



**Shasta County Health and Human Services Agency
Quality Management Tip Sheet**

**Intensive Home-Based Services (IHBS) and
Intensive Care Coordination (ICC)
Treatment Plan Requirements**

Intensive Care Coordination is a more intensive form of Targeted Case Management that facilitates assessment of, care planning for, and coordination of services for children and youth. ICC includes urgent services for youth with intensive needs. ICC is intended for youth who:

- Are involved in multiple child-serving systems;
- Have more intensive needs; and/or
- Whose treatment requires cross-agency collaboration.

Intensive Home-Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's or youth's functioning. These interventions are aimed at helping the child/youth build skills for successful functioning in the home and community, as well as improving the family's ability to help the child/youth successfully function in the home and community.

All youth must be assessed for medical necessity for ICC and IHBS. Determination of medical necessity is included in the comprehensive mental health assessment.

Children and youth receiving ICC and/or IHBS must have treatment plans for each. The services must be informed and guided by the Child and Family Team (CFT).

- See the [Integrated Core Practice Model](#) and the [Medi-Cal Manual for ICC, IHBS, and TFC](#) for more in-depth information about ICC and IHBS.

Intensive Care Coordination Treatment Plan

- The initial ICC treatment plan is created using the information from the CFT Meeting.
- Ongoing evaluation and update of the plan is done by using the ICC Treatment Plan note type every time you document the CFT meeting.

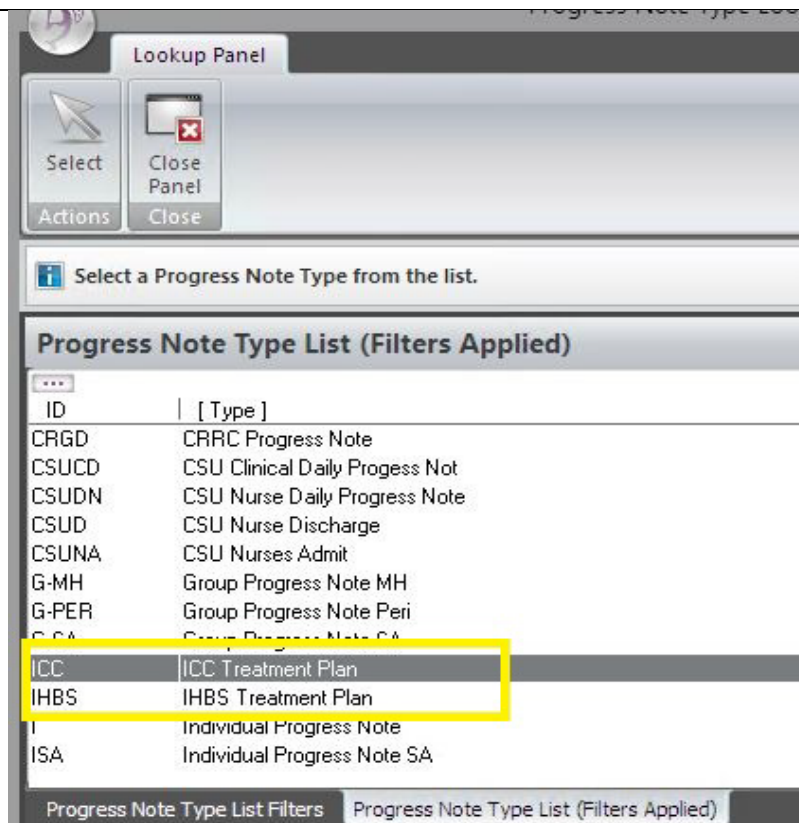
Intensive Home-Based Services

- The IHBS treatment plan is also guided by the CFT. The behaviors and symptoms, goals, and services will be identified by the CFT, the youth's clinician and others.

- The IHBS treatment plan should identify behaviors and symptoms, goals, and planned services.
- The initial IHBS treatment plan is created using the IHBS Treatment Plan progress note type.
- The IHBS treatment plan should be evaluated and updated whenever a change to the problems, goals, and services is identified. Updating the treatment plan is done using the IHBS progress note type.

Creating the ICC and IHBS Treatment Plan Progress Notes

- To create the ICC Treatment Plan progress note, choose the ICC Treatment Plan progress note type from the progress note type list.
 - The ICC treatment plan is created when documenting the CFT meeting. Use service code 53 (ICC).
- To create the IHBS Treatment Plan progress note, choose the IHBS Treatment Plan progress note type from the progress note type list. Document the problems, goals, and services in the narrative of the note.
 - Use service code 13 Plan Development when creating the IHBS treatment plan.



