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# Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health

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## INTENSIVE CARE COORDINATION (ICC) and INTENSIVE HOME BASED SERVICES (IHBS)

In the Katie A. v. Bonta lawsuit settlement agreement, the California Department of Health Care Services (DHCS) identified three covered Specialty Mental Health Services for children/youth who are members of a class of children called the "Katie A. Subclass": Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). *Note: As of the date of this Bulletin, TFC has not been defined by DHCS.*

The Katie A. Subclass members are full-scope Medi-Cal eligible children/youth up to age 21 who:

1. Have an open child welfare services case;
2. Meet the medical necessity criteria for Specialty Mental Health Services; **AND**
- 3a. Are currently in or being considered for wraparound, TFC, specialized care rate due to behavioral health needs or other intensive EPSDT services, including but not limited to TBS or crisis stabilization/interventions **OR**
- 3b. Are 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.

All children/youth meeting the Katie A. Subclass criteria are eligible for ICC, claimed using T1017HK. ICC services are similar to traditional Targeted Case Management (TCM) but must utilize a Child and Family Team (CFT) to develop and guide the planning and service delivery process for ICC services and incorporate the Core Practice Model (CPM). ICC services are reimbursed at the same rate as TCM services. All activities claimed under ICC should be for the purpose of coordinating the child/youth's services with members of the CFT. ICC incorporates the same service components of TCM including assessment of need, service planning and implementation (plan development), monitoring and adapting, and transition. Services may include:

- Assessing the child/youth and family's needs and strengths;
- Identifying interventions/course of action targeted at the client's and family's assessed needs;
- Assessing the adequacy and availability of formal and informal resources and supports;
- Reviewing information from family and other sources;
- Evaluating effectiveness of previous interventions and activities.

*Note: Similar to TCM, ICC assessment and plan development services must address the child/youth's mental health need(s) through the coordination of care with providers not primarily associated with mental health services such as the Department of Children and Family Services and schools (although the client, collateral and mental health providers may also be present). Therefore, assessment and plan development as defined under TCM/ICC are not the same as assessment and plan development as defined under Mental Health Services (MHS). A QA Bulletin will be issued regarding the difference in Plan Development under MHS, TCM and MSS.*

Children/youth meeting the Katie A. Subclass criteria are also eligible for IHBS, claimed using H2015HK, provided that the child/youth is determined to be in need of the service. Katie A. Subclass children/youth will not automatically receive IHBS. IHBS are similar to traditional individual rehabilitation and collateral Mental Health Services but must be delivered at a significant intensity to meet the mental health needs of the child/youth, be predominantly delivered outside of an office setting (e.g. in the home, school or community), and incorporate the principles of the Core Practice Model. IHBS are reimbursed at the same rate as Mental Health Services. IHBS are intensive, individualized and strength-based interventions to assist the child/youth and his/her significant support persons to develop skills to achieve the goals and objectives of the child/youth's treatment plan. Services may include:

- Development of functional skills to improve self-care, self-regulation or other functional impairments by decreasing or replacing non-functional behavior;
- Implementation of a positive behavioral plan and/or modeling interventions for the child/youth's significant support persons and assisting them to implement strategies;
- Improvement of self-management of symptoms;
- Education of the child/youth and/or the child/youth's significant support persons on how to manage the child/youth's mental health disorder;
- Teaching skills or replacement behaviors that allow the child/youth to fully participate in the CFT and other community activities.

*Note: IHBS only includes Individual Rehabilitation and Collateral services. Mental Health Services other than Individual Rehabilitation and Collateral will be claimed separately from IHBS.*

For additional information regarding ICC and IHBS see the "[Medi-Cal Manual for Intensive Care Coordination \(ICC\), Intensive Home Based Services \(IHBS\) & Therapeutic Foster Care \(TFC\) for Katie A. Subclass Members](#)". For additional information regarding the Core Practice Model, see the "[Pathways to Mental Health Services – Core Practice Model \(CPM\) Guide](#)".

The Los Angeles County Department of Mental Health (LAC-DMH) has now included ICC and IHBS in the Guide to Procedure Codes for use by Wraparound, Intensive Field Capable Clinical Service (IFCCS) and Treatment Foster Care programs. The codes are available for use for any date of service on or after January 1, 2013. These programs must ensure the service meets the requirements of the DHCS Medi-Cal manual on ICC and IHBS. At this time, only Wraparound, Intensive Field Capable Clinical Service (IFCCS) and Treatment Foster Care programs may utilize the ICC and IHBS codes. Agencies not part of these programs and serving a Katie A. Subclass child/youth, should continue providing other needed Specialty Mental Health Services.

The QA Division is in the process of updating the Guide to Procedure Codes for Claiming Mental Health Services to reflect this change. The updated Guide should be available by July 1, 2013.

If Contract or Directly-Operated agencies have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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