



COUNTY OF SANTA CLARA
Behavioral Health Services

Supporting Wellness and Recovery

Policy & Procedure Number: BHSD #CLI-007

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Administration <input checked="" type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service <input type="checkbox"/> MHTSA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Screening and Service Coordination for Intensive Care Coordination (ICC) & Intensive Home Based Services (IHBS)

Assigned Policy Number: CLI-007

Policy Owner: Children, Youth, and Family (CYF) System of Care

Impacted Managed Care Policy Area(s): Mark All That Apply

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Administration (ADM) | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input checked="" type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input type="checkbox"/> General Operations (GEO) |
| <input checked="" type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input type="checkbox"/> Member Services & Materials (MSM) | <input type="checkbox"/> Personnel (PER) |
| <input type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input type="checkbox"/> Reporting (RPT) | <input checked="" type="checkbox"/> Service Delivery (SDM) |
| <input checked="" type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Council

HHS Compliance:

Date:

County Council:

Date:

Section B: BHSD Director

BHSD Director:

DocuSigned by:

Sherril Teras

Date: 12/19/2024

Approved/Issue Date: 10/24/23	Last Review/Revision Date: 12/06/24	Next Review Date: 12/5/27	Inactive Date:
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III. REPLACES	None
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- IV. REFERENCES:**
- 9 CCR § 1810.310. Implementation Plan.
 - Department of Health Care Services (DHCS) and California Department of Social Services (CDSS) Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, Third Edition, January 2018
 - APL 19-010; Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21
 - MHSUDS IN No. 16-004; Provision of ICC and IHBS as Medically Necessary Through EPSDT
 - MHSUDS IN No. 17-055; Removal of The Lockout for Intensive Care Coordination and Intensive Home Based Services for Children and Youth in Group Homes or Short-Term Residential Therapeutic Programs
 - MHSUDS IN No. 19-026; Authorization of Specialty Mental Health Services
 - BHIN No: 21-058; Claiming for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services
 - BHIN No: 21-073; Criteria for Beneficiary Access to Specialty Mental Health Services (SMHS), Medical Necessity and Other Coverage Requirements
 - BHIN No: 22-016; Authorization of Outpatient Specialty Mental Health Services
 - DHCS Mental Health Plan Contract Exhibit A-E
 - BHSD Policy #UMR-001 Authorization Policy

V. PURPOSE:

The purpose of this policy is to implement standardized procedures regarding screening and service coordination for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) for Medi-Cal members.

VI. POLICY:

Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) must be available to members who are:

1. Under aged 21 years
2. Eligible for full scope Medi-Cal services
3. In need of medically necessary Specialty Mental Health Services (SMHS)

This policy applies to County of Santa Clara Behavioral Health Services Department (BHSD) Children, Youth and Family (CYF) System of Care Participating Providers serving the eligible population. The procedures outline workflows and requirements for:

1. ICC screening and service coordination.
2. IHBS service and authorization request.



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To fulfill ICC and IHBS requirements, participating providers must screen all eligible full scope Medi-Cal members under aged 21 years to determine if members have more intensive ICC and IHBS needs and to facilitate service coordination as appropriate.

ICC Screening

All participating providers must utilize BHSD’s current version of “Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) Screening and Service Coordination Form” to conduct ICC screening.

For new members, participating providers must conduct ICC screening as part of the required initial assessment process. For existing members, ICC screening must be conducted 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 (TBS) are being added to a member’s treatment plan.

ICC Service Coordination

Although ICC does not require prior authorization or MHP referral, service coordination for ICC must be made when the member and/or family accepts the service. ICC service may be added as an adjunct, for case-by-case consideration, with identified specialty programs and dependent on best clinical practice the circumstance of the member, and as guided by their Child and Family Team (CFT).

1. Participating providers with available internal ICC service will coordinate with an identified internal ICC Coordinator to begin ICC for the member.
2. Participating providers without available ICC services will follow the current transfer process to identify and assign members to a participating provider for ICC service.

