

Medical Necessity Criteria

Children's Behavioral Health Initiative Targeted Case Management Services: Intensive Care Coordination (ICC)

Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination of services for MassHealth youth, with serious emotional disturbance (SED), under the age of 21, and enrolled in MassHealth Standard or CommonHealth. Care planning is driven by the needs of the youth and developed through a *Wraparound* planning process consistent with *Systems of Care* philosophy.

ICC provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/youth-driven, and ethnically, culturally, and linguistically relevant manner. Services and supports, which are guided by the needs of the youth, are developed through a *Wraparound* planning process consistent with *Systems of Care* philosophy that results in an individualized and flexible plan of care for the youth and family. ICC is designed to facilitate a collaborative relationship among a youth with SED, their family, and involved child-serving systems to support the parent/guardian/caregiver in meeting the youth's needs. The ICC care planning process ensures that a care coordinator organizes and matches care across providers and child serving systems to enable the youth to be served in their home community.

The care coordinator facilitates the development of a Care Planning Team (CPT) comprised of both formal and natural support persons who assist the family in identifying goals and developing an Individual Care Plan (ICP) and risk management/safety plan; convenes CPT meetings; coordinates and communicates with the members of the CPT to ensure the implementation of the ICP; works directly with the youth and family to implement elements of the ICP; coordinates the delivery of available services; and monitors and reviews progress toward ICP goals and updates the ICP in concert with the CPT. The provision of ICC services reflects the individualized needs of youth and their families. Changes in the intensity of a youth's needs over time should not result in a change in care coordinator.

Delivery of ICC may require care coordinators to team with family partners. In ICC, the care coordinator and Family Partner work together with youth with SED and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular frequent contact with the parent(s)/guardian(s)/caregiver(s) in order to provide education and support throughout the care planning process, attends CPT meetings, and may assist the parent(s)/guardian(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Partner educates parents/guardians/caregivers about how to effectively navigate the child-serving systems for themselves and about the existence of informal/community resources available to them and facilitates the caregiver's access to these resources.

Criteria

Admission Criteria

All of the following are necessary for admission to this level of care:

1. The youth meets the criteria for serious emotional disturbance (SED) per a Child and Adolescent Needs and Strengths (CANS) Assessment.

2. The youth requires a and c, or b and c:
 - a. Needs or receives multiple services other than ICC from the same or multiple provider(s);
OR
 - b. Needs or receives services from, state agencies, special education, or a combination thereof;
AND
 - c. Needs a care planning team to coordinate services the youth needs from multiple providers or state agencies, special education, or a combination thereof;
3. The person(s) with authority to consent to medical treatment for the youth voluntarily agrees to participate in ICC. The consent of a youth who is not authorized under applicable law to consent to medical treatment is desirable but not required.
4. For youth in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting who meet the above criteria, the admission to ICC may occur no more than 180 days prior to discharge from the above settings.

Psychosocial, Occupational, Cultural, and Linguistic Factors

These factors may change the risk assessment and should be considered when making level-of-care decisions.

Exclusion Criteria

The following criteria is sufficient for exclusion from this level of care:

1. The youth is in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting at the time of referral and is unable to return to a family home environment or community setting with community-based supports.

Continued Stay Criteria

All of the following criteria must be met for continued treatment at this level of care:

1. The youth's clinical condition(s) continues to warrant ICC services in order to coordinate the youth's involvement with state agencies and special education or multiple service providers.
2. Progress toward Individualized Care Plan (ICP)-identified goals is evident and has been documented based upon the objectives defined for each goal, but the goals have not yet been substantially achieved despite sound clinical practice consistent with *Wraparound* and *Systems of Care* principles.
3. Progress has not been made, and the Care Plan Team (CPT) has identified and implemented changes and revisions to the ICP to support the goals of the youth and family.

Discharge Criteria

Any of the following criteria is sufficient for discharge from this level of care:

1. The youth no longer meets the criteria for SED.
2. The CPT determines that the youth's documented ICP goals and objectives have been substantially met, and continued services are not necessary to prevent worsening of the youth's behavioral health condition.
3. Consent for treatment is withdrawn.
4. The youth and parent/guardian/caregiver are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent or treatment at this level of care becomes ineffective or unsafe.
5. The youth is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is unable to return to a family home environment or a community setting with community-based supports or ICC.
6. The youth turns 21.