

**COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH**

POLICY NO. :	POLICY TITLE:	EFFECTIVE DATE:
1001.200	AUTHORIZATION & REFERRAL PROCESS FOR IN-COUNTY INTENSIVE HOME BASED SERVICES (IHBS)	6/8/2015
PROGRAM:	CHILDREN & FAMILY SERVICES (C&FS)	REVISION DATES: 9/19/2016, 1/27/2020
AFFECTS:	C&FS	REVIEW DATES:

POLICY Eligible clients will receive Intensive Home Based Services (IHBS), a community based behavioral rehabilitative and support service, as medically necessary.

In accordance with the Humboldt Practice Model and C&FS System of Care, decisions about children, youth and families are made collaboratively. C&FS partners with children, youth, families and their natural supports. Decisions are guided by regulations, law and ethics, as well as child, youth and family voice to meet the needs of child safety, health and well-being.

DEFINITION(S) ICC and IHBS are provided through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to all children and youth who are under the age of 21, are eligible for the full scope of Medi-Cal services, and meet medical necessity criteria for these Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210. Membership in the Pathways to Wellbeing, (Katie A.) subclass is not a prerequisite to receiving ICC and IHBS.

Child and Family Team (CFT) must include the child, family, Intensive Care Coordinator (ICC), BH clinician, CW social worker (if client has open CWS case), and probation officer (if client is on probation). The CFT may include Tribal representatives, additional service providers, extended family members, education, and other individuals/entities designated by the child/family as important to their well-being.

- PROCEDURE**
1. The Child and Family Team (CFT):
 - 1.1. Meets and agrees on the need for IHBS
 2. The Behavioral Health Clinician (BHC):
 - 2.1 Initiates the referral by submitting the following documents to the BH Supervisor:
 - 2.1.1. 1211 IHBS Assessment
 - 2.1.2. 1212 IHBS Authorization/Medical Necessity form
 - 2.1.3. Releases of Information (ROI) to allow preliminary contact with IHBS providers to initiate and coordinate services
 - 2.1.4. 1014 Client Plan updated to include IHBS as an intervention
 3. The BH Supervisor:
 - 3.1. Reviews and co-signs section I of the 1211 IHBS Assessment and section I of the 1212 IHBS Authorization/Medical Necessity form
 - 3.2. Verifies completion of ROIs
 - 3.3. Forwards the ROIs, 1211 IHBS Assessment, and 1212 IHBS Authorization/Medical Necessity form to the BH Program Analyst
 4. The BH Program Analyst:
 - 4.1. Compiles the complete IHBS referral packet including:

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- 4.1.1.ROI
- 4.1.2.1211 IHBS Assessment
- 4.1.3.1212 IHBS Authorization/Medical Necessity form
- 4.1.4.1096 Assessment including 1096 diagnosis
- 4.1.5.1014 Client Plan with IHBS included
- 4.1.6.Client Information form
- 4.1.7.1173 Mental Status Exam
- 4.1.8.Health History form (if available)
- 4.2. Forwards the referral packet to the BH Program Manager

- 5. The BH Program Manager:
 - 5.1. Reviews 1211 IHBS Assessment and verifies Medical/Necessity by signing section III
 - 5.2. Authorizes the service by signing section III of the 1212 IHBS Authorization/Medical Necessity form
 - 5.3. Returns IHBS referral packet to BH Program Analyst

- 6. The BH Program Analyst:
 - 6.1. Contacts both providers to verify availability
 - 6.2. Selects provider based on:
 - 6.2.1.Availability
 - 6.2.2.Urgency of referral
 - 6.2.3.Family preference
 - 6.2.4.Order of rotation
 - 6.3. Completes provider assignment section of the 1212 IHBS Authorization/Medical Necessity form (section IV)
 - 6.4. Submits the completed IHBS referral packet to the provider by fax or encrypted email
 - 6.5. Scans a copy of the 1212 IHBS Authorization form to Claim's Data Management

- 7. The IHBS Provider:
 - 7.1. Contacts the BH Clinician within 48 hours of receiving referral to discuss availability for initial IHBS service planning meeting

- 8. The BH Clinician:
 - 8.1. Contacts the child/youth and/or family to schedule the initial meeting with the IHBS Provider
 - 8.1.1.CFT meetings are scheduled at a date/time and location of the child/youth and/or family's choosing
 - 8.2. Contacts the assigned IHBS Provider to schedule the initial service planning meeting

- 9. The IHBS Provider:
 - 9.1. Develops the IHBS Service Plan with input from the child/youth and family and other participants at the IHBS service planning meeting
 - 9.1.1. IHBS Service Plan covers:
 - 9.1.1.1. Target behaviors and goals to be addressed
 - 9.1.1.2. Interventions to be used including time, frequency, and duration
 - 9.1.1.3. Environmental influences affecting behaviors to be addressed
 - 9.1.1.4. Specific outcome measures that demonstrate a decline in target behaviors
 - 9.1.1.5. Adaptive replacement behaviors or skills and strategies that will be developed or acquired
 - 9.1.1.6. Plan to assist family/caregivers with skills and strategies to provide continuing care and help the child/youth function successfully at home and in the community
 - 9.1.1.7. Transition plan to move to less formal supports while decreasing/discontinuing IHBS

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- 9.2. Completes the IHBS Service Plan with the child/youth and family, and obtains their signatures
 - 9.2.1. The completed IHBS Service Plan serves as the “*authorized referral*” noted in Exhibit A - Scope of Services, section B. 4. Service Timeliness & Closure (page 41) of IHBS Provider’s contract which states, “*IHBS will begin within 48 hours of receipt of an authorized referral containing a pre-approved schedule of hours/days developed by CFT members with Provider input.*”
 - 9.2.1.1. Initial authorization of IHBS is effective for one year
 - 9.2.2. IHBS will begin within 48 hours of the completion of the IHBS Provider Service Plan.
 - 9.2.3. IHBS is documented by the provider using provider IHBS activity code M3558.
 - 9.3. Attends subsequent CFT meetings while the child is receiving IHBS to discuss progress toward goals and plan amendments as needed
 - 10. Re-authorization of IHBS, as agreed upon by the CFT and documented by the completion of a new/updated 1211 IHBS Assessment and 1212 IHBS Authorization/Medical Necessity form will occur every one year thereafter as needed
 - 11. IHBS will close when the CFT agrees that the goals have been met or if the client is not benefitting from the service
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FORM(S)/
ATTACHMENTS [1006C Authorization for ROI-CFS](#)
[1210 CFT Meeting Summary](#)
[1211 IHBS Assessment](#)
[1212 IHBS Authorization/Medical Necessity](#)
[IHBS Provider Service Plan](#)

REFERENCE [The California Integrated Core Practice Model for Children, Youth and Families](#)
[Medi-Cal Manual for Intensive Care Coordination \(ICC\), Intensive Home Based Services, \(IHBS\), and Therapeutic Foster Care Services \(TFC\)](#)
