



# COUNTY OF MONTEREY HEALTH DEPARTMENT

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Administration      Clinic Services      Public Health  
 Behavioral Health      Emergency Medical Services      Public Administrator/Public Guardian  
 Environmental Health/Animal Services

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 <a href="http://www.dhcs.ca.gov/services/Documents/Medi-cal_manual_9-22-16.pdf">http://www.dhcs.ca.gov/services/Documents/Medi-cal_manual_9-22-16.pdf</a> Pathways to Mental Health Services, Core Practice Model Guide <a href="http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf">http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf</a>
Effective	October 25, 2017

1    **Policy**  
 2    Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic  
 3    Foster Care (TFC). These services are available through Early and Periodic Screening, Diagnostic  
 4    and Treatment (EPSDT) Specialty Mental Health Services for beneficiaries under the age of 21  
 5    who are eligible for full scope Medi-Cal, when medically necessary to correct or ameliorate defects  
 6    and physical and mental illnesses or conditions. Additionally, the Core Practice Model (CPM)  
 7    principles should be utilize when providing ICC, IHBS, and TFC. The CPM describes a significant  
 8    practice change in the way that individual service providers and systems are expected to address  
 9    the needs of children, youth and families. Mental Health Plans (MHP) are expected to utilize the  
 10    principles of the CPM when providing ICC, IHBS and TFC to children and youth, whether or not the  
 11    beneficiary is in the child welfare system. The Settlement Agreement Membership in the Katie A.  
 12    subclass is not a prerequisite to receiving ICC and IHBS.  
 13

14 As a result of the Settlement Agreement in *Katie A. v. Bonta*, the State of California agreed to take  
15 a series of actions. The settlement specifically changed the way a defined group of children and  
16 youth with the most intensive needs, referred to as “Katie A. subclass members”, are assessed for  
17 mental health services. Pursuant to the settlement, subclass members were required to be  
18 provided an array of services, and specifically ICC, IHBS and TFC when medically necessary,  
19 consistent with the CPM. The Settlement Agreement Membership in the Katie A. subclass is not a  
20 prerequisite to receiving ICC and IHBS.

### 21 22 Target Population

23 ICC and IHBS are provided through the EPSDT benefit to all children and youth who:

- 24 • Are under the age of 21,
- 25 • Are eligible for the full scope of Medi-Cal services; and
- 26 • Meet medical necessity criteria for these Specialty Mental Health Services (SMHS) as set  
27 forth in CCR, Title 9, Section 1830.205 or Section 1830.210.

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

- 29 A. Are receiving, or being considered for Wraparound;
- 30 B. Are receiving, or being considered for specialized care rate due to behavioral health  
31 needs;
- 32 C. Are receiving, or being considered for other intensive SMHS, including but not limited to  
33 therapeutic behavioral services or crisis stabilization/intervention (see definitions listed in  
34 glossary);
- 35 D. Are currently in or being considered for group homes (RCL 10 or above) or Short Term  
36 Residential Therapeutic Programs (STRTP);
- 37 E. Have been discharged within 90 days from, or are currently in or being considered for,  
38 Psychiatric hospital or 24-hour mental health treatment facility (e.g. psychiatric inpatient  
39 hospital, psychiatric health facility (PHF), community treatment facility, etc.);
- 40 F. Have experienced two or more mental health
- 41 G. hospitalizations in the last 12 months;
- 42 H. Have experienced two or more placement changes within 24 months due to behavioral  
43 health needs.
- 44 I. Have been treated with two or more antipsychotic medications at the same time over a 3-  
45 month period (HEDIS Specification for APC)
- 46 J. If the child is 0-5 years old and has more than one psychotropic medication, the child is 6-  
47 11 years old and has more than two psychotropic medications, or the child is 12-17 years  
48 old and has more than three psychotropic medications;
- 49 K. If the child is 0-5 years old and has more than one mental health diagnosis, the child is 6-  
50 11 years old and has more than two mental health diagnoses, or the child is 12-17 years  
51 old and has more than three mental health diagnoses.
- 52 L. Have two or more emergency room visits in the last 6 months due to primary mental health  
53 condition or need, including but not limited to involuntary treatment under California  
54 Welfare and Institutions Code section 5585.50;
- 55 M. Have been detained pursuant to W&I sections 601 and 602 primarily due to mental health  
56 needs; or
- 57 N. Have received SMHS within the last year and have been reported homeless within the  
58 prior six months.

59 ICC is intended to link beneficiaries to services provided by other child-serving systems, to facilitate  
60 teaming, and to coordinate mental health care. If a beneficiary is involved with two or more child-

61 serving systems Monterey County Behavioral Health (MCBH) shall utilize ICC to facilitate cross-  
62 system communication and planning.

63 MCBH has multiple mechanisms for children/youth to access ICC and IHBS services. All MCBH  
64 staff have the ability to provide ICC and IHBS to eligible children/youth within the array of available  
65 specialty mental health services (SMHS). Additionally, MCBH maintains contracts with multiple  
66 providers who are authorized to provide ICC and IHBS to eligible children/youth as well.

## 67 68 Procedure

69  
70 All children/youth that become part of an open Child Welfare Services (CWS) case will be  
71 screened for mental health needs during their initial involvement with Monterey County Department  
72 of Social Services (DSS). DSS sends a Universal Referral Form to the MCBH "FAST Assessment  
73 Team" for a full, comprehensive, trauma-informed and culturally-sensitive individual and family  
74 mental health assessment. For children and youth who meet medical necessity for specialty  
75 mental health services, a mental health coordinator is assigned to provide an array of services  
76 depending on level of need including, but not limited to ICC, IHBS, Therapeutic Behavioral  
77 Services (TBS), intensive individual therapy, Wraparound, family therapy, community-based  
78 services, and other evidenced based or promising practices therapeutic approaches.

79  
80 MCBH staff shall use the practices and principles of the CPM approach when working with children  
81 and families involved with child welfare and mental health. The CPM approach requires  
82 collaboration between child welfare, mental health staff, service providers and community partners  
83 working with the children, youth and families.

84  
85 As set forth in the Katie A. Settlement Agreement: There are children and youth who have more  
86 intensive needs to receive medically necessary mental health services in their own home, a family  
87 setting or the most homelike setting appropriate to their needs, in order to facilitate reunification  
88 and to meet their needs for safety, permanence and well-being. Children/youth (up to age 21) are  
89 considered to be a member of the Katie A. Subclass if they meet the following criteria:

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

97 In addition to:

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

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

109  
110 Monterey County Behavioral Health (MCBH) and Monterey County Department of Social Services  
111 (DSS) have a memorandum of understanding (MOU) to ensure consistency in developmental  
112 standards in the provision of services, exchange of information, and support for effective fiscal data  
113 transactions. This MOU supports timely access to treatment services for children and their families  
114 and ensures the development and maintenance of coordinated outcome performance measures. It  
115 also supports cross-training between the departments such as participation in conjoint trainings for  
116 CFT facilitation. In addition, MCBH, DSS, and probation have collaboratively engaged in a request  
117 for proposal for CFT facilitation.

118  
119 Effective October 2016, a formalized agreement was updated by MCBH and DSS outlining shared  
120 philosophy as well as policy and procedure regarding participation in Family Team Meetings  
121 (FTMs). MCBH and DSS shall continue to hold and participate in FTMs. MCBH and DSS shall  
122 continue to work jointly to update any policies and procedures to meet the requirements for CFTs.  
123