

### SERVICE COMPARISON - IHBS/TBS/WRAPAROUND

This matrix is designed to help distinguish between IHBS, MHS, TBS and Wraparound

	IHBS	MHS	TBS	WRAPAROUND
<b>Definition</b>	<p>Intensive Home Based Services (IHBS) are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). The Child and Family Team (CFT) participates in the development of the child's and 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.</p> <p>IHBS is provided to members of the Katie A. subclass as determined medically necessary.</p>	<p>Mental Health Services (MHS) are individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral.</p> <p>MHS are provided to Medi-Cal beneficiaries that meet medical necessity criteria for Specialty Mental Health Services (SMHS), and based on the beneficiary's need for MHS established by an assessment and documented in the client plan.</p>	<p>Therapeutic Behavioral Services (TBS) is a one-to-one, brief behavioral mental health service targeting 1-2 behaviors. TBS is available to children/youth with serious emotional challenges who are under age 21 and who have full scope Medi-Cal. TBS can help children/youth and parents/caregivers, foster parents, group home staff, and school staff learn ways of reducing and managing challenging behaviors as well as strategies and skills to increase the kinds of behavior that will allow children/youth to be successful in their current environment.</p> <p>TBS is designed to help children/youth and parents/caregivers (when available) manage these behaviors utilizing short-term, measurable goals based on the needs of the child/youth and family. TBS is never a stand-alone therapeutic intervention. It is used in conjunction with another SMHS. TBS is 1-1, short-term, intensive, behavioral intervention provided in the home, school or community.</p>	<p>Wraparound is a process that provides child and non-minor dependents with family-based service alternatives to group home care. Wraparound is a family-centered, strength-based, needs-driven planning process for creating individualized services and support for children, youth and their families that facilitates access to normalized and included community options, activities and opportunities.</p>
<b>Funding source</b>	<p>Medi-Cal (federal funds) County funds</p>	<p>Medi-Cal (federal funds) County funds</p>	<p>Medi-Cal (federal funds) County funds</p>	<p>County funds Medi-Cal funds (for eligible services) Non-Federal Assistance Payment Adoption Assistance Payment (federal and non-federal) Mental Health Services Act/Full Service Partnership</p>
<b>Eligibility Criteria</b>	<p>Katie A. Subclass eligibility criteria:</p> <p>Full-scope Medi-Cal eligible children and youth (up to age 21) who have:</p> <ul style="list-style-type: none"> <li>An open child welfare services case; and</li> <li>Meet the medical necessity criteria for SMHS as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.</li> </ul> <p>AND meet either of the following criteria:</p> <ul style="list-style-type: none"> <li>Currently in or being considered for: wraparound, therapeutic foster care, specialized care rate due to behavioral health needs or other intensive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, including, but not limited to therapeutic behavioral services, or crisis stabilization/intervention; or</li> <li>Currently in or being considered for group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility; or has experienced three or more placements within 24 months due to behavioral health needs.</li> </ul>	<p>MHS eligibility criteria:</p> <p>Medi-Cal eligible children and youth (up to age 21) who:</p> <ul style="list-style-type: none"> <li>Meet the medical necessity criteria for SMHS as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.</li> </ul>	<p>TBS eligibility criteria:</p> <ol style="list-style-type: none"> <li>Must be full-scope Medi-Cal beneficiary (up to age 21) and</li> <li>Meet the medical necessity criteria for SMHS as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.</li> </ol> <p>AND</p> <p>Once the above criteria is met, the Mental Health Plan (MHP) then determines the need for TBS based upon the following criteria:</p> <ol style="list-style-type: none"> <li>The child/youth is receiving other SMHS; and</li> <li>The clinical judgment of the mental health provider indicates that it is highly likely that without the additional short-term support of TBS that:             <ol style="list-style-type: none"> <li>The child/youth will need to be placed out-of-home, or into a higher level of residential care, including acute care, because of the child/youth's behaviors or symptoms which jeopardize continued placement in the current facility: "acute care" includes acute psychiatric hospital inpatient services, psychiatric health facility services, and crisis residential treatment services or;</li> <li>The child/youth needs this additional support to transition to a home or foster home or lower level of residential placement. Although the child/youth may be stable in the current placement, a change in behavior or symptoms is expected and TBS are needed to stabilize the child/youth in the environment. The MHP or its provider must document the basis for the expectation that the behavior or symptoms will change.</li> </ol> </li> </ol>	<p>A child/youth or non-minor dependent as described in the Welfare and Institutions Code (W&amp;I Code), Section 11400, Subdivision (v), who is any of the following:</p> <ol style="list-style-type: none"> <li>A child/youth or non-minor dependent who has been adjudicated as either a dependent, transition dependent, or ward of the Juvenile Court pursuant to W&amp;I Code, Sections 300, 450, 601, or 602 and who would be placed in a group home licensed by the California Department of Social Services (CDSS) at a rate classification level (RCL) of 10 or higher.</li> <li>A child/youth or non-minor dependent who is currently, or who would be, placed in a group home licensed by CDSS at a RCL of 10 or higher.</li> <li>A child/youth who is eligible for adoption assistance program when the responsible public agency has approved the provision of Wraparound services in lieu of out-of-home placement at a RCL of 10 or higher.</li> </ol>

