PDF (B) SMC ICC Eligibility Screening Form 9.20....

Background

As a result of the Settlement Agreement in Katie A. v. Bontá (2002), the State of California agreed to take a series of actions that transformed the way California children and youth who are in foster care, or who are at imminent risk of foster care placement, receive access to mental health services. The settlement specifically changed the way a defined group of children and youth with the most intensive needs, referred to as “Katie A. subclass members”, are assessed for mental health services. What this means today is that Intensive Care Coordination (ICC) services must be provided to all children and youth who meet medical necessity criteria for those services.

At DCYHC we're going to be cute and use the nickname "Katie A" to provide clarity when we are referring to these services. Also, acronyms are confusing and they suck.

Eligibility

ICC is provided through the EPSDT benefit to all children and youth who:

- Are under the age of 21;
- Are eligible for the full scope of Medi-Cal services; and
- Meet medical necessity criteria for SMHS.

ICC is intended to link beneficiaries to services provided by other child-serving systems; to facilitate teaming; and to coordinate mental health care. If a beneficiary is involved with two or more child-serving systems, the child should be getting ICC, and the MHP should utilize ICC to facilitate cross-system communication and planning. Children and youth receiving SMHS, who also are involved with the child welfare system, special education, juvenile probation, drug and alcohol, and other health and human services agencies or legal systems, should have improved outcomes from receiving ICC. These examples illustrate various child serving agencies that may be involved in a child’s or youth’s care, and result in a need for ICC, but are not an exhaustive list.

Eligibility Process

Mental health providers must make individualized determinations of each child's/'youth's need for ICC, based on the child's/youth's strengths and needs. These services are appropriate for children and youth with more intensive needs who are in, or at risk of, placement in residential or hospital settings, but could be effectively served in the home and community.

BHRS has developed the "ICC Eligibility Tool" to support staff in making determination of if children and youth who meet medical necessity criteria need ICC.

The ICC Eligibility Tool is required to be used for all beneficiaries 20 years old and under upon admission, and every 6 months thereafter and at discharge for as long as the beneficiary in under 21 years old. The Eligibility Tool should also be completed whenever there is a clinically significant change for beneficiaries 20 years of age and younger.

You must complete the ICC Eligibility Tool:

And whenever there is a clinically significant change.

*Must be completed within approximately 60 days of admission.

INTENSIVE CARE COORDINATION (ICC) SERVICES

ICC is a targeted case management service that facilitates assessment of care planning for, and coordination of services to beneficiaries under 21 who are eligible for full-scope

Medi-Cal services and who meet medical necessity criteria for these services. ICC service components include assessing, service planning and implementation, monitoring and adapting, and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a child, their family, and involved child-serving systems. Intensive Care Coordination (ICC) Child Family Team Meeting (CFT). ICC is a specialty mental health service covered as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.

The CFT is comprised of, 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 and all ancillary beneficiaries who work together to develop and implement the beneficiary plan and are responsible for supporting the child and family in attaining their goals. CFTs are supported by an ICC coordinator who:

- Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/child driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child;
- Facilitates a collaborative relationship among the child, their family and systems involved in providing services to the child;
- Supports the parent/caregiver in meeting their child's needs;
- Helps establish the CFT and provides ongoing support; and
- Organizes and matches care across providers and child serving systems to allow the child to be served in the community.

INTENSIVE HOME BASED SERVICES (IHBS)

IHBS are individualized, strength-based interventions designed to correct or ameliorate mental health conditions that interfere with a child or youth's functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community, and improving the child's or youth's family's ability to help the child or youth successfully function in the home and community. IHBS services are provided according to

