



Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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NEW REQUIREMENTS FOR INTENSIVE CARE COORDINATION (ICC), INTENSIVE HOME BASED SERVICES (IHBS), THERAPEUTIC BEHAVIORAL SERVICES (TBS) AND THERAPEUTIC FOSTER CARE (TFC) SERVICES

This Bulletin notifies all DMH directly-operated and contracted providers that effective October 1, 2020, they are expected to be able to provide Intensive Care Coordination (ICC) services to all eligible EPSDT clients in accord with a corrective action plan established between the State Department of Health Care Services (DHCS) and the County. Additionally, per DHCS Information Notice 19-026, prior authorization will be required in order to provide Intensive Home Based Services (IHBS), Therapeutic Behavioral Services (TBS) and Therapeutic Foster Care (TFC).

Intensive Care Coordination (ICC)

Per QA Bulletin 17-04, eligibility for ICC services was expanded to all EPSDT eligible clients. Previously, ICC was only available to EPSDT eligible clients with an open child welfare case. At the time of expansion, DMH added ICC to all funded programs and required providers to be specifically trained in ICC in order to provide it.

Effective October 1, 2020, all directly-operated and contracted providers certified to provide Targeted Case Management (TCM) must be able to provide ICC to any EPSDT eligible child/youth for whom it is determined that ICC is medically necessary. In an effort to assist practitioners with being trained in ICC and in determining client eligibility, the QA Unit developed an ICC training video module and an ICC Eligibility Form. All providers are encouraged to review the on-line training prior to providing ICC services. The training can be found at: <https://dmh.lacounty.gov/qa/qa-training/>.

The ICC Eligibility Form must be completed prior to developing the Client Treatment Plan (initially and annually) for clients under the age of 21 and any time the Client Treatment Plan is being considered for updates based on significant changes in the client's condition or status (e.g., becomes involved in another child serving system) (Clinical Forms Bulletin 20-04). For existing clients as of October 1, 2020, whether or not they are currently receiving ICC, the ICC Eligibility Form should be completed when the next Client Treatment Plan comes due or within three months of October 1 (i.e. January 1, 2021), whichever is sooner.

Providers may not have a policy to refer all clients out who need ICC. However, if the client is in need of an intensive program (e.g., Full Service Partnership or Wraparound), the client may be referred to the program and receive ICC services there.

Note: For Contracted providers, LACDMH will be updating TCM Service Exhibits to include ICC services effective October 1, 2020.

Intensive Home Based Services (IHBS), Therapeutic Behavioral Services (TBS) & Therapeutic Foster Care (TFC)

Effective October 1, 2020, prior authorization is required for IHBS, TBS & TFC to ensure that all medically necessary covered Specialty Mental Health Services are sufficient in amount, duration, and scope to reasonably achieve the purpose for which the services are furnished in accord with new Department of Health Care Services (DHCS) requirements referenced in DHCS Information Notice 19-026. Please note that pre-authorization for a service is separate and distinct from program approval for an intensive program (e.g. Full Service Partnership or Wraparound). Pre-authorization is required even if the program approval has been obtained. Providers must not avoid providing IHBS, TBS and/or TFC services simply to evade the prior authorization process. Prior to service delivery, providers must request authorization by submitting the following documents:

1. Supplemental assessment form indicating the clinical need for the service and signed by an Authorized Mental Health Discipline (refer to Clinical Forms Bulletin 20-04);
2. Initial Full Assessment and any more recent assessments;
3. Current Client Treatment Plan which must include the proposed interventions for IHBS/TBS/TFC.

Note: The requirement to submit the Child and Adolescent Needs and Strengths (CANS) and the ICC Eligibility Form has been removed.

For subsequent authorization requests, the following documents must be submitted:

1. New supplemental assessment form indicating the current clinical need for the service and signed by an Authorized Mental Health Discipline (refer to Clinical Forms Bulletin 20-04);
2. Initial Full Assessment (if not previously submitted) and any recent assessments since the original authorization request submission;
3. Current Client Treatment Plan which must include any new/updated proposed interventions for IHBS/TBS/TFC.

Note: An authorization is valid for any IHBS/TBS/TFC services within a Legal Entity for a given Funding Source. A subsequent authorization request must be submitted when (1) an authorization expires and the client continues to need the service, (2) the client switches to a new Funding Source, or (3) a different Legal Entity will be providing the IHBS/TBS/TFC services. A subsequent authorization is NOT needed when a client moves between provider/service locations within a Legal Entity.

For Contracted providers, the documents must be submitted via the Provider Connect module of the Integrated Behavioral Health Information System (IBHIS). For Directly-Operated providers, the documents must be submitted via secure email to the CCR Division (ChildWelfareAuth@dmh.lacounty.gov).

Training on Provider Connect for Contracted providers will be available for providers of TBS, IHBS, and TFC on September 22, 2020 from 1:30-3:00 ([click here to access the training on September 22](#)). This training will include how to utilize Provider Connect to submit a request for pre-authorization for these services as well as instructions on getting access to Provider Connect. The training will be recorded and posted online at: <https://dmh.lacounty.gov/pc/cp/provider-connect/>. In preparation, providers may access the forms to request Provider Connect access at: http://file.lacounty.gov/SDSInter/dmh/1076333_CNumberRequestPacket.pdf. On the Application Access form, select Provider Connect and ensure to complete the forms completely and email the forms to systemsaccessunit@dmh.lacounty.gov. The subject line of the email should include the applicant's name.

Once the pre-authorization request is submitted, LACDMH will approve or deny the request within five (5) business days. If a provider determines, as indicated on the supplemental assessment form, that the standard timeframe could seriously jeopardize the client's life or health or ability to attain, maintain, or regain maximum functioning, LACDMH will make an expedited authorization decision within 72 hours. Once pre-authorized, services shall be authorized for a 6-month period or 9,999 minutes, whichever comes first. Please note TBS Providers are no longer required to review TBS services every 3 months. Providers must submit an additional request for authorization prior to the end of the pre-authorized period if the client is to continue with services.

In order to ensure clients who are currently receiving these services continue to receive them as appropriate, there will be a seven month grace period (10/1/20 – 4/30/21) to allow providers to fully implement the pre-authorization process. Providers should begin submitting pre-authorization requests as soon as possible. LACDMH recognizes it may take time to submit requests for all clients receiving these services. For existing clients receiving IHBS and TBS, the authorization unit will ensure services from October 1, 2020 until the date the request is received were appropriate then pre-authorize services going forward if warranted. The Department will be monitoring IHBS, TBS and TFC claims to ensure a pre-authorization is in place. If a pre-authorization is not in place, DMH will work with the provider to submit a request. Any claims for IHBS, TBS or TFC with dates of service on or after May 1, 2021 without pre-authorization will be denied.

Note: The grace period was originally 90 days (12/31/20) and has been extended to 7 months (4/30/21).

The Organizational Provider's Manual and Departmental Policy will be as soon as possible to reflect these changes. A QA Bulletin will be issued shortly announcing the changes to the Manual.

If directly-operated or contracted providers have any questions related to this Bulletin, please contact the QA Unit at QualityAssurance@dmh.lacounty.gov.

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