	IHBS	MHS	TBS	WRAPAROUND
Service Distinctions	<p>These services:</p> <ul style="list-style-type: none"> <li>• Are intensive</li> <li>• Are conducted using the Core Practice Model (CPM)</li> <li>• Must be provided in conjunction with Intensive Care Coordination (ICC) and involve a Child and Family Team (CFT)</li> <li>• Are provided in the home or home-like setting, community or school</li> <li>• Are claimed to Short-Doyle/Medi-Cal with procedure code (H2015) with modifier (HK), mode (15) and service function code (57)</li> <li>• Are reimbursed at the same rate as MHS</li> </ul>	<p>These services:</p> <ul style="list-style-type: none"> <li>• Are claimed to Short-Doyle/Medi-Cal with procedure code (H2015), except as described in DMH Information Notices #11-06 and #10-23, mode 15 and with one of the following service function codes: 10-19, 30-56 or 59</li> <li>• Are reimbursed at the same rate as IHBS</li> </ul>	<p>These services:</p> <ul style="list-style-type: none"> <li>• Are brief</li> <li>• Are specific to the child/youth's mental health needs</li> <li>• Targets one or more behaviors</li> <li>• Are claimed to Short-Doyle/Medi-Cal with procedure code (H2019), mode (15) and service function code (58)</li> <li>• Are reimbursed at the same rate as MHS</li> </ul>	<p>These services do not require a medical diagnosis in order to provide strength based and individualized services and supports to the child/youth, non-minor dependent, and family. Wraparound services may include "outside of the box" services and supports.</p> <p>IHBS and TBS may be provided within Wraparound and can be claimed to Medi-Cal if all service components and requirements are met.</p>
Service Settings	<p>Services:</p> <ul style="list-style-type: none"> <li>• May be provided in <u>any setting where the child/youth is naturally located</u>, including the home (biological, foster or adoptive), schools, recreational settings, child care centers, and other community settings</li> <li>• May not be provided to child/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</li> <li>• Are <u>available whenever needed</u> including weekends and evenings</li> </ul>	<p>Services:</p> <ul style="list-style-type: none"> <li>• May be either face-to-face or by telephone with the beneficiary or significant support persons and may be provided anywhere in the community as set forth in CCR, Title 9, Section 1840.324</li> </ul>	<p>Services:</p> <ul style="list-style-type: none"> <li>• Are provided in those settings where behaviors are problematic (family, foster homes, schools or community settings)</li> <li>• Are <u>available whenever needed</u> including weekends and evenings</li> </ul>	<p>Wraparound services are provided at the setting and time determined by the child, non-minor dependent, family and CFT.</p>

