

DEFINITIONS OF INTENSIVE CARE COORDINATION SERVICE UNIT TERMS

The below information is not meant to replace Intensive Care Coordination service definitions. As such, this is not an exhaustive list of the service definitions for ICC and thus should be reviewed alongside the ICC service definitions and other pertinent Medicaid billing regulations.

Billable

1. Documentation

This involves time spent completing required paperwork as outlined within the ICC Performance Specifications. This includes the following paperwork: the Individual Care Plan (ICP); review or development of a safety plan (or any other crisis planning tool, i.e., Advance Communication to Treatment Provider or Supplements to the Safety Plan and Advance Communication); the comprehensive, home-based assessment; the Massachusetts Child and Adolescent Needs and Strengths (CANS); and the aftercare/transition plan. In high fidelity wraparound, the Strength/Needs/Cultural Discovery (SNCD) is a crucial component of the comprehensive assessment and the CANS; as such, time spent developing this is an appropriate activity for which ICC staff may bill, whether it is written in a separate document or within the comprehensive assessment itself.

Exclusion: Any administrative paperwork (i.e., billing or other administrative paperwork) completed by the ICC staff or supervisor that is required by the agency is *not* included.

2. Care Coordination (Collateral Contacts and Direct Time Spent with Collaterals)

This includes any time spent on the phone or face-to-face with collaterals in order to plan or carry out the youth's care planning goals. This includes systems navigation and advocacy with collaterals as well as referrals or linkages to supports and services as part of a family's specific care-planning process. This includes attendance at: multidisciplinary team meetings, youth-specific state agency meetings, discharge planning meetings, IEP meetings, etc.

Limitation: It is expected that the decision to research or gather resources *for* the youth/parent/caregiver as part of the referral and linkage process is intentional. This decision should be made after assessment of the family's readiness to engage in this activity themselves, in partnership with the family at minimum and family and CPT together when possible. The youth/parent/caregiver should also be educated and taught the skills necessary to coordinate these resources on his or her behalf in the future. ICC staff are expected to refrain from attending meetings without the youth/caregiver present. Decisions around treatment planning should be made in conjunction with the family/youth, not on behalf of the family/youth, by the team as part of care coordination/treatment planning with collaterals.

Exclusion: Time spent in internal consultation with staff persons (such as FS&T staff, ICC staff, and the CSA psychiatrist) within the same program/service of the organization is included in the ICC rate and is *not* billable as separate units (this type of consultation may be billable under number 3 below if the family/youth is present during the consultation). Time spent preparing for sessions, i.e., planning strategies or interventions for use with the youth and/or family, engaging in research to help inform the session such as referring to exercises within manuals, etc., is part of the treatment process, and, as such, is not billable by ICC staff persons as separate units. Time spent participating in Systems of Care (SOC) Committee meetings is included in the ICC rate and is *not* billable as separate units, given that the focus of SOC Committee meetings is on community and systems issues, and not on Member-specific issues. Any phone or face-to-face contact with Managed Care Entity (MCE) staff, including telephonic or electronic review time, is *not* billable as separate units.

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3. **Regular Contact with Youth and Parent/Caregiver (Direct, Face-to-Face Time Spent with Youth/Parent/Caregiver)**

This refers to time spent in direct, face-to-face contact with the youth/parent/caregiver to assist in planning and meeting care planning goals, and providing them with education, advocacy, support, and individualized and family-driven interventions and/or supports. This includes: meeting with the family/youth to complete assessments, discussing progress on goals, preparing for CPT meetings, providing 24/7 crisis monitoring, and assistance in accessing Emergency Services Program (ESP)/Mobile Crisis Intervention (MCI) services, as well as time attending clinical and other meetings/activities in service to the care plan goals with the youth/caregiver.

4. **Telephone Support for Youth and Parent/Caregiver**

This refers to time on the phone with youth/parent/caregiver to review progress with ICP goals/tasks and explore need areas and potential individualized family-driven interventions. This may also include time conducting pre- and post-meeting preparation, and/or providing education, advocacy, support with navigating systems, crisis monitoring, and assistance in accessing Mobile Crisis Intervention (MCI).

5. **Member Transportation Provided by Staff**

This refers to time spent traveling with a youth in a car (or other mode of transportation) if the time spent assists in planning/meeting the youth's care planning goals.

Limitation: It is expected that the decision to transport the youth is thoughtful and intentional. This decision should be made in partnership with the family at minimum and family and CPT together when possible. The youth/parent/caregiver should also be educated and taught the skills necessary to coordinate transportation on their his or her behalf in the future.

Exclusion: Time spent traveling to/from a youth's location (i.e., home, school, other community-based setting) or to/from collateral meetings on the youth's behalf (i.e., school Individualized Education Program (IEP) meetings, meetings with state agencies, etc.), without the youth in the car, is included in the Intensive Care Coordination (ICC) rate and is *not* billable as separate units.

6. **Member Outreach**

Member outreach refers to time spent waiting for a youth at his/her home or other community-based setting for a scheduled appointment.

Limitation: This is *not* to exceed two units (30 minutes) per pre-arranged appointment and does *not* apply if the ICC staff is waiting for the youth at his/her office.

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Non-Billable

In addition to the exclusions noted above, the following are included in the ICC rate:

Supervision - Supervision refers to any time spent discussing the youth/family with a supervisor individually or in group supervision, either face-to-face or telephonically. This time spent is included in the ICC rate and is *not* billable as separate units. Additionally, time spent within training activities is included in the ICC rate and is *not* billable as separate units.

Translation Services - Translation services are included in the ICC rate and are *not* billable as separate units.

Training Activities – any time spent attending, receiving, or providing training to staff