



<b>Health Care Agency Behavioral Health Services Policies and Procedures</b>	Section Name:	Care and Treatment
	Sub Section:	Practice Guidelines
	Section Number:	01.02.06
	Policy Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised
SIGNATURE		DATE APPROVED
Deputy Director Behavioral Health Services		<u>Signature on File</u> <u>5/22/2024</u>

<b>SUBJECT:</b>	Pathways to Well Being, Intensive Services and Therapeutic Foster Care
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**PURPOSE:**

To establish a procedure to ensure that Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) are provided 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 criteria for these services.

**POLICY:**

The Orange County Mental Health Plan (herby referred to as Orange MHP) has an affirmative responsibility to determine if all children, youth, or non-minors with Medi-Cal who meet medical necessity criteria for Specialty Mental Health Services (SMHS) who reside in Orange County, are also eligible for ICC, IHBS, and/or TFC. If criterion for ICC, IHBS, and/or TFC are met, the Orange MHP will convene a Child and Family Team (CFT) for the eligible children and youth and ensure the child and family's needs and goals are attained following the framework of the Integrated Core Practice Model (ICPM) as described in the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. Neither membership in the Pathways to Well-Being (PWB) Class (formerly known as Katie A.) nor Subclass is a prerequisite to consideration for receipt of ICC, IHBS, and/or TFC. Therefore, a child does not need to have an open child welfare services case to receive these services.

**SCOPE:**

This policy applies to all County and County Contracted staff who are providing SMHS.

**REFERENCES:**

[All County Letter Number 13-73/Mental Health and Substance Use Disorder Services Information Notice Number 13-19 Providing Services to the Katie A. Subclass; Semi-Annual Progress Reports For Katie A. Implementation for the Time Period of May 15, 2013-August 31, 2013: Due on October 18, 2013](#)

[Mental Health and Substance Use Disorder Services Information Notice Number 16-004 Provision of ICC and IHBS as Medically Necessary throughout EPSDT](#)

[All County Information Notice Number I-05-17/Mental Health and Substance Use Disorder Services Information Notice Number 17-009 Therapeutic Foster Care Service Model and Parent Qualifications](#)

[Medi-Cal Manual for Intensive Care Coordination \(ICC\), Intensive Home Based Services \(IHBS\), and Therapeutic Foster Care \(TFC\) Services for Medi-Cal Beneficiaries, Third Edition, January 2018](#)

[The California Integrated Core Practice Model for Children, Youth, and Families 2018](#)

[Pathways to Well Being/Intensive Services/Therapeutic Foster Care Eligibility Assessment Form](#)

[County of Orange Child and Family Team \(CFT\) Plan \(F063-25-806 R 11/17\)](#)

## **DEFINITIONS:**

Beneficiary/member - A person with Medi-Cal coverage.

Care Plan (CP) – a service plan developed based on the beneficiary's/members impairments identified during the Assessment period. These may include but are not limited to the following: living situations, housing, daily activities, social networks, occupation, finances, mental illness management, and physical health care. The CP is developed in collaboration with the beneficiary/member and should be completed within the documented time frames.

Child and Family Team (CFT) - the group of people who are involved in supporting the child and family to achieve their goals and successfully transition out of the formal child and family systems of care. Individuals working as part of the CFT each have their own roles and responsibilities, but they work together as members of an integrated team to plan, implement, refine, and transition services.

Integrated Core Practice Model (ICPM) - defines the values, principles, and expectations for team-based practice behaviors and activities for all child welfare, juvenile probation, and mental health agencies, service providers, and community/tribal partners working with children, youth, and families who are being served by more than one public agency.

Intensive Care Coordination (ICC) - a SMHS available to Medi-Cal eligible children and youth under the age of 21 who meet medical necessity criteria. ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of, services. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services must be delivered using a CFT to develop and guide the planning and service delivery process.

Intensive Home Based Services (IHBS) - a SMHS available to Medi-Cal eligible children and youth under the age of 21 who meet medical necessity criteria. Services are intensive, individualized, strengths-based, and needs-driven activities that support the engagement and participation of the child or youth and his/her significant support persons, and help the child or youth develop skills and achieve the goals and objectives of the plan. Service is expected to be of significant intensity to address the mental health and behavioral needs of the child or

youth, consistent with the mental health and integrated CFT plan, and will be predominantly delivered outside an office setting, in the home, school, or community.

Therapeutic Foster Care (TFC) – a SMHS available to Medi-Cal eligible children and youth under the age of 21 who meet medical necessity criteria. TFC is a short-term, intensive, highly coordinated, trauma-informed, and individualized intervention, provided by a TFC parent to a child or youth who has complex emotional and behavioral needs.

