



Policy Number:	24-05
Policy Name:	Provision of ICC, IHBS, and TFC Services
Authority:	CFR Title 22; CFR Title 42; CCR Title 9, Division 1, Chapter 11; DHCS/CDSS, The California Integrated Core Practice Model for Children, Youth and Families; DHCS Information Notices: No. 16-004, No. 18-011, No. 19-026, No. 22-016, No. 18-022
Original Policy Date:	October 18, 2024 Effective Date: 10/18/24
Policy Last Revised:	N/A
Supersedes:	N/A
Attachments:	A. ICC Services Eligibility Screening Form

PURPOSE

The purpose of the policy is to provide guidance regarding Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). These 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.

DEFINITIONS

Integrated Core Practice Model: The ICPM defines the values, principles, teaming model and standards of practice and activities for all behavioral health, child welfare, and probation agencies, service providers and community/tribal partners working with child welfare beneficiaries and their families. The ICPM should be used to guide the delivery of integrated and coordinated services.

Pathways to Well-Being: Formerly known as Katie A., Pathways to Well-Being is a State Child Welfare and Mental Health collaborative effort to provide an array of services that occur in the community for children and youth who meet select criteria. Services are provided in a coordinated, comprehensive, community-based fashion that combines services access, planning, delivery, and transition into an all-inclusive approach, which are in alignment with the Integrated Core Practice Model (ICPM).

Child and Family Team (CFT): The CFT is comprised of the youth and family, the child welfare worker (if involved), probation officer (if involved), mental health services providers and any other key support persons as necessary and appropriate. The CFT members work collaboratively in the best interest of



the beneficiary and meet at a minimum of every 90 days. No single agency or individual works independently or makes unilateral decisions. Each CFT member has their unique role and responsibilities yet always work as a part of a decision-making team. CFT meetings, along with the principles of the Integrated Core Practice Model (ICPM) may help the team members determine if the youth can benefit from other services.

Intensive Care Coordination (ICC): ICC is a Medi-Cal covered service that is focused on intensive case management and linkage to other mental health services and supports. The ICC Coordinator facilitates CFTs at a minimum of every 90 days. The ICC Coordinator is responsible for facilitating, planning, and coordinating services for beneficiaries ages 20 and under who meet eligibility criteria for ICC.

Intensive Home-Based Services (IHBS): IHBS services are provided according to an individualized, strength-based treatment plan developed in accordance with the ICPM by the CFT in coordination with the family's overall service plan, which may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral services. IHBS is provided to beneficiaries ages 20 and under who are eligible for full scope Medi-Cal services and who meet medical necessity criteria. IHBS is not a stand-alone service; it is linked to ICC and the CFT would determine the need. Interventions are aimed at helping the beneficiary and their family build and support the skills necessary for successful functioning in the home and community and improving the beneficiary's family's ability to help the beneficiary function successfully.

Therapeutic Foster Care (TFC): The TFC service model allows for the provision of short-term, intensive, trauma-informed, and individualized Specialty Mental Health Services (SMHS) for children ages 20 and under who have complex emotional and behavioral needs. Services include plan development, rehabilitation, and collateral. In TFC, children are placed with trained, intensely supervised, and supported TFC parents. Any TFC provide services would be billed and certified as SMHS.

TFC Parent: The TFC parent is a resource parent who helps beneficiaries remain in a family-based setting and hopefully avoid residential, inpatient, or institutional care. The TFC parent serves as the main provider in the therapeutic treatment process of the beneficiary.

Adverse Benefit Determination: Decisions to approve, modify, or deny provider or client requests for authorization, concurrent with the provision of SMHS to beneficiaries, shall be communicated to the beneficiary's treating provider within 24 hours of the decision. Care shall not be discontinued until the beneficiary's treating provider has been notified of BHRS's decision and a care plan has been agreed upon by the treating provider, that is appropriate for the medical needs of the beneficiary. See Policy 19-01 Consumer Problem Resolution Process.

POLICY

BHRS will ensure appropriate treatment is provided for Medi-Cal beneficiaries who meet criteria for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care. It is also the policy of BHRS to offer medically necessary ICC, IHBS, or TFC services to all eligible beneficiaries whether they are a member of the subclass or not. These services are for those age 20 years or younger.



