

INTENSIVE SERVICES GUIDELINES

All mental health cases are assessed to determine if they meet Pathways to Well-Being (PWB) or Intensive Services (IS) Eligibility.

If it is determined that the client qualifies for Intensive Services (IS) the providers are required to adhere to the same guidelines established for the Pathways to Well-Being (PWB) cases.

- **PWB** cases involve a review of the **CFT Plan** no less frequently than every 90 Days.
- **IS** cases involve a review of the **Care Plan**, in lieu of the **CFT Plan**, no less frequently than every 90 days.

I. Guidelines for Intensive Services (IS):

- Providers are required to complete the **PWB/IS Eligibility Assessment Form**: 1) after Medical Necessity is established; 2) at any point when the client's status or circumstances change; and 3) at Discharge.
- If the client qualifies for **IS**, they are eligible for ICC and IHBS services under the EPSDT benefit. MHPs are obligated to provide ICC and IHBS services to all children and youth under the age of 21 who meet **IS** eligibility requirements.
- The mental health provider must update the Care Plan to authorize ICC and IHBS services.
- As with the PWB cases, CFT Meetings are required for **IS** cases.
- For **IS** cases, the Care Plan must be reviewed within a CFT Meeting no less frequently than every 90 days. The CFT may also be convened at any time to review significant updates.
- The provider must complete and document in a progress note, the details of the CFT Meeting and/or the Care Plan review.

II. CFT Documentation for Intensive Services (IS):

- The CFT Meeting must be documented in a progress note with the service clearly labeled as a "CFT Meeting".
 - The progress note should be billed as ICC.
 - List the names of the CFT members attending the meeting.
 - Indicate what language the CFT Meeting was conducted in, if other than English, and if an interpreter was used.
 - If a review of the Care Plan occurs during the CFT Meeting, the provider should indicate on the progress note the specific date of the Care Plan being reviewed.
 - Document input from all CFT members, including the provider's unique contribution, areas of concern, client/family's strengths, progress toward goals or lack thereof, etc.
 - Document the plan or steps that will be taken to assist the client/family in meeting the goals discussed in the CFT Meeting

- Indicate the purpose of the CFT Meeting: 1) to provide a review of the Care Plan; 2) to discuss client's overall progress with the CFT; or 3) if there is a different reason for the CFT Meeting (i.e. Client's recent SI, AWOL, school struggles, placement disruption risk, significant stressors, etc.).
- If a review of the Care Plan occurs in the CFT Meeting, the ICC Coordinator (i.e. mental health provider) must: 1) obtain input from the CFT to review the Goals and Objectives as outlined on the Care Plan; 2) discuss the client's progress in treatment; and 3) update the Care Plan as needed. The Care Plan must be reviewed no less frequently than every 90 days.

III. Medi-Cal Interruptions:

- For a youth who meets PWB/IS criteria and enrolled in an Intensive Mental Health Program (i.e. FSP, STRTP, etc.), the youth would likely continue to meet eligibility criteria for PWB/IS, even during Medi-Cal interruptions that result from brief incarcerations or hospitalizations.
- The Intensive Mental Health Program does NOT need to re-do the **PWB/IS Eligibility Assessment Form** during the brief incarcerations or hospitalizations, and the timeline would NOT reset.
- The Intensive Mental Health Program must remember NOT to bill Medi-Cal for any services during the brief Medi-Cal interruption, but would continue to document any services under the non-billable ICC code.