

Medical Necessity Guidelines: Targeted Case Management Services: Intensive Care Coordination (ICC): Massachusetts Products

Effective: September 15, 2021

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Applies to:</p> <p>COMMERCIAL Products</p> <p><input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <p><input type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>TUFTS HEALTH PUBLIC PLANS Products</p> <p><input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products</p> <ul style="list-style-type: none"> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	

Note: While you may not be the provider responsible for providing notification or obtaining prior authorization, as a condition of payment you will need to make sure that notification has been provided or prior authorization has been obtained.

Tufts Health Plan Commercial members are covered without prior authorization for the initial assessment and one month of ICC services. ICC Providers must notify Tufts Health Plan that services have begun within 3 days of the initial assessment. ICC Providers must request prior authorization pursuant to the guidelines below for coverage of ICC services beyond one month. Please consult the Tufts Health Plan Commercial Provider Manual or the Tufts Health Public Plans Provider Manual for prior authorization, notification and clinical documentation submission requirements. Additional information on authorization and notification requirements is also available in the Inpatient and Intermediate Behavioral Health/Substance Use Disorders Facility Payment Policy; this policy is available in the Provider Resource Center on the Tufts Health Plan website.

OVERVIEW

Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination of services for youth with serious emotional disturbance (SED). Care planning is driven by the needs of the youth and developed through a *Wraparound* planning process consistent with *Systems of Care* philosophy.

Coverage for services is available to children and adolescents that meet the following medical necessity criteria until the Member's 19th birthday. Tufts Health Plan will continue coverage for services for Members age 19 and beyond when services are medically necessary and part of an ongoing treatment plan.

Intensive Care Coordination (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, his/her family and involved child-serving systems to support the parent/caregiver in meeting their 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.

ICC is defined as follows:

Assessment: The care coordinator facilitates the development of the Care Planning Team (CPT), who utilize multiple tools, in conjunction with a comprehensive assessment and other clinical information to organize and guide the development of an Individual Care Plan (ICP) and a risk management/safety plan. The CPT is a source for information needed to form a complete assessment of the youth and family. The CPT includes, as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving state agencies, and natural supports, such as family Members, neighbors, friends, and clergy. Assessment activities include without limitation the care coordinator

- assisting the family to identify appropriate Members of the CPT;
- facilitating the CPT to identify strengths and needs of the youth and family in meeting their needs; and
- collecting background information and plans from other agencies.

The assessment process determines the needs of the youth for any medical, educational, social, therapeutic, or other services. Further assessments will be provided as medically necessary.

Development of an Individual Care Plan: Using the information collected through an assessment, the care coordinator convenes and facilitates the CPT meetings and the CPT develops a child- and family-centered Individual Care Plan (ICP) that specifies the goals and actions to address the medical, educational, social, therapeutic, or other services needed by the youth and family. The care coordinator works directly with the youth, the family (or the authorized healthcare decision maker), and others to identify strengths and needs of the youth and family, and to develop a plan for meeting those needs and goals with concrete interventions and strategies, and identified responsible persons.

Referral and related activities: Using the ICP, the care coordinator

- convenes the CPT which develops the ICP;
- works directly with the youth and family to implement elements of the ICP;
- prepares, monitors, and modifies the ICP in concert with the CPT;
- will identify, actively assist the youth and family to obtain, and monitor the delivery of available services including medical, educational, social, therapeutic, or other services;
- develops with the CPT a transition plan when the youth has achieved goals of the ICP; and
- collaborates with the other service providers and state agencies (if involved) on the behalf of the youth and family.

Monitoring and follow-up activities: The care coordinator will facilitate reviews of the ICP, convening the CPT as needed to update the plan of care to reflect the changing needs of the youth and family. The care coordinator working with the CPT perform such reviews and include

- whether services are being provided in accordance with the ICP;
- whether services in the ICP are adequate; and
- whether these are changes in the needs or status of the youth and if so, adjusting the plan of care as necessary.

CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize initial Intensive Care Coordination services when **ALL** of the following are met:

1. The youth is under age 19.
2. The youth meets the criteria for serious emotional disturbance (SED) as defined by either Part I or II of the criteria below:

Part I:

The youth currently has, or at any time during the past year has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within ICD -10 or DSM -IV-TR (and subsequent revisions) of the American Psychiatric Association with the exception of other V codes, substance use, and developmental disorders, unless these disorders co-occur with another diagnosable disturbance. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.

The diagnosable disorder identified above has resulted in functional impairment that substantially interferes with or limits the youth's role or functioning in family, school, or community activities. Functional impairment is defined as difficulties that substantially interfere with or limit the youth in achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

Youth who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

OR

Part II:

The youth exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems

The emotional impairment is not solely the result of autism, developmental delay, intellectual impairment, hearing impairment, vision impairment, deaf-blind impairment, specific learning disability, traumatic brain injury, speech or language impairment, health impairment, or a combination thereof.

3. The youth:
 - 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.
4. The person(s) with authority to consent to medical treatment for the youth voluntarily agrees to
 - a. participate in ICC. The assent of a youth who is not authorized under applicable law to consent to
 - b. medical treatment is desirable but not required.
5. 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.

Tufts Health Plan may authorize continuation of Intensive Care Coordination services when **ALL** of the following are met:

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
OR
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.

Tufts Health Plan will no longer authorize continuation of Intensive Care Coordination services when **ANY** of the following are met:

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/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.

**Please note that Psychosocial, Occupational, and Cultural and Linguistic factors may change the risk assessment and should be considered when making level-of-care decisions.*

LIMITATIONS

Coverage for services is available to children and adolescents that meet the foregoing medical necessity criteria until the Member's 19th birthday. Tufts Health Plan will continue coverage for services for Members age 19 and beyond when services are medically necessary and part of an ongoing treatment plan.

Tufts Health Plan will not cover Intensive Care Coordination services when **EITHER** of the following is met:

1. The person(s) with authority to consent to medical treatment for the youth does not voluntarily consent to participate in ICC.
2. 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.

CODES

The following HCPCS code(s) are associated with Intensive Care Coordination:

Table 1: HCPCS Codes

HCPCS Code	Description
H0023	Behavioral health outreach service (planned approach to reach a targeted population)

Please refer to the [Inpatient and Intermediate Behavioral Health/Substance Use Disorders Facility Payment Policy](#) for more information regarding billing of these services.

REFERENCES

Commonwealth of Massachusetts, Executive Office of Health and Human Services, MassHealth criteria for coverage of Targeted Case Management Services: Intensive Care Coordination Services. Accessed at mass.gov/files/documents/2016/07/qj/mnc-target-case-mgt-services-icc.pdf, last accessed January 4, 2019.

APPROVAL HISTORY

January 9, 2019: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC).

Subsequent endorsement date(s) and changes made:

- April 17, 2019: Reviewed at IMPAC. Approved, effective July 1, 2019
- June 19, 2019: Reviewed at IMPAC, PA requirement added. Revised notification language. Removed paragraph with regard to family partner services.
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 4, 2020: Fax number for Unify updated
- September 15, 2021: Reviewed by IMPAC, renewed without changes

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

[Provider Services](#)