PROCEDURE/PROTOCOL

1. Children and youth who are eligible for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) may also be eligible for ICC, IHBS, or TFC services if the following criteria are met:
 - a. Ages 20 and under,
 - b. Are eligible for full scope Medi-Cal services, and
 - c. Meet medical necessity criteria for these Specialty Mental Health Services (SMHS) as described in CCR, Title 9, Section 1830.205 or Section 1830.210
 - d. Having an open child welfare case is not required for a child or youth to receive ICC, IHBS, or TFC.
2. Child and Family Team (CFT) Components:
 - a. Child and Family Team will identify family's strengths and needs and will formulate goals for the overall purpose of achieving safety, permanency, and/or improving well-being.
 - b. All efforts will be made to ensure appropriate participation of significant support persons and relevant service providers within the child/youth's treatment.
 - c. Child and Family Teams will meet at minimum every 90 days and confirm ongoing medical necessity.
 - d. Meetings will be documented, including identification of all participants in attendance, as indicated in standard documentation guidelines, as well as team goals/plans.
3. Membership to the Katie A. subclass is not a prerequisite for receiving medically necessary ICC, IHBS, or TFC (DHCS Info Notice 16-004).
4. ICC and IHBS differ from Targeted Case Management (TCM) by requiring more active and frequent participation to ensure that the needs of the child/youth are appropriately and effectively met.
5. BHRS will provide timely access for ICC, IHBS, and TFC and provide an appointment within 10 business days of any routine request.
 - a. BHRS will not require prior authorization for ICC but will for IHBS and TFC. For purposes of prior authorization, referral by BHRS and its designated agency by submitting an [ICC Eligibility Screening Form](#) is considered to serve the same function as approving a request for authorization submitted by a provider or beneficiary.
 - b. BHRS requires providers to request payment authorization for the continuation of services within 7 business days of the initial authorization ending.
 - c. Initiation of these services would require approval of the Deputy Director or designee of Youth Services. SMHS are provided based on medical necessity and designed to meet the client's current needs.
 - d. Beneficiaries ages 20 and under residing in out of home/family settings or stepping down from a Short-Term Residential Therapeutic Program (STRTP) will be discussed in



Child and Family Teams and formally screened/triaged and can include a presentation at the Interagency Placement and Referral Committee (IPRC) meetings to determine eligibility and appropriateness for continued behavioral health services, if needed.

6. Pathways to Well-Being (Formerly Katie A. Subclass that now includes all Medi-Cal recipients) Criteria
 - a. BHRS will provide ICC, IHBS, or TFC to all children and youth ages 20 and under eligible for full scope Medi-Cal and who meet medical necessity criteria for these services.
 - b. Services components of Pathways to Well- Being include ICC, IHBS, and Therapeutic Foster Care (TFC), in addition to other specialty mental health services.
 - c. All Pathways to Well-Being members who have full scope Medi-Cal are eligible for ICC. If the member is CFS involved, then their CFS Social Worker will refer for CFT. For those who are not involved with CFS, the contract agency will manage the referral for CFT.
 - d. Pathways to Well-Being will document all beneficiaries who meet criteria for this subclass. It will include the beneficiary’s name, medical record number, assigned clinician, episode opening dates, as well as class certification dates.
 - e. TFC is appropriate for children and youth with more intensive needs, or who are in or at risk of placement in residential or hospital settings, but who could be effectively served in the home and community. A CFT must be in place to guide the provision of the TFC service.

7. If BHRS denies or modifies the request for authorization, BHRS will notify the beneficiary, in writing, of the adverse benefit determination. In cases where ~~the~~ BHRS determines that care should be terminated (no longer authorized) or reduced, BHRS must notify the beneficiary, in writing, of the adverse benefit determination prior to discontinuing services.

SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

Approved: _____ *Signature on File*
 Ziomara Ochoa Rodriguez, LMFT
 Deputy Director of Child and Youth Services



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description
11/18/25	Tech Edit	Attachment A: Code for Central YOUTH Clinic corrected on program drop-down list.
11/20/24	Tech Edit	Attachment A: Caregiver info fields revised; email hyperlink removed; form password protected; DCYHC added to drop-down list