7.2.11. CONTINUUM OF CARE-INTENSIVE SERVICES FOR CHILDREN AND YOUTH

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References: Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Foster Care (TFC), 3rd Edition; Department of Health Care Services Mental Health-Substance Use Disorders Services (DHCS MH-SUDS) Information Notice No: 21-073; DHCS MH-SUDS Information Notice No: 18-048; DHCS MH-SUDS Information Notice No: 17-055; DHCS MH-SUDS Information Notice No: 16-061; DHCS MH-SUDS Information Notice No: 16-049; DHCS MH-SUDS Information Notice No: 16-004; DHCS MH-SUDS Information Notice No: 13-11

Policy Owner: Behavioral Health Division – Quality Assessment and Performance Improvement (QAPI), Quality Assurance (QA) Manager

Director Signature: **Signature on File**

I. Policy Statement

As the Mental Health Plan (MHP) for Sonoma County's Department of Health Services-Behavioral Health Division (DHS-BHD), has an affirmative responsibility to determine if youth who meet medical necessity criteria for Specialty Mental Health Services (SMHS), also meet criteria for ICC, IHBS and TFC. Therefore, all youth open to the MHP for SMHS shall be assessed for ICC, IHBS and TFC services and appropriate care will be provided to all youth who meet the criteria for those services, including those youth who are members of the Katie A. Subclass.

II. Scope

This policy applies to all Sonoma County DHS-BHD Covered Persons who are responsible for conducting youth assessments, making service determinations, and coordinating care for youth who are Medi-Cal beneficiaries and require SMHS.

III. Definitions

A. Intensive Care Coordination (ICC): ICC is a targeted case management service that facilitates the assessment of care planning for coordination of services, including urgent services for qualifying youth, including 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 service components include assessing, service planning and implementation, monitoring and adapting, and transitioning. ICC services will be provided to all members of Katie A. Subclass and all youth meeting SMHS medical necessity requirements who are assessed as needing ICC, based on the ICC/IHBS Child/Youth and Adolescent Needs Strengths (CANS) Assessment and Mental Health Decision Model Algorithm.

B. Intensive Home-Based Services (IHBS): IHBS are intensive, individualized and strength-based, needs-driven, intervention activities that support the engagement and participation of the youth and their significant support persons, to help the child/youth develop skills and achieve the goals and objectives of the plan. IHBS includes but is not limited to; medically necessary skill-based interventions for the remediation of behaviors or improvement of symptoms; development of functional skills to improve self-care, self-regulations, or other functional impairments; development of skills or replacement behaviors.

C. Therapeutic Foster Care (TFC): The TFC service model allows for the provision of certain SMHS activities (plan development, rehabilitation, and collateral) available under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit as a home-based alternative to high level care in institutional settings such as group homes and an alternative to Short-Term Residential Therapeutic Programs (STRTPs). These SMHS under EPSDT are available to youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised, and supported TFC parents.

D. Katie A. Subclass

1. Meet all the following three criteria:

    a. Be under age 21 and have "full-scope" Medi-Cal eligibility;

    b. Meet medical necessity criteria (as specified in California Code of Regulations);

    c. Have an open youth welfare case. An open youth welfare case is defined as any of the following:

        i. Youth is in foster care;

ii. Youth has a family maintenance case (pre or post, returning home, in foster, or relative placement); including both court ordered and by voluntary agreement. It does not include cases in which only emergency response referrals are made, and;

2. Meet either "a" or "b" below:

a. Currently in or being considered for:

i. Wraparound services;

ii. Therapeutic Foster Care (TFC);

iii. Therapeutic Behavioral Services (TBS);

iv. Crisis Stabilization;

v. Crisis Intervention or other equally intensive services, or;

b. Has been assigned a specialized care rate due to behavioral needs; or is currently in, or being considered for:

i. A foster care group home (Rate Classification Level (RCL) 10 or above), or STRTP;

ii. A psychiatric hospital;

iii. 24-hour mental health treatment facility, or;

iv. Has experienced their third placement within 24 months due to behavioral health needs.

E. Youth: Includes individuals under the age of 21, non-minor dependents and non-minor former dependents.

IV. Policy

A. It is the policy of the Sonoma County DHS-BHD to provide EPSDT services to beneficiaries under the age of 21, who are eligible for the full scope of Medicaid services and meet medical necessity criteria for SMH.