Full-Service Partners (FSP) – Individual Services and Support Plan (ISSP)

- Full-Service Partners must have an ISSP, which is created using the ISSP treatment plan document.
- Any youth who participates in the Full-Service Partner program and also receives ICC, must have an ICC treatment plan in addition to the ISSP.
- Consult your program for guidance on the requirements for creating the ISSP.
- In Cerner, the ISSP is under Assessments. Therefore, when creating an ISSP, you will use the New Assessment window and when looking for the ISSP, you will find it under the Assessment tab.

Targeted Case Management (TCM)

- Almost all clients who receive SMHS receive TCM and therefore must have a TCM Care Plan except for the following situations:
 1. If a client receives ICC, the ICC treatment plan covers both ICC and TCM. A separate TCM care plan is not needed.
 2. If a client has an ISSP, they do not need a separate TCM care plan. The ISSP encompasses the TCM needs.

Care Plan Decision Table

Service	ICC Treatment Plan	ISSP	TCM Care Plan
ICC and TCM	Yes	No	No
ICC, TCM, and FSP	Yes	Yes	no
FSP and TCM	No	Yes	No

- Any youth receiving IHBS needs an IHBS treatment plan in addition to any other required plans.

Timeline for Creating Treatment Plans

- There is not a set amount of time in which to complete the ICC and IHBS treatment plans. However, they should be completed within a reasonable time and should be guided by the CFT.
- ICC and IHBS treatment plans must be created for:
 1. New clients who are receiving ICC and IHBS
 2. Ongoing clients when their current treatment plan expires
 3. Ongoing clients who begin receiving the services
- Consult your program for guidance on timelines for creating and updating ISSPs.
- IHBS and ICC services may be billed prior to the completion of the plans.
- The plans do not require a client or guardian signature but do require the participation of the client and/or guardian. You may document the client and/or guardian participation in the treatment plan progress note.

Staff Assigned to Create the Treatment Plans

- The assigned clinician is responsible for creating all required treatment plans.
- When a client is only receiving medication services and therefore does not have an assigned clinician, the staff assigned responsibility for the client is responsible for creating any required plans.
 - When there is no clinician assigned, that client likely will only require a TCM Care Plan. (See the TCM Care Plan tip sheet for further information.)

Example Treatment Plan Progress Note Narratives

The following narrative has the required information to qualify as an ICC treatment plan

Met with client, resource parent, client's sibling, SCMH CFT facilitator, SCMH peer support, and SCMH SW for a scheduled CFT meeting. The purpose of the session was to update, collaborate, coordinate, discuss, problem solve, link and develop a plan of mental health services. Client currently is struggling with... Meeting is family centered focused on topics that they would like the team to address. Resource parent stated that she was frustrated that client has not been doing his assigned chores and says rude things to her when she asks him to do them and she feels really burned out. She also said he doesn't always tell her when he's going out and that is really stressful. She stated she would really like it if he would help her out by doing his chores without having to be badgered into doing them and not say rude things to her. She is also very firm that he must tell her when he is going out and where he is going. The team discussed the topics, client expressed his feelings and the team created some strategies.

Plan: Cln will be linking resource parent up with SCMH parent partner for support. Client regularly receives weekly therapy, weekly peer support services and weekly rehabilitation services. Cln and other support staff will work with client on increasing understanding of necessity for the resource parent's rules and compliance with those rules.

Does NOT have the required information to qualify as an ICC treatment plan

Met with client, resource parent, client's sibling, SCMH CFT facilitator, SCMH peer support, and SCMH SW for a scheduled CFT meeting. The purpose of the session was to update, collaborate, coordinate, discuss, problem solve, link and develop a plan of mental health services. Client currently is struggling with... Meeting is family centered focused on topics that they would like the team to address. Topics discussed and problem solved included respect for one another, chores, medication compliance, run away behavior, and parenting burnout.

Plan: Medication compliance, safety, routine, and family relationships were planned for during this meeting. Client regularly receives weekly therapy, weekly peer support services and weekly rehabilitation services.

- This is a great note for billing purposes but not for the ICC treatment plan. It doesn't actually provide any information on what plans were created, including any concrete goals and planned actions or services.
- **If notes are taken during the CFT meeting that detail what the issues and goals are, along with detailed information on "who will do what by when," it's ideal to use those notes in the treatment plan note since they are a record of what is discussed and decided by the CFT.**