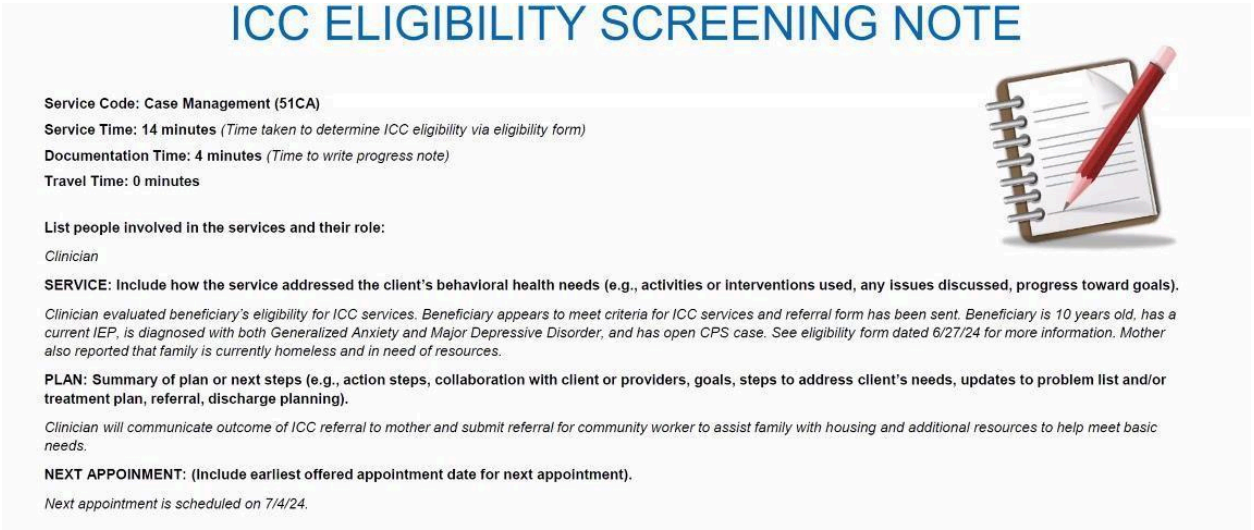
an individualized treatment plan developed in accordance with the Integrated Core Practice Model (ICPM) by the Child and Family Team (CFT) in coordination with the family's overall service plan.

- HBS may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.
- IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria.

How do ICC/"Katie A" services apply at DCYHC?

As a provider of SMI services, we will be required to screen all of our BHRS clients aged 20 and under for ICC/"Katie A" eligibility (see screening timelines above). If a client is determined to be eligible for ICC, we will refer them to North County Mental Health (Vanessa Fabian's team), who will in turn refer them to Alternative Family Services (AFS) to be linked with an ICC Coordinator.

Clients with an ICC Coordinator can continue to receive Individual Therapy and Family Therapy with DCYHC **AND** they will also be able to receive ICC (i.e. Case Management) and IHBS (Intensive Home Based Services). DCYHC clinicians and trainees will bill ICC instead of Case Management for "Katie A" clients. DCYHC clinicians and trainees will also work closely with the ICC Coordinator for service coordination and will attend monthly Child & Family Team meetings (CFTs).



ICC ELIGIBILITY SCREENING NOTE

Service Code: Case Management (51CA)
Service Time: 14 minutes *(Time taken to determine ICC eligibility via eligibility form)*
Documentation Time: 4 minutes *(Time to write progress note)*
Travel Time: 0 minutes

List people involved in the services and their role:

Clinician

SERVICE: Include how the service addressed the client's behavioral health needs (e.g., activities or interventions used, any issues discussed, progress toward goals).

Clinician evaluated beneficiary's eligibility for ICC services. Beneficiary appears to meet criteria for ICC services and referral form has been sent. Beneficiary is 10 years old, has a current IEP, is diagnosed with both Generalized Anxiety and Major Depressive Disorder, and has open CPS case. See eligibility form dated 6/27/24 for more information. Mother also reported that family is currently homeless and in need of resources.

PLAN: Summary of plan or next steps (e.g., action steps, collaboration with client or providers, goals, steps to address client's needs, updates to problem list and/or treatment plan, referral, discharge planning).

Clinician will communicate outcome of ICC referral to mother and submit referral for community worker to assist family with housing and additional resources to help meet basic needs.

NEXT APPOINMENT: (Include earliest offered appointment date for next appointment).

Next appointment is scheduled on 7/4/24.