B. DHS-BHD provides ICC, IHBS and TFC through the EPSDT benefit to all youth who:

1. Are under the age of 21;

2. Are eligible for full scope Medi-Cal;

3. Meet medical necessity criteria for specialty mental health services, and;

4. Demonstrate the need for this subset of EPSDT services based on the outcome of the CANS Assessment and Mental Health Decision Model Algorithm.

C. DHS-BHD YFS staff will provide ICC, IHBS, and coordinate TFC services for Katie A. Subclass members and other qualifying youth, as appropriate.

D. Membership in the Katie A. Subclass is not a prerequisite to receiving ICC, IHBS and TFC. However, it is expected that Katie A. Subclass members will receive ICC, IHBS and/or TFC when medically necessary.

E. When providing ICC, IHBS, and/or TFC services, clinical staff shall use the practices and principles of the CPM approach.

F. ICC, IHBS, and TFC services are voluntary and can be declined by youth or their legal guardians at any time.

V. Procedures

A. To determine medical necessity for SMHS, including ICC, IHBS, and TFC, DHS-BHD YFS staff will administer the CANS Assessment and Mental Health Decision Model Algorithm:

1. The CANS Assessment and Mental Health Decision Model Algorithm. will be used with all youth from age 0 through age 20.

B. To determine eligibility for EPSDT services, including ICC, IHBS and TFC, DHS-BHD YFS staff, or organizational providers will:

1. Administer the initial and the reassessment, including the CANS Assessment and Mental Health Decision Model Algorithm, to determine eligibility for SMHS through DHS-BHD.

C. Assessment for ICC, IHBS, and TFC will be conducted for all youth at intake and every 6 months thereafter.

D. Based on the CANS Assessment and Mental Health Decision Model Algorithm. results, make individualized determinations for each youth's need for ICC, IHBS, and TFC:

1. If the youth meets the criteria for ICC, IHBS, or TFC services, make the appropriate referral and coordinate care with HSD as necessary. (See "Circumstances in which TFC should be Considered" in the TFC service definition below for more detailed guidance.)

E. Recommendations for, and referral to TFC, will be made at weekly care coordination meetings between DHS-BHD/organizational providers, CWS, and Juvenile Probation.

F. CWS and other entities have an affirmative responsibility to ensure that all youth in their care are assessed for mental health services using the CANS Assessment and Mental Health Decision Model Algorithm.

G. All youth that have an open case with CWS or Juvenile Probation will be assessed for mental health needs at intake and every 6 months thereafter.

H. When appropriate, the CWS and/or Juvenile Probation will refer youth in need of mental health services to the DHS-BHD liaison.

I. The DHS-BHD will liaison and conduct a comprehensive mental health assessment to establish medical necessity, and completion of the CANS Assessment and Mental Health Decision Model Algorithm.

    1. The CFT :

        a. For eligible youth to receive ICC, IHBS and TFC services there must exist a CFT;

        b. The CFT works together to identify the youth’s and family's strengths and underlying needs;

        c. The CFT also informs the CANS Assessment and Mental Health Decision Model Algorithm., which must be conducted prior to completion of the family case plan;

        d. The CANS Assessment and Mental Health Decision Model Algorithm. results will be shared with the CFT members to support case planning and care coordination.

    2. CFT Meetings:

        a. It is the responsibly of CWS, Juvenile Probation, or DHS-BHD to convene the CFT meeting;

        b. If the youth and family already have an established CFT through another entity, the indicated entities will support the existing CFT process;

        c. CFT meetings are coordinated at intake and for youth receiving SMHS;

        d. CFT meetings must occur at least every **90 days** thereafter;

        e. It is only a CFT meeting if decisions about goals and strategies to achieve them are made with involvement of the youth and family members;

f. The assigned SMHS clinician (DHS-BHD and/or contract agency staff) will participate in the CFT and will hold the role of ICC Coordinator to ensure that youth's identified services and activities are progressing appropriately.

3. ICC Coordinator Responsibilities:

   a. Ensures that medically necessary services are accessed, coordinated, and delivered in a strengths-based, individualized, family/youth driven, culturally-linguistically competent manner and that services are supported and guided by the needs of the youth;

   b. Facilitates a collaborative relationship among the youth, their family, and involved youth-serving systems;

   c. Supports the parent/caregiver in meeting their youth's needs;

   d. Helps establish the CFT and provide ongoing support;

   e. Helps organize and match care across providers and youth servicing systems to allow the youth to be served in their community.

