as indicated by BHSD UM

Upon review, BHSD UM will notify the requesting service provider of authorization decision. Authorization requests must be submitted and approved prior to the start of IHBS services. No retroactive requests will be accepted.

For questions regarding the BHSD UM authorization process, please contact the UM team at BHSDUM@hhs.sccgov.org. The UM authorization form and supporting materials can be accessed on the [BHSD Provider Forms Webpage](#).

Reauthorization Request

If a member requires extended IHBS services beyond the initial authorized period, the ICC Coordinator must submit a reauthorization request to UM. Reauthorization requests must be submitted following the timeframe indicated by the BHSD UM authorization policy.

1. Submit required documents and information to BHSD UM for IHBS reauthorization.
 - I. CSC BHSD UM Authorization Form
 - II. Other required information as indicated by BHSD UM

While it is not required to complete the ICC and IHBS Screening and Service Request form for the reauthorization requests, a justification for extended services and evidence of meeting medical necessary criteria must be provided. Similar to initial authorization requests, BHSD UM will notify the requesting service provider of reauthorization decision. Reauthorization requests must be approved prior to extending IHBS services.