Policy Number	499
Policy Title	Continuum Care
References	42 U.S.C. § 1396a (a) (43) and 42 U.S.C. § 1396d (r) CCR, Title 9, Section 1830.205 or Section 1830.210 Assembly Bill 403 (AB 403) Chapter 773, Statutes of 2015 MHSUDS IN 17-055 MHSUDS IN 17-016 MHSUDS IN 16-061 MHSUDS IN 16-049 MHSUDS IN 16-031 MHSUDS IN 16-004 MHSUDS IN 16-002 MHSUDS IN 14-036 MHSUDS IN 13-03 MHSUDS IN 13-19
Forms	Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care for Medi-Cal Beneficiaries, Second Edition, September 21, 2016 http://www.dhcs.ca.gov/services/Documents/Medi-cal_manual_9-22-16.pdf Pathways to Mental Health Services, Core Practice Model Guide http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf
Effective	October 25, 2017

Policy

Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). These services are available through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services for beneficiaries under the age of 21 who are eligible for full scope Medi-Cal, when medically necessary to correct or ameliorate defects and physical and mental illnesses or conditions. Additionally, the Core Practice Model (CPM) principles should be utilize when providing ICC, IHBS, and TFC. The CPM describes a significant practice change in the way that individual service providers and systems are expected to address the needs of children, youth and families. Mental Health Plans (MHP) are expected to utilize the principles of the CPM when providing ICC, IHBS and TFC to children and youth, whether or not the beneficiary is in the child welfare system. The Settlement Agreement Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

As a result of the Settlement Agreement in Katie A. v. Bonta, the State of California agreed to take a series of actions. 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. Pursuant to the settlement, subclass members were required to be provided an array of services, and specifically ICC, IHBS and TFC when medically necessary, consistent with the CPM. The Settlement Agreement Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

Target Population

ICC and IHBS are 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 these Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.

ICC and IHBS are very likely to be medically necessary for children and youth who:

A. Are receiving, or being considered for Wraparound;
B. Are receiving, or being considered for specialized care rate due to behavioral health needs;
C. Are receiving, or being considered for other intensive SMHS, including but not limited to therapeutic behavioral services or crisis stabilization/intervention (see definitions listed in glossary);
D. Are currently in or being considered for group homes (RCL 10 or above) or Short Term Residential Therapeutic Programs (STRTP);
E. Have been discharged within 90 days from, or are currently in or being considered for, Psychiatric hospital or 24-hour mental health treatment facility (e.g. psychiatric inpatient hospital, psychiatric health facility (PHF), community treatment facility, etc.);
F. Have experienced two or more mental health
G. hospitalizations in the last 12 months;
H. Have experienced two or more placement changes within 24 months due to behavioral health needs.
I. Have been treated with two or more antipsychotic medications at the same time over a 3-month period (HEDIS Specification for APC)
J. If the child is 0-5 years old and has more than one psychotropic medication, the child is 6-11 years old and has more than two psychotropic medications, or the child is 12-17 years old and has more than three psychotropic medications;
K. If the child is 0-5 years old and has more than one mental health diagnosis, the child is 6-11 years old and has more than two mental health diagnoses, or the child is 12-17 years old and has more than three mental health diagnoses.
L. Have two or more emergency room visits in the last 6 months due to primary mental health condition or need, including but not limited to involuntary treatment under California Welfare and Institutions Code section 5585.50;
M. Have been detained pursuant to W&I sections 601 and 602 primarily due to mental health needs; or
N. Have received SMHS within the last year and have been reported homeless within the prior six months.

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 Monterey County Behavioral Health (MCBH) shall utilize ICC to facilitate cross-system communication and planning.
MCBH has multiple mechanisms for children/youth to access ICC and IHBS services. All MCBH staff have the ability to provide ICC and IHBS to eligible children/youth within the array of available specialty mental health services (SMHS). Additionally, MCBH maintains contracts with multiple providers who are authorized to provide ICC and IHBS to eligible children/youth as well.

Procedure

All children/youth that become part of an open Child Welfare Services (CWS) case will be screened for mental health needs during their initial involvement with Monterey County Department of Social Services (DSS). DSS sends a Universal Referral Form to the MCBH "FAST Assessment Team" for a full, comprehensive, trauma-informed and culturally-sensitive individual and family mental health assessment. For children and youth who meet medical necessity for specialty mental health services, a mental health coordinator is assigned to provide an array of services depending on level of need including, but not limited to ICC, IHBS, Therapeutic Behavioral Services (TBS), intensive individual therapy, Wraparound,family therapy, community-based services, and other evidenced based or promising practices therapeutic approaches.

MCBH staff shall use the practices and principles of the CPM approach when working with children and families involved with child welfare and mental health. The CPM approach requires collaboration between child welfare, mental health staff, service providers and community partners working with the children, youth and families.

As set forth in the Katie A. Settlement Agreement: There are children and youth who have more intensive needs to receive medically necessary mental health services in their own home, a family setting or the most homelike setting appropriate to their needs, in order to facilitate reunification and to meet their needs for safety, permanence and well-being. Children/youth (up to age 21) are considered to be a member of the Katie A. Subclass if they meet the following criteria:

- Are full scope Medi-Cal (Title XIX) eligible;
- Have an open child welfare services case {means any of the following: a) child is in foster care; b) child has a voluntary family maintenance case (pre or post, returning home, in foster or relative placement), including both court ordered and by voluntary agreement. It does not include cases in which only emergency response referrals are made}; and
- Meet the medical necessity criteria for Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.

In addition to:

- Currently being considered for: Wraparound, therapeutic foster care, specialized care rate due to behavioral health needs or other intensive EPSDT services, including but not limited to therapeutic behavioral services or crisis stabilization/intervention (see definitions listed in glossary); OR
- Currently in or being considered for group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or has experienced three or more placements within 24 months due to behavioral health needs.

MCBH staff shall evaluate each child who appears to meet Katie A. Subclass eligibility by using the Katie A. Eligibility Criteria. MCBH shall identify the client as part of the Katie A subclass in the Electronic Health Record using the “specialty teams” form.

Monterey County Behavioral Health (MCBH) and Monterey County Department of Social Services (DSS) have a memorandum of understanding (MOU) to ensure consistency in developmental standards in the provision of services, exchange of information, and support for effective fiscal data transactions. This MOU supports timely access to treatment services for children and their families and ensures the development and maintenance of coordinated outcome performance measures. It also supports cross-training between the departments such as participation in conjoint trainings for CFT facilitation. In addition, MCBH, DSS, and probation have collaboratively engaged in a request for proposal for CFT facilitation.

Effective October 2016, a formalized agreement was updated by MCBH and DSS outlining shared philosophy as well as policy and procedure regarding participation in Family Team Meetings (FTMs). MCBH and DSS shall continue to hold and participate in FTMs. MCBH and DSS shall continue to work jointly to update any policies and procedures to meet the requirements for CFTs.