

Behavioral Health Services
Pathways to Well-Being

**Intensive Care Coordination and Intensive Home-Based Services
Service Code Expansion Training
Questions and Answers**

1. **Question:** What is the rationale for the Expansion of Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) Services to non-Child Welfare Services (CWS) clients?

Answer: A group of advocates requested, and the state agreed, that ICC and IHBS be available to clients under the age of 21, who are eligible for full scope Medi-Cal and meet medical necessity for those services, regardless of CWS involvement.

2. **Question:** Which non-CWS clients are able to receive ICC (SC 82)?

Answer: ICC is available through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity for these services. ICC services are offered to clients with significant and complex functional impairment and/or whose treatment requires cross-agency collaboration. When billing ICC (SC 82), use the Intensive Care Coordination/ICC Note for documentation.

3. **Question:** What would ICC (SC 82) services look like for toddlers or preschoolers?

Answer: Regardless of a client's age, ICC services are collaborative efforts that support clients with more intensive mental health needs. The indicators for younger children can include being at risk of, or having experienced disruptions in permanency, stability, safety, and/or well-being.

4. **Question:** If a client is non-CWS, is the BHS provider considered the Care Coordinator?

Answer: Yes, for both CWS and non-CWS clients, if the need for ICC is identified, the provider assumes the role of Care Coordinator.

5. **Question:** For non-CWS involved clients, where on the client plan would the need for ICC/IHBS (SC 82 and 83) be documented?

Answer: Documentation standards for the client plan with non-CWS clients will remain the same as working with Enhanced/Subclass clients. The client's need for ICC and IHBS can be documented in any of the narratives accompanying the need, goal, objective, and/or intervention, as well as in the progress notes for those services.

6. **Question:** For the non-CWS clients, do all client plans need to be updated with ICC (SC 82) and IHBS (SC 83) Service codes?

Answer: If providing ICC (SC 82) and IHBS (SC 83), these codes need to be on the client plan, and signed by the client and parent/caretaker during the next direct client service. Until the code(s) are added to the client plan, you may temporarily provide service as an "unplanned service."

7. **Question:** Will programs need to enter the designation of Subclass/Class or "flip the switch" in Client Categories Maintenance (CCM) in Cerner Community Behavioral Health (CCBH) for the non-CWS cases that are receiving ICC/IHBS?

Answer: No, with non-CWS clients, providers will not enter the designation of Subclass/Class or "flip the switch". For open CWS cases, the requirement to enter the designation in the CCM remains the same.

8. **Question:** Will the previous codes “KTA 82/882” and “KTA 83/883” go away?

Answer: ICC (SC 82/882) and IHBS (SC 83/883) billing codes will be used for both Pathways and non-CWS clients. As of July 1, 2016, the “KTA” specifier is longer used. Previously, SC 882 was used for youth placed in a group home. Per the updated Medi-Cal manual, “Effective July 1, 2017, ICC may be provided to Medi-Cal beneficiaries under the age of 21 who are placed in group homes and Short-Term Residential Therapeutic Program (STRTPs), if medically necessary. There is no limitation on the number of days that ICC may be provided or reimbursed.” The billable Service Code 82 can be used for discharge planning services within 30 days of discharge from a psychiatric hospital. The non-billable ICC Service code 882 should be used if a client is psychiatrically hospitalized and the service provided was **not** for the purpose of discharge planning. Also, providers should utilize non-billable Service Code 882 or 883 when the service is provided at the same time as Day Treatment Intensive or Day Treatment Rehabilitative. Additionally, non-billable Service Code 882 or 883 should be utilized if the final approval of the ICC or IHBS note is post 14 days, there is no valid client plan, or when there is a disallowance of a billable service.

9. **Question:** With non-CWS clients, are uninsured clients eligible for ICC and IHBS

Answer: Services are available to all clients eligible for program services regardless of their insurance or Medi-Cal status. Programs should be working with uninsured clients to obtain Medi-Cal.

10. **Question:** Will a provider be at risk during the medical records audit if the provider does not use ICC (SC 82) with a non-CWS client?

Answer: There are no mandates for utilizing ICC (SC 82) for non-CWS clients. It is important to use the ICC (SC 82) when the client presents with the need and the service is indicated. When billing for ICC (SC 82) there must be an identified Child Family Team. Service codes are always selected based on the mental health service that is provided to the client.

11. **Question:** Will utilizing an ICC service code count towards Family Participation Rate?

Answer: No, the use of ICC service code is separate from Family Participation Rate, which includes only Family Therapy.

12. **Question:** For non-CWS clients, is it mandated to form a Child and Family Team (CFT) and have CFT meetings in certain timelines?

Answer: For non-CWS clients, there are no mandated timelines for CFT meetings. CFT meetings may be offered to clients and families as clinically indicated. As a reminder, for open CWS clients who meet Pathways to Well-Being Enhanced eligibility criteria, the first CFT meeting must occur within 30 days of establishing eligibility and reconvene at least every 90 days thereafter.

13. **Question:** For non-CWS clients, who comprises the Child and Family Team?

