

SERVICE COMPARISON - TBS/IHBS/WRAPAROUND/TFC

This matrix is designed to help distinguish between IHBS, TBS, Wraparound and TFC

	TBS	IHBS	WRAPAROUND
Definition	<p>Therapeutic Behavioral Services (TBS) are:</p> <ol style="list-style-type: none"> 1) A one-to-one, brief, intensive behavioral mental health service targeting one to two behaviors 2) Available to children/youth with serious emotional challenges, who are under age 21, and who have full scope Medi-Cal. TBS can help children/youth and parents/caregivers, foster parents, group home staff, and school staff learn ways of reducing and managing challenging behaviors, as well as strategies and skills to increase the kinds of behavior that will allow children/youth to be successful in their current environment. 3) Designed to help children/youth and parents/caregivers (when available) manage these behaviors, utilizing short-term, measurable goals based on the needs of the child/youth and family 4) Never a stand-alone therapeutic intervention and is used in conjunction with another SMHS 5) Provided in the home, school, or community 	<p>Intensive Home Based Services (IHBS) are:</p> <ol style="list-style-type: none"> 1) Individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's or youth's functioning, aimed at: helping the child/youth build skills for successful functioning in the home and community, as well as improving the family's ability to help the child/youth successfully function in the home and in the community. 2) Activities that support the engagement and participation of the child/youth and his/her significant support persons. In addition, IHBS activities help the child/youth develop skills and achieve the goals and objectives of the plan. 3) Expected to be of significant intensity to address the mental health needs of the child or youth, consistent with the child's or youth's client plan, and will be predominantly delivered outside an office setting, and in the home, school, or community 	<p>Wraparound is:</p> <ol style="list-style-type: none"> 1) A process that provides child and non-minor dependents with family-based service alternatives to out-of-home care 2) A family-centered, strength-based, needs-driven planning process for creating individualized services and support for children, youth and their families that facilitates access to normalized and included community options, activities and opportunities 3) For youth who are at-risk of entering a higher level of care, or stepping down from a higher level of care, such as an in-patient or residential facility, or juvenile detention
Eligibility Criteria	<p>TBS eligibility criteria:</p> <ol style="list-style-type: none"> 1) Are under the age of 21 2) Are eligible for full-scope Medi-Cal 3) Meet the medical necessity criteria for SMHS as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210 4) TBS must be written as an intervention in the client's care plan 5) Live in San Mateo County or within a 90-mile radius of Alameda County; AND <p>a) have a recent psychiatric hospitalization; OR b) are at risk for a placement change</p>	<p>IHBS eligibility criteria:</p> <ol style="list-style-type: none"> 1) Are under the age of 21 2) Are eligible for full-scope Medi-Cal 3) Are receiving Intensive Care Coordination (ICC) services 4) IHBS has been identified as a need by the Child and Family Team (CFT) and it is written as an intervention in the CFT plan 5) Meet medical necessity criteria for SMHS as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210. 	<p>Wraparound eligibility criteria:</p> <ol style="list-style-type: none"> 1) Between the ages of 6 and 20 years old 2) Involved with a system of care (e.g. HSA, Probation, BHRS, or School District) 3) At risk of, being considered for, or stepping down from a high level of care or placement (such as a hospital or STRTP) 4) Living with a family within San Mateo or Alameda Counties, who are receptive to Wraparound services