4. ICC Service Settings:

   a. ICC services may be provided to youth living and receiving services in the community as well as youth who are currently in a hospital, group home, STRTP, or other congregate or institutional placement;

   b. When ICC is provided in a hospital, psychiatric health facility, community treatment facility, psychiatric nursing facility, it may be provided solely for the purpose of coordinating placement of the youth on discharge for those facilities and may be provided during the 30 calendar days immediately prior to the day of discharge;

   c. This can be done for a maximum of 3 (three) nonconsecutive periods of 30 calendar days or less, per continuous stay in the facility as part of discharge planning.

5. ICC Service Distinctions:

   a. Services are conducted using CPM;

   b. Involve CFT ;

   c. Are claimed to Short Doyle Medi-Cal.

6. IHBS Service Settings:

a. IHBS may be provided in any setting where the youth is located, including the home (biological, foster, or adoptive), school, STRTP, recreational setting or other community settings;

b. IHBS services are available whenever needed, including weekends and evenings;

c. IHBS will be provided to all youth meeting SMHS medical necessity requirements who are assessed as needing IHBS based on the CANS Assessment and Mental Health Decision Model Algorithm.

7. IHBS Service Distinctions:

   a. Are intensive;

   b. Are conducted using CMP;

   c. Must be in conjunction with ICC and involve CFT;

   d. Are provided in the home or home-like setting, community, or school;

   e. Are claimed to Short Doyle Medi-Cal.

8. TFC:

   a. The TFC service model allows for the provision of short-term, intensive, highly coordinated, trauma informed and individualized SMHS activities (plan development, rehabilitation, and collateral), to children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised and supported TFC parents;

   b. The TFC parent serves as a key participant in the therapeutic treatment process of the youth;

   c. The TFC parent will provide trauma informed interventions that are medically necessary for the youth;

   d. TFC is intended for youth who require intensive and frequent mental health support in a family environment;

   e. The TFC service model allows for the provision of certain SMHS activities (plan development, rehabilitation, and collateral) available under the EPSDT benefit as a home-based alternative to high level care in institutional settings such as group homes and an alternative to STRTPs;

   f. TFC should not be the only SMHS that a youth receives. Youth receiving TFC must be receiving ICC and other medically necessary SMHS;

g. Like ICC and IHBS, there must be a CFT in place to guide and plan TFC service provision.

9. Circumstances in Which TFC Should be Considered:

   a. The following are the circumstances in which TFC may be appropriate to address the youth's mental health needs. These indicators of need are not requirements or conditions, but are provided as guidance to assist counties in identifying youth who may need TFC:

      i. The youth is at risk of losing their placement and/or being removed from their home because of the caregiver's inability to meet the youth's mental health needs and, either:

         (1) There is recent history of services and treatment (for example, ICC and IHBS) that have proven insufficient to meet the youth's mental health needs and the youth is immediately at risk of residential, inpatient or institutional care or;

         (2) In cases when the youth is transitioning from a residential, inpatient, or institutional setting to a community setting and ICC, IHBS, and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the youth, or support effective rehabilitation.

10. Role of the TFC Agency:

   a. The TFC Agency is responsible for ensuring that the TFC parent meets both Resource Family Approval (RFA) program standards and the required qualifications as a TFC parent;

   b. The TFC parent will work under the supervision of the TFC Agency, and under the direction of a Licensed Mental Health Professional (LMHP), or a Waivered or Registered Mental Health Professional (WRMHP) employed by the TFC agency;

   c. The LMHP/WRMHP will provide direction to the TFC parent and ensure the TFC parent follows the client plan;

   d. The TFC Agency's LMHP/WRMHP assumes ultimate responsibility for directing the interventions provided by the TFC parent and ensuring that the TFC parent follows the client plan;

   e. The TFC Agency will provide oversight of a network of TFC parents.

VI. Forms

A. Child and Adolescent Needs and Strengths Assessment
B. Child and Adolescent Needs and Strengths (CANS): Mental Health Decision Model/Algorithm

VII. Attachments

None