Answer: For non-CWS clients the team will include at a minimum; the client, family/caregiver, and the client’s assigned Provider. Clients and their family/caregivers are encouraged to select other natural supports as team members (ex., extended family, mentor, coach, tribal members, etc.), other service providers, and public system professionals (ex., Probation, Education, Regional center, etc.)

14. **Question:** What happens if a non-CWS involved client or family declines CFT meetings?

Answer: For non-CWS involved clients there is no current mandate for CFT meetings. If a non-CWS involved client or family declines CFT meetings, this is a good opportunity for the provider to explain the benefits of teaming and the provider can utilize ICC (SC 82) for their teaming and collaborative efforts.

15. **Question:** For non-CWS clients, can you bill ICC without having a formal CFT meeting?

Answer: Yes, ICC (SC 82) can be billed without holding a formal CFT meeting through provider's collaborative/teaming efforts but there must be an identified team, or the service includes working toward an identified team.

16. **Question:** Can all team members who attend a formal CFT meeting bill for the entire time?

Answer: Yes, all service providers who attend a formal CFT meeting can bill for the entire time. Providers are required to document their specific role in the meeting, document medical necessity, and clearly justify the time being billed.

17. **Question:** When one program is doing a warm hand-off to another Behavioral Health Services (BHS) Provider and both Programs are open at the same time, can both Programs bill ICC (SC 82)?

Answer: Yes, both Programs can utilize ICC (SC 82) as long as the service provided meets the ICC service code definition.

18. **Question:** For non-CWS clients receiving day treatment services, if a CFT meeting is held outside of day treatment hours, is the service billable?

Answer: Yes, if a CFT meeting is held outside of day treatment hours, the day treatment provider can utilize the ICC (SC 82). Documentation must justify why the service is occurring outside the Day Treatment hours (i.e. Parents/Caretaker not available during day treatment hours).

19. **Question:** Normally, BHS providers cannot bill Collateral (SC 33) when planning/talking with psychiatrist, case manager, alcohol and other drug counselor, etc. within the same program, can they now?

Answer: Billing for ICC (SC 82) for in-house collaboration between staff from the same program may be allowable when it involves a psychiatrist regarding a clinically significant issue. Billing for ICC (SC 82) for in-house collaboration or "status updates" between staff from the same program **without** a psychiatrist is **not** allowable.

20. **Question:** For non-CWS clients receiving ICC (SC 83) essentially a replacement for rehab (SC 34 and 36)?

Answer: If a client is receiving ICC (SC 82), rehab services would generally become IHBS (SC 83). The program should choose the service code that best matches the service.

21. **Question:** Can IHBS (SC 83) be billed for rehab services conducted by telephone, particularly for family support partners who do a lot of telephone calls?

Answer: No, IHBS (SC 83) cannot be used for phone contact because IHBS are face to face, community-based services.

22. **Question:** For non-CWS clients, when ICC (SC 82) is indicated, are there any scenarios when case management would be billed?

Answer: Providers have a full menu of service codes to choose from. Providers should use their clinical judgement and service code definitions when choosing the code that most appropriately fits the service being provided.

23. **Question:** What would distinguish a service as collateral (SC 33) vs ICC (SC 82)?

Answer: ICC (SC 82) is indicated based on the complex mental health needs of the client and the level of intensity of services required in order to ensure that these needs are met. ICC always occurs through an identified team of supports that assist with stabilization, referred to as the CFT.

24. **Question:** Will ICC be provided to clients with out-of-county Medi-Cal who are non-CWS and are receiving services in a County of San Diego contracted program?

Answer: Yes, for non-CWS out of county Medi-Cal clients, providers can utilize ICC (SC 82) service codes when the need and service is indicated.

25. **Question:** Are all clients involved in Wrap programs automatically eligible for ICC (SC 82) and IHBS (SC 83) service?

Answer: Yes, as stated in the ICC service code definition, Wraparound is an intensive service which indicates the need for ICC. Utilization of IHBS is based on clinical need as determined by the provider and with CFT input.

26. **Question:** Does Wrap use a separate note for each staff who attends a single CFT meeting?

Answer: When billing ICC (SC 82), each individual must document their own CFT Meeting progress note which documents their unique service, the medical necessity of the service, and the time billed is clearly substantiated.

27. **Question:** Will non-CWS clients receiving Therapeutic Behavioral Services (TBS) be able to receive ICC (SC 82)?

Answer: Yes, TBS is an intensive service that indicates the need for ICC.

28. **Question:** If a BHS Provider attends a meeting with TBS and the family, which service code should be used (SC 33 or 82)?

Answer: Anytime a BHS Provider attends a CFT meeting, the ICC (SC 82) should be used. For other meetings and services, BHS Providers have a full menu of codes to select from, choose the code that most appropriately fits the service being provided.

29. **Question:** Is TBS considered a lockout?

Answer: No, TBS is not considered a lock out. If a client is receiving TBS, ICC (SC 82) is available.

30. **Question:** How do programs access the ICC and IHBS Code Definitions and Expansion PowerPoint presentation?

Answer: <https://theacademy.sdsu.edu/programs/rihs/pathways/> under the heading **Service Codes or ICC and IHBS Expansion.**