



Medi-Cal Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)

Access Standards and Beneficiary Rights

Some county mental health plans (MHPs) have policies and practices on ICC and IHBS that do not comply with state law and policy, such as imposing additional eligibility criteria or requiring prior authorization for ICC. This factsheet reviews the correct legal standards for ICC and IHBS access and outlines what a beneficiary can do if they are denied access to these services.

What is ICC and IHBS?

Intensive Care Coordination (ICC) is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to children and youth. ICC services are provided through an Integrated Core Practice Model, including through a Child and Family Team that facilitates collaboration among the child, their family, and relevant systems.

Intensive Home Based Services (IHBS) are individualized, strength-based interventions designed to address mental health conditions that impact a child or youth's functioning. They are aimed at helping children and youth, and their families, build skills and supports necessary for successful functioning in their home and community.

Does Medi-Cal cover ICC and IHBS?

Yes. For beneficiaries under age 21, Medi-Cal covers all medically necessary services for mental health conditions or suspected conditions. There are two categories of Medi-Cal mental health services: Specialty Mental Health Services (SMHS), which are provided through county MHPs; and Non-Specialty Mental Health Services (NSMHS), which are provided through managed care plans or fee-for-service. Both ICC and IHBS are SMHS covered by Medi-Cal.¹

How does a beneficiary access ICC and IHBS?

MHPs are responsible for providing SMHS, including ICC and IHBS. In order to access the SMHS delivery system, a beneficiary must meet certain criteria.² For beneficiaries under age 21, these criteria are very broad. For example, if a child or youth has been involved in the child welfare or juvenile justice systems, is experiencing homelessness, or has experienced other trauma that

¹ CAL. DEP'T OF HEALTH CARE SERVS., *Specialty Mental Health Services for Children & Youth*, https://www.dhcs.ca.gov/services/MH/Pages/Specialty_Mental_Health_Services.aspx (last visited Aug. 1, 2024).

² See CAL. WELF. & INST. CODE § 14184.402(d); CAL. DEP'T OF HEALTH CARE SERVS., Behavioral Health Information Notice (BHIN) 21-073 (Dec. 10, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf>.

puts them at a high risk for a mental health condition, then they qualify for SMHS. Likewise, if a child or youth has a suspected mental health disorder and a need for SMHS, then they qualify. A mental health diagnosis is **not** required. To request ICC, IHBS, or other SMHS, the beneficiary or their representative can [contact their MHP](#).

What is the eligibility standard for ICC and IHBS?

Once a beneficiary has accessed the SMHS delivery system, then they are entitled to all medically necessary SMHS.³ MHPs must provide ICC and IHBS to all children and youth under age 21 who meet the medical necessity criteria for these services.⁴ DHCS has specifically instructed that MHPs **cannot** narrow eligibility for these services through any additional policy criteria, screenings, or assessment tools.⁵ The addition of any eligibility criteria beyond medical necessity is unlawful.

Medical necessity for individuals under age 21 is defined broadly. Pursuant to Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, all services necessary to correct or ameliorate a mental health condition must be provided.⁶ The services do not need to "cure" the condition; those that sustain, support, improve, or make more tolerable a mental health condition are also considered medically necessary.⁷

Can MHPs require prior authorization for ICC and IHBS?

Prior authorization is a process by which a health care provider must obtain advance approval from the MHP before certain services are provided. MHPs **cannot** require prior authorization for ICC.⁸ MHPs can require prior authorization or referral from the MHP for IHBS.⁹

What can a beneficiary do if they are denied ICC or IHBS?

If a MHP denies ICC or IHBS to a Medi-Cal beneficiary, then it must provide a timely, written notice of the denial to the beneficiary, informing them of the reason for the denial and their due process rights. A beneficiary has the right to appeal that denial with the MHP. A beneficiary also has the right to request a state hearing if they disagree with the results of the appeal, if it was not resolved in the required timeframe, or if the beneficiary did not receive a timely, written notice of the denial.¹⁰ To learn more, see NHeLP's resource on [Beneficiary Rights](#).

³ CAL. WELF. & INST. CODE § 14184.402(d); BHIN 21-073, *supra* note 2, at 4.

⁴ CAL. DEP'T OF HEALTH CARE SERVS., BHIN 21-058 (Sept. 17, 2021), <https://www.dhcs.ca.gov/Documents/BHIN-21-058-Claiming-for-Intensive-Care-Coordination.pdf>.

⁵ *Id.* at 2–3 ("MHPs cannot develop or utilize a screening or assessment tool or policy that narrows the eligibility for ICC, IHBS or TFC beyond medical necessity. . . . If [DHCS] learns of such tools or policies, it will review them for compliance and may take corrective action as needed.")

⁶ 42 U.S.C. § 1396d(r)(5); CAL. WELF. & INST. CODE § 14059.5(b)(1); BHIN 21-073, *supra* note 2, at 2–3.

⁷ CTR. FOR MEDICARE & MEDICAID SERVS., *EPSDT: A Guide for States* (June 2014), <https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>; BHIN 21-073, *supra* note 2, at 2–3.

⁸ BHIN 21-058, *supra* note 3, at 4; CAL. DEP'T OF HEALTH CARE SERVS., BHIN 22-016 (Apr. 15, 2022), <https://www.dhcs.ca.gov/Documents/BHIN-22-016-Authorization-of-Outpatient-Specialty-Mental-Health-Services.pdf>.

⁹ *Id.*

¹⁰ CAL. DEP'T OF HEALTH CARE SERVS., MH SUDS Information Notice No. 18-010E (Mar. 27, 2018), https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/NOABD%20IN/MHSUDS_IN_18-010_Federal_Grievance_Appeal_System_Requirements.pdf.