Intensive Services (IS) – ICC, IHBS, and/or TFC provided through the 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 criteria for these services. The child or youth does not need to have an open child welfare services case to receive these services.

Pathways to Well Being (PWB) Subclass - Children and youth under the age of 21 who are eligible for full scope Medi-Cal, meeting medical necessity criteria for SMHS, has an open child welfare services case, and meet either of the following criteria:

- Child is currently in or being considered for: Wraparound, therapeutic foster care or other intensive services, therapeutic behavioral services, specialized care rate due to behavioral health needs or crisis stabilization/intervention or;
- Child is currently in or being considered for a group home/Short Term Residential Therapeutic Program (STRTP), a psychiatric hospital or 24-hour mental health treatment, or has experienced three or more placements within 24 months due to behavioral health needs.

Specialty Mental Health Services (SMHS) - Medi-Cal services available to children, youth, and adults. SMHS include medically necessary services to correct or ameliorate impairments and mental illnesses or conditions available through the Medi-Cal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This benefit is available to beneficiaries under the age of 21 who are eligible for full scope Medi-Cal. These services may include crisis counseling, individual/group/family therapy, medication management, targeted case management, psychological testing, psychiatric inpatient hospitalization, and recovery services.

## **PROCEDURE:**

- I. When a Children and Youth Services (CYS) County or County contracted clinic opens a new case, the Plan Coordinator (PC) or designee shall establish and document medical necessity in the client's Electronic Health Record (EHR) or chart then complete the Pathways to Well Being/Intensive Service/Therapeutic Foster Care Eligibility Assessment Form to determine if the case meets the requirements to receive ICC/IHBS/TFC services.
- II. If there is an open Child Welfare Case, the PC or designee shall complete the Pathways to Well Being (PWB) section of the PWB/IS/TFC Eligibility Assessment Form.

- A. Regardless of PWB eligibility, the PC or designee shall send via secure encrypted email a copy of the PWB/IS/TFC Eligibility Assessment Form to the Orange County Social Service Agency (OC SSA) CFT Inbox if the beneficiary has Orange County Medi-Cal.
    - 1. For out-of-County Medi-Cal beneficiaries/members who meet the criteria for PWB subclass eligibility, the PWB/IS/TFC Eligibility Assessment Form shall not be sent via secure email to the OC SSA CFT Inbox. The PC or designee shall notify the assigned Social Worker from the County of Jurisdiction if the PWB subclass eligibility is met and shall make him/herself available to participate in CFT meetings virtually or via telephone.
  - B. If eligible for the PWB subclass, the PC or designee shall call the assigned SSA social worker and provide the social worker with dates and times available for a PWB CFT meeting.
  - C. The assigned SSA social worker shall arrange and schedule the PWB CFT meeting through their "CFT Scheduler."
  - D. The PC or designee shall take on the role of the ICC Coordinator and serve as the single point of accountability for the PWB CFT.
  - E. The PC or designee shall attend all PWB CFT meetings with the child/family, the assigned SSA social worker and any ancillary providers or support systems.
  - F. As the ICC Coordinator, the PC or designee shall complete the "CFT Plan" at the initial PWB CFT meeting and for all subsequent meetings.
  - G. The CFT Plan shall be reviewed no less frequently than every 90 days by the CFT members.
- III. If there is no open Child Welfare Case, the PC or designee shall complete the Intensive Services section of the PWB/IS/TFC Eligibility Assessment Form.
- A. If eligible for Intensive Services (IS), the PC or designee shall take on the role of the ICC Coordinator and serve as the single point of accountability for the CFT.
  - B. The PC or designee shall schedule and attend all CFT meetings with the child/family and any ancillary providers or support systems.
  - C. As the ICC Coordinator, the PC or designee shall document the CFT meetings in a progress note and use the Care Plan in lieu of the CFT Plan as a guide for the CFT goals.
  - D. The frequency of CFT meetings shall be based on the specific needs of the child/family or as changes occur to the Care Plan but no less frequently than every 90 days.

- IV. If the child or youth meets criteria for PWB or IS, then the PC or designee shall complete the TFC section of the PWB/IS/TFC Eligibility Assessment Form.
  - A. If eligible for TFC, the PC or designee will seek guidance and coordinate with the CFT members to determine appropriateness for making a referral for TFC services.
  - B. If it is determined by the CFT members that TFC services would benefit the youth, the PC or designee shall make a referral to a TFC provider who is contracted with the County MHP or explore options for intensive SMHS to ensure the youth's higher level of care needs are met in conjunction with the CFT.