Service Distinctions	<p>TBS services:</p> <ol style="list-style-type: none"> 1) Are referred by the clinician by completing a referral form 2) Require a diagnosis for medical necessity 3) Are short-term 4) Are 1-on-1, individualized specifically for the child/youth's mental health needs 5) Targets one or more behaviors 6) Must be provided in conjunction with another SMHS 7) Do NOT require a Child and Family Team (CFT) <p>TBS may be provided within Wraparound and can be claimed to Medi-Cal if all service components and requirements are met.</p>	<p>IHBS services:</p> <ol style="list-style-type: none"> 1) Are discussed in a Child and Family Team (CFT) meeting as a step-up service and approved by the Child and Family Team 2) Require a diagnosis for medical necessity 3) Require a Child and Family Team (CFT) 4) Must be provided in conjunction with ICC services 5) Are child/youth focused 6) Are provided by paraprofessionals under clinical supervision 7) Must be provided in accordance with the Integrated Core Practice Model (ICPM) 8) Are typically 6-9 months long 	<p>Wraparound services:</p> <ol style="list-style-type: none"> 1) Referrals are presented by the clinician at the Interagency Placement Review Committee (IPRC) meeting and approved by the IPRC 2) Do NOT require a diagnosis for medical necessity 3) Are family focused 4) Can be long term 5) Do NOT require a Child and Family Team (CFT)
	Service Settings	<p>TBS is provided:</p> <ol style="list-style-type: none"> 1) In those settings where behaviors are problematic (family, resource homes, schools, and other community settings) 2) Whenever needed, including weekends and evenings 	<p>IHBS is provided:</p> <ol style="list-style-type: none"> 1) In any setting where the child or youth is naturally located, including the home (biological, foster, or adoptive), schools, recreational settings, child care centers, and other community settings 2) During regular business hours

SERVICE COMPARISON – TCM/ICC

This matrix is designed to help distinguish between TCM and ICC

	TCM	ICC
Definition	<p>Targeted Case Management (TCM) is:</p> <ol style="list-style-type: none"> 1) A service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services 2) A bundle of service activities that may include, but are not limited to: communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; and monitoring of the beneficiary's progress, placement services, and plan development 	<p>Intensive Care Coordination (ICC) is:</p> <ol style="list-style-type: none"> 1) An intensive form of Targeted Case Management (TCM) that facilitates assessment of, care planning for, and coordination of services for children and youth 2) Includes urgent services for beneficiaries with intensive needs 3) Intended for children and youth who: <ol style="list-style-type: none"> a) Are involved in multiple child-serving systems b) Have more intensive needs; and/or c) Whose treatment requires cross-agency collaboration

Eligibility Criteria	<p>TCM eligibility criteria:</p> <ol style="list-style-type: none"> 1) Are under the age of 21 2) Are eligible for full scope Medi-Cal 3) Are at risk for medical compromise due to conditions not limited to: medication non-compliance, lack of community support, substance abuse, and a victim of abuse/neglect/violence; or 4) Are in need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere; or 5) Are 18-20, medically fragile, and have multiple diagnoses; or 6) Are 18-20, are in frail health, and at risk of Institutionalization; or 7) Are in jeopardy of negative health or psycho-social outcomes; or 8) Have a communicable disease 	<p>ICC eligibility criteria:</p> <ol style="list-style-type: none"> 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 (SMHS) 4) Are involved in multiple child-serving systems 5) Have more intensive needs; and/or whose treatment requires cross-agency collaboration
Service Distinctions	<p>TCM services:</p> <ol style="list-style-type: none"> 1) Are a less intense version of ICC 2) Do NOT require a Child and Family Team (CFT) 3) Do NOT require multiple system involvement 	<p>ICC services:</p> <ol style="list-style-type: none"> 1) Require a Child and Family Team (CFT) 2) Are provided by an Intensive Care Coordinator 3) Are intended for children and youth with more intensive needs, are involved in multiple systems, and/or whose treatment requires cross-agency collaboration 4) Must be provided in accordance with the Integrated Core Practice Model (ICPM)
Service Settings	<p>TCM is provided:</p> <ol style="list-style-type: none"> 1) Face-to-face, by telephone, or by telehealth with the beneficiary or significant support person 2) In an office or anywhere in the community 	<p>ICC is provided:</p> <ol style="list-style-type: none"> 1) In an office or anywhere in the community, in a TFC home, in a hospital, STRTP, or other congregate or institutional placement.