

FREQUENTLY ASKED QUESTIONS
Core Practice Model Guide and Medi-Cal Manual for ICC, IHBS & TFC
Updated August 13, 2013

1. Question: What is ICC?

Answer: Intensive Care Coordination (ICC) is a service that is responsible for facilitating assessment, care planning, and coordination of services, including urgent services (for children/youth who meet the Katie A. Subclass criteria). (Please refer to pages 7-12 and 22-25 of the [Medi-Cal Manual](#) and [Appendix E of the Settlement Agreement](#).)

Intensive Care Coordination (ICC) provides:

- A single point of accountability for ensuring that medically necessary services are accessed coordinated, and delivered in a strength-based, individualized, family/youth-driven, culturally, and linguistically relevant manner;
- Services and supports that are guided by the needs of the youth;
- Facilitation of a collaborative relationship among a youth, his/her family and involved in child-serving systems;
- Support the parent/caregiver in meeting their youth's needs;
- A care planning process that ensures a care coordinator organizes and matches care across providers and child serving systems to allow the youth to be served in their home community; and
- Facilitated development of the Child and Family Team (CFT). The CFT includes, as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy.

ICC service components consist of:

Assessment: The CFT completes a strength-based, needs driven, comprehensive assessment to organize and guide the development of a teaming process that determines the needs of the youth for any medical, educational, social, mental health, or other services. ICC may also include the planning and coordination of urgent needs before the comprehensive assessment is completed. The initial assessment will be reviewed as necessary, but at least every 90 days.

Planning: Using the information collected through an assessment, the care coordinator convenes CFT meetings guided by the family's needs and preferences and the CFT develops a child- and family-centered teaming process that clearly defines the purpose, goal, and agenda for each meeting, determines an agreed upon decision making process, identifies the families strengths and needs, determines a brainstorming and operating process, and specifies action steps to be carried out by team members. Through this process, the CFT is to articulate the

child and family goals and develop a shared plan of intervention strategies to assure that progress is made toward the established goals,

Referral, monitoring, and related activities: The CFT works directly with the youth and family to implement elements of the plan of care. The CFT prepares, monitors, and modifies the plan to determine whether services are being provided in accordance with the plan; whether services in the plan are adequate; and whether there are changes in the needs or status of the youth and if so, adjusting the plan of care as necessary. The ICC coordinator ensures that plans from any of the system partners (child welfare, education, juvenile probation, etc.) are integrated to comprehensively address the plan.

Transition: The CFT develops a transition plan when the youth has achieved the goals of the plan. The ICC coordinator collaborates with the other service providers and agencies on the behalf of the youth and family.

Settings: ICC may be provided to children living and receiving services in the community (including in Therapeutic Foster Care) as well as to children who are currently in a hospital, group home, or other congregate or institutional placement as part of discharge planning.

2. **Question: What is IHBS?**

Answer: Intensive Home-Based Services (IHBS) are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's functioning. Interventions are aimed at helping the child build skills necessary for successful functioning in the home and community and improving the child's family's ability to help the youth successfully function in the home and community. (Please refer to pages 12-14 and 26-28 of the [Medi-Cal Manual](#) and [Appendix D of the Settlement Agreement](#).)

IHBS are delivered according to an individualized treatment plan developed by the Child and Family Team (CFT). The CFT develops goals and objectives for all life domains in which the child's mental health condition produces impaired functioning (including family life, community life, education, vocation, and independent living) and identifies the specific interventions that will be implemented to meet those goals and objectives. The goals and objectives should seek to maximize the child's ability to live and participate in the community and to function independently (including through building social, communication, behavioral, and basic living skills). Providers of IHBS should engage the child in community activities where the child has an opportunity to work towards identified goals and objectives in a natural setting. Phone contact and consultation may be provided as part of the service.

IHBS includes, but is not limited to:

- Educating the child's family about, and training the family in managing, the child's disorder;

- Medically necessary skill-based remediation of behaviors, including development and implementing a behavioral plan with positive behavioral supports and modeling for the child's family and others how to implement behavioral strategies;
- Improving self-care, including by addressing behaviors and social skills deficits that interfere with daily living tasks and with avoiding exploitation by others;
- Improving self-management of symptoms, including assisting with self-administration of medications;
- Improving social decorum, including by addressing social skills deficits and anger management;
- Supporting the development and maintenance of social support networks and the use of community resources;
- Supporting employment objectives, by identifying and addressing behaviors that interfere with seeking and maintaining a job;
- Supporting educational objectives, through identifying and addressing behaviors that interfere with succeeding in an academic program in the community; and
- Supporting independent living objectives, by identifying and addressing behaviors that interfere with seeking and maintaining housing and living independently.

IHBS are highly effective in preventing a child being removed from home (biological, foster, or adoptive) for admission to an inpatient hospital, residential treatment facility or other residential treatment setting.