IHBS Service and Authorization Request

IHBS requires prior authorization and can only be offered to members who are already receiving ICC. The CFT established for the member will determine IHBS needs according to the individualized treatment plan developed as part of ICC.

To request IHBS service for a member, participating providers must follow BHSD Utilization Management’s authorization request process and submit required information. Authorization requests must be submitted and approved prior to the start of IHBS service. No retroactive requests will be accepted.

VII. DEFINITIONS:



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Adjunct. Refers to supplemental services provided in conjunction with another specialty mental health service. Services added as adjunct may be provided to a member by a different program or agency.

Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County members. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

Child and Family Team (CFT). Child and Family Team (CFT) refers to a group of individuals who collaborate with one another to support and serve the child/youth and family to ensure that the needs of child/youth are being met. The CFT must include the child/youth, family and, as appropriate, formal supports and natural supports to be members of the team. This team is responsible for determining and using a variety of team-based processes to identify the strengths and needs of the child/youth and their family in order to help achieve positive outcomes for safety, permanency, and well-being. The CFT plan articulates specific strategies for achieving the child/youth and/or family’s goals based on addressing identified needs. For children/youth who are receiving ICC, IHBS, or TFC, a CFT meeting must occur at least every 90 days.

County Contracted Providers (CCP). Sub-contracted providers that agree to provide covered specialty mental health services and/or substance use treatment services to members, or any other organization or person who agrees to perform any administrative function or service for BHSD specifically related to securing or fulfilling its obligations to the Department of Health Care Services under the terms of their existing contracts.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT is a federal entitlement that requires states and counties to provide comprehensive and preventative health care services to low-income children under 21 who are enrolled in Medicaid. In California, Medicaid is referred to as Medi-Cal. The EPSDT component of Medi-Cal aims to ensure that all children and adolescents have access to appropriate preventive, dental, mental health, substance use, developmental, and specialty services. The federal government matches state dollars to fund these mandatory services.

Intensive Care Coordination (ICC). ICC is an intensive form of clinical case management and team facilitation service that identifies ancillary supports and systems to assist with member stabilization. Services are intended for children and youth who have more intensive needs and may be in conditions including but not limited to involvement in multiple child-



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serving systems and treatment requiring cross-agency collaboration. ICC service components include assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the Child and Family Team (CFT). ICC ensures that the member’s complex behavioral health needs are met through active, integrated, and collaborative participation by a CFT comprised of provider(s), family, and natural supports.

Intensive Care Coordination (ICC) Coordinators. ICC Coordinators are part of the service delivery team and must be designated to the members receiving ICC services. They serve as the single point of accountability to ensure appropriate services are coordinated and delivered and to provide ongoing support to the member, family, and CFTs.

Intensive Home Based Services (IHBS). IHBS is a community based mental health rehabilitative and collateral service for individuals already receiving Intensive Care Coordination (ICC). IHBS are individualized, strength-based interventions designed to improve mental health conditions that interfere with a child, youth, or young adult’s functioning and are aimed at helping the member build skills necessary for successful functioning in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the CFT in coordination with the family’s overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Member. A person seeking or receiving behavioral health services from BHSD that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person’s medically necessary behavioral health services.

Participating Provider. A County, Individual Provider or County Contracted Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to members covered by its plan.

Plan. Provides oversight to behavioral health Medi-Cal carve out programs. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Practitioner. Workforce Members that provide direct member care services, and are licensed, registered, waived, certified or meet criteria as a paraprofessional.

Prior Authorization. The process of obtaining approval or authorization to perform a covered service in advance of its delivery. Prior authorization is required for IHBS, TBS, Treatment Foster Care, Outpatient Electroconvulsive Therapy. The Plan will make authorization



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decisions for these intensive outpatient services within five (5) business days of receipt of request, or within 72 hours if the request meets expedited review criteria.