## SERVICE COMPARISON – ICC/TCM/WRAPAROUND

This matrix is designed to help distinguish between ICC, TCM and Wraparound

	ICC	TCM	WRAPAROUND
<b>Definition</b>	<p>Intensive Care Coordination (ICC) is a targeted case management service that facilitates assessment of, care planning for and coordination of services, including urgent services for members of the Katie A. subclass. ICC services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). ICC must be used to facilitate implementation of the cross-system/multi-agency collaborative services approach described in the CPM. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition.</p> <p>ICC services must be provided to all members of the Katie A. subclass.</p> <p>The CFT is comprised of the child/youth and family and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. There must be an ICC coordinator who:</p> <ul style="list-style-type: none"> <li>• Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;</li> <li>• Facilitates a collaborative relationship among the child/youth, his/her family and involved child-serving systems;</li> <li>• Supports the parent/caregiver in meeting their child/youth's needs;</li> <li>• Helps establish the CFT and provides ongoing support; and</li> <li>• Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community.</li> </ul>	<p>Targeted Case Management (TCM) means services that assist a beneficiary to access needed medical, alcohol and drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities include (dependent upon the practitioner's judgment regarding the activities needed to assess and/or treat the beneficiary): communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.</p> <p>TCM services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, alcohol and drug treatment, social, educational and other services.</p>	<p>Wraparound is a process that provides child and non-minor dependents with family-based service alternatives to group home care. Wraparound is a family-centered, strengths-based, needs, driven planning process for creating individualized services and support for children, youth and their families that facilitate access to normalized and included community options, activities and opportunities.</p>
<b>Funding source</b>	<p>Medi-Cal (federal funds) County funds</p>	<p>Medi-Cal (federal funds) County funds</p>	<p>County Funds Medi-Cal funds (for eligible services) Non-Federal Assistance Payment Adoption Assistance Payment (federal and non-federal) Mental Health Services Act/Full Service Partnership</p>
<b>Eligibility Criteria</b>	<p>Katie A. Subclass eligibility criteria:</p> <p>Full-scope Medi-Cal eligible children and youth (up to age 21) who have:</p> <ul style="list-style-type: none"> <li>• An open child welfare services case; and</li> <li>• Meet the medical necessity criteria for SMHS as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.</li> </ul> <p>AND meet either of the following criteria:</p> <ul style="list-style-type: none"> <li>• Currently in or being considered for: wraparound, therapeutic foster care, specialized care rate due to behavioral health needs or other intensive EPSDT services, including but not limited to therapeutic behavioral services, or crisis stabilization/intervention; or</li> <li>• Currently in or being considered for group home (RCL 10 or above), a psychiatric hospital or 24 hour mental health treatment facility; or has experienced three or more placements within 24 months due to behavioral health needs.</li> </ul>	<p>Medi-Cal eligible beneficiaries who meet the medical necessity criteria for SMHS as set forth in CCR, Title 9, Section 1830.205 or 1830.210.</p>	<p>A child/youth or non-minor dependent as described in Welfare &amp; Institutions Code (W&amp;I Code), Section 11400, Subdivision (v), who is any of the following:</p> <p>(a) A child/youth or non-minor dependent who has been adjudicated as either a dependent, transition dependent, or ward of the Juvenile Court pursuant to W&amp;I Code, Sections 300, 450, 601, or 602 and who would be placed in a group home licensed by CDSS at a rate classification level (RCL) of 10 or higher.</p> <p>(b) A child/youth or non-minor dependent who is currently, or who would be, placed in a group home licensed by CDSS at a RCL of 10 or higher.</p> <p>(c) A child/youth who is eligible for adoption assistance program when the responsible public agency has approved the provision of Wraparound services in lieu of out-of-home placement at a RCL of 10 or higher.</p>

	ICC	TCM	WRAPAROUND
Service Distinctions	<p>These services:</p> <ul style="list-style-type: none"> <li>• Are conducted using the CPM</li> <li>• Involve a Child and Family Team</li> <li>• Are claimed to Short-Doyle/Medi-Cal with procedure code (T1017), modifier (HK) and mode 15, service function code (07)</li> <li>• Are reimbursed at the same rate as TCM services</li> </ul>	Does not require a Child and Family Team	<p>These services do not require a medical diagnosis in order to provide strength based and individualized services and supports to the child/youth, non-minor dependent, and family. Wraparound services may include "outside of the box" services and supports.</p> <p>ICC and TCM may be provided within Wraparound and can be claimed to Medi-Cal if all service components and requirements are met.</p>
Service Settings	<p>ICC may be provided to children/youth living and receiving services in the community as well as children who are currently in the hospital, group home, or other congregate or institutional placement.</p> <p>When ICC is provided in a hospital, group home, psychiatric health facility, community treatment facility, group home or psychiatric nursing facility, it may be provided solely for the purpose of coordinating placement of the child/youth on discharge from those facilities and may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility as part of discharge planning.</p>	<p>TCM may be provided face-to-face, by telephone, or by telemedicine with the beneficiary or significant support person and may be provided anywhere in the community.</p> <p>TCM services are not reimbursable on days when psychiatric inpatient hospital services; psychiatric health facility services or psychiatric nursing facility services are reimbursed, except for the day of admission to these services or for the purpose of coordinating placement of the beneficiary during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility.</p> <p>Reimbursement for Targeted Case Management will be made only to providers in the community and not to institutions.</p>	Wraparound services are provided at the setting and time determined by the child, non-minor dependent, family and CFT.