Settings: IHBS may be provided in any setting where the child is naturally located, including the home (biological, foster, or adoptive), schools, recreational settings, child care centers, and other community settings. IHBS may not be provided to children/youth in group home settings except as specified in question and answer number 6 below.

Availability: IHBS are available wherever and whenever needed, including in evenings and on weekends.

Providers: IHBS are typically provided by paraprofessionals under clinical supervision. Peers, including parent partners, may provide IHBS. More complex cases may require service delivery by a clinician rather than a paraprofessional.

3. **Question: What services should newly identified subclass members receive?**

Answer: All children and youth in the subclass who are newly identified to the County MHPs shall be provided ICC and IHBS, as medically necessary.

4. **Question: When should we start identifying Katie A. Subclass members?**

Answer: Immediately.

5. **Question: If a Katie A. Subclass member no longer has an open child welfare case and subsequently does not meet Subclass eligibility criteria, is the child/youth still eligible to receive Intensive Care Coordination (ICC) and/or Intensive Home Based Services (IHBS)?**

Answer: No, ICC and IHBS are specifically designed for the intensive needs of Katie A. Subclass members. However, if the child/youth is still Medi-Cal eligible and meets medical necessity criteria, they would be eligible to receive other Specialty Mental Health Services such as Targeted Case Management (TCM) and Mental Health Services (MHS).

6. **Question: Can ICC and/or IHBS be delivered in a group home?**

Answer: ICC may be provided in a group home setting only for the purpose of coordinating placement of the child/youth on discharge from the group home during the 30 calendar day periods immediately prior to the day of discharge as part of discharge planning. (Please refer to pages 8 and 24-25 of the [Medi-Cal Manual](#).)

IHBS may not be provided to children/youth in group home settings except that IHBS may be provided outside of the group home setting during visits home (biological parents, relatives or foster parents) or visits to another community-based setting to facilitate a child/youth's transition to a permanent home environment. (Please refer to pages 13 and 27 of the [Medi-Cal Manual](#).)

7. **Question: Are there new documentation requirements for ICC and IHBS?**

Answer: The documentation requirements for ICC and IHBS are described in the [Medi-Cal Manual](#) on pages 8-9 and 11. These requirements are consistent with the Mental Health Plans' (MHPs) policies and procedures and the contract between the Department of Health Care Services and the MHPs. While the existing documentation requirements are applicable to ICC and IHBS, within the purview of these existing requirements, documentation must also reflect the presence of services or activities that occur during ICC and IHBS such as child and family teaming and the Core Practice Model (CPM) values.

8. **Question: Can a subclass member receive IHBS and Therapeutic Behavioral Services (TBS) at the same time?**

Answer: TBS may be part of the child/youth's course of treatment, but may not be provided during the same hours of the day that IHBS is provided to the child/youth. (For additional information on service limitations and lockouts, please refer to pages 14 and 27 of the [Medi-Cal Manual](#).)

9. Question: Is California Wraparound the same as IHBS?

Answer: No, Wraparound is an individualized, family centered, strength-based process that provides individualized services and support for children and their families. California Wraparound services may include activities which are not reimbursable under Medi-Cal. IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's successful functioning in the home and community. IHBS are Medi-Cal covered services. While IHBS may be provided as part of a California Wraparound process and the intent of California Wraparound and IHBS are consistent, California Wraparound can entail a broader range of activities that may not all be Medi-Cal reimbursable. (For a general description of IHBS, please refer to pages 12-13 of the [Medi-Cal Manual](#) and pages 27-28 of the [CPM Guide](#).)

10. Question: Has the State developed a screening tool to identify Subclass members that is required for all counties to use?

Answer: No. The State does not intend to develop a standardized screening tool that it will require counties to use.

11. Question: Who should receive the Core Practice Model (CPM)?

Answer: The CPM should be provided to any Katie A. class member. A youth is a class member if: 1) the youth is in foster care or is at imminent risk of foster care placement, 2) the youth has a mental illness or condition that has been documented or, if an assessment had been conducted, would have been documented, and 3) the youth needs individualized mental health services, including, but not limited to, professionally acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition. (Please refer to the [CPM Guide](#) and page 37 of the [Medi-Cal Manual](#).)

12. Question: Under what conditions could a probation youth receive ICC and IHBS services?

Answer: The State is currently exploring the issue of whether a youth under the jurisdiction of the county pursuant only to section 602 of the Welfare & Institutions Code (WIC) can be considered to be "in foster care" under the subclass definition. However, if a probation youth is also a dependent of the court under Section 300 of the WIC (i.e., dual jurisdiction), they meet Katie A. Subclass criteria as being "in foster care" and are eligible to receive ICC and IHBS services.