Specialty Mental Health Services (SMHS). Specialty mental health services include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, ICC, Intensive Home Based Services (IHBS) and TBS. SMHS are provided to Medi-Cal members through County Mental Health Plans (MHPs). All the MHPs are part of county mental health or behavioral health departments and the MHP can provide services through its own employees or through contract providers.

VIII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Training	<ol style="list-style-type: none"> 1. To implement this policy, all CYF participating providers serving the eligible population must incorporate diverse workforce training. Practitioners that require training include: <ol style="list-style-type: none"> a. Clinical professionals and paraprofessionals b. Clinical managers and supervisors c. Clinical and program support d. Quality improvement staff 2. The training will include topics related to: <ol style="list-style-type: none"> a. Integrated Core Practice Model (ICPM) b. Intensive Care Coordination (ICC) c. Intensive Home Based Services (IHBS) 3. Programs of participating providers that have ICC and IHBS services must complete additional focused training which will include educational and training content to support service delivery. 4. Practitioners attending the trainings must follow proper registration instructions to ensure their attendance is recorded by trainers.
Onboarding	<ol style="list-style-type: none"> 1. All participating providers must fulfill the following requirements: <ol style="list-style-type: none"> a. Completion of CYF designated ICPM, ICC and IHBS trainings by required team members.



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	<ul style="list-style-type: none"> b. Development of internal procedures for ICC screening, service coordination, and documentation. c. Onboarding of any new practitioners to this policy and completion of required training. <p>2. Programs of participating providers that have ICC and IHBS services must also fulfill the following requirement:</p> <ul style="list-style-type: none"> a. Identification of one or more internal ICC Coordinator(s).
Personnel and Training Record	<ul style="list-style-type: none"> 1. A single record may be used to capture all required information for each participating provider, program, or practitioner(s). 2. Participating providers must develop and maintain accurate training records. The record must contain at minimum of the following information: <ul style="list-style-type: none"> a. Name of staff member b. Credentials/licensure of staff member c. Role within the program d. Completion dates of required trainings e. Name of program and agency f. Address location of agency 3. Programs of participating providers that have ICC and IHBS must also maintain accurate records of each workforce member involved with ICC and IHBS service delivery. The role within ICC and IHBS service delivery must be included in the record. 4. Participating providers must update personnel and training records when there are changes in personnel that impact ICC and IHBS service delivery. 5. Personnel and training records will be audited.
Documentation	<ul style="list-style-type: none"> 1. Participating providers must develop internal documentation standards to capture ICC and IHBS related activities. 2. Screening and authorization request forms must be maintained in the member record and retained for auditing purposes. 3. All ICC and IHBS activities must be documented in the member record and be accessible for claims, data reporting, and chart review.
Child and Family Team (CFT) Meetings	<ul style="list-style-type: none"> 1. For children and youth who are receiving ICC and/or IHBS, the



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	<p>initial CFT meeting must be convened as soon as possible after establishment of the CFT.</p> <ol style="list-style-type: none"> 2. Subsequent CFT meetings should be held at least every 90 days, and as often as needed as determined by the child and family team to address emerging issues, coordinate interventions, and refine treatment and care plans in a timely manner. 3. The team should routinely reassess needs and strength and determine ongoing necessity of ICC and IHBS minimally every 90 days.
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IX. WORKFLOW PROCEDURE

Responsible Party	Action Required
Qualified Practitioners	<p>ICC Screening</p> <ol style="list-style-type: none"> 1. ICC Screening must be conducted by a qualified practitioner, who is a professional or paraprofessional on the member’s clinical team. 2. Utilize the most up-to-date version of the standardized “ICC and IHBS Screening and Service Coordination Form” (Appendix A) for eligible members aged 21 or younger with full-scope Medi-Cal. The purpose of this form is to help rule-in members who should be considered for ICC. <ol style="list-style-type: none"> a. For new members, conduct ICC screening as part of the initial assessment process to establish care. b. For existing members, conduct ICC screening as clinically indicated for changes in service needs or when any of the following events occur: <ol style="list-style-type: none"> i. A member is being transitioned to a higher level of care. ii. A member is being discharged from hospitalization or custody. iii. TBS is being added to a member’s treatment plan. 3. Complete “ICC Screening” form section to determine whether the member should be considered for ICC service. <ol style="list-style-type: none"> a. If ICC is determined to be needed, describe, and offer ICC service to the member and family.



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	<p>b. If ICC is not needed, document in the outcome section of the form.</p> <p>ICC Screening Outcome</p> <ol style="list-style-type: none"> 1. "ICC Screening Outcome" responses must correlate to "ICC Screening" responses and be fully completed. 2. Retain completed ICC screening form. <p>ICC Service Coordination</p> <ol style="list-style-type: none"> 1. For members in need of and agreed to ICC services, connect members to ICC services with internal or external programs. 2. Complete "ICC Disposition" form section. 3. Follow the appropriate process for ICC service coordination. <ol style="list-style-type: none"> a. Internal service: Approved participating providers with available internal capacity to provide appropriate ICC services will submit to designated ICC coordinator within own program or agency according to internal procedures. b. External service: Participating providers without internal capacity to provide ICC services will follow current process to identify available ICC services from an external agency for the member.
ICC Coordinators	<ol style="list-style-type: none"> 1. As part of the service delivery team, an ICC Coordinator must be designated to each member receiving ICC services. Programs with internal ICC services must identify at minimum one qualified individual to serve as their ICC Coordinator. 2. Responsible for: <ol style="list-style-type: none"> a. Establishing the Child and Family Team. b. Engaging and facilitating collaborative relationships among the member, family and involved systems. c. Providing service planning and monitoring to ensure care plan is aligned and coordinated. d. Ensuring necessary services are assessed and delivered. e. Adapting and transitioning services as necessary. <p>ICC Service Coordination Review</p> <ol style="list-style-type: none"> 1. ICC Coordinators will facilitate linkage to ICC for members and families. 2. Process ICC service forms within five (5) days from receipt.

	<ol style="list-style-type: none"> a. Provide feedback to staff who submitted the form. b. Contact member and family. c. Complete "ICC Disposition" form section. <p>IHBS Service Request</p> <ol style="list-style-type: none"> 1. When IHBS is determined to be appropriate, follow BHSD UM's authorization process for prior authorization and include: <ol style="list-style-type: none"> a. UM authorization request form. b. ICC and IHBS Screening and Service Coordination Form. c. Other required information as indicated by the UM authorization process. 2. For reauthorization requests, follow BHSD UM's authorization process to request reauthorization of IHBS services.
BHSD Utilization Management (UM) Team	<ol style="list-style-type: none"> 1. Will oversee the determination and authorization process for IHBS services. UM will adhere to its authorization policy to review authorization requests and provide determination decisions. 2. Upon review, the UM team will notify the requesting service provider of authorization decision within five (5) business days, or within three (3) days for an expedited request. 3. Authorization requests must be submitted and approved prior to the start of IHBS services. 4. Retroactive requests will not be accepted.
BHSD Network Oversight Team & Quality Assurance	<ol style="list-style-type: none"> 1. Annual integrated chart audits will include review for adherence to ICC and IHBS.
X. ATTACHMENTS	A. ICC and IHBS Screening and Service Coordination Form

XI. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes
Screening and Service Request for Intensive Care Coordination (ICC) & Intensive Home Based Services (IHBS)	01/01/2024 to present	10/30/2023	Updates to P&P terminology and workflow procedures	Updated terminology: <ul style="list-style-type: none"> • From "beneficiary/beneficiaries" to "member/members" • From "service request" to "service coordination" Updated ICC screening workflow procedures to align with revised screening form.