Intensive Care Coordination (ICC) FAQ
Updated October 2014

- What Is ICC and Who Can Provide ICC?

Intensive Care Coordination shall include facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community-based setting. Intensive Care Coordination is characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case Management.”

The provision of ICC is open to both CSB’s and private providers. In accordance with the State Executive Council (SEC) Policy, effective July 1, 2014, all ICC providers must be trained in the High Fidelity Wraparound (HFW) model. All educational, training, and supervision requirements for ICC can be found in the 2013 SEC ICC Policy. A list of all agencies with providers who have completed the required training can be found on the CSA website at: http://www.csa.virginia.gov/COE/coe.cfm.

- I am a new staff and have not yet been trained in HFW; can I still provide the service?

Yes, new staff can serve in the ICC role provided that they complete the next available HFW facilitator training and are supervised by someone who has completed the required HFW training.

- What is High Fidelity Wraparound (HFW)?

High Fidelity Wraparound is an evidenced-informed practice that is firmly grounded in System of Care values such as individualized, family and youth driven services, strengths-based practice, reliance on natural supports and building of self-efficacy, team-based practice, outcomes-based service planning, and cultural and linguistic competence. The HFW approach is a process of care management that holistically addresses the behavioral and social needs of a youth and family in order to develop self-efficacy. HFW provides the family with voice and ownership of their plan of care and service delivery. With the help and support of the facilitator as well as youth and family supports, the youth and family develop their team. The team will consist of system partners and those important to the family (natural supports). The youth and family are integral to the process, sharing their voice and choice as it relates to their plan, and eventually the youth and family will lead the meetings. This team works together to identify the family’s vision, goals and needs and then develops specific measureable plans to accomplish those outcomes making certain to honor the family culture. The HFW model follows a “structured” series of four phases (Engagement and Team Preparation, Planning, Implementation, Transition) with associated activities and hallmarks.
• **What Restrictions Exist for the Provision of ICC and Other Services?**

Virginia DMAS (in accordance with Federal Guidelines) categorizes ICC as a Case Management Service. As a result, regulations regarding non-duplication apply; meaning that other billed Case Management services (e.g., Treatment Foster Care – Case Management, Mental Health Case Management) cannot occur while ICC is in place. This also applies to Intensive In-Home (IIH) Services. Once currently proposed regulations to unbundle case management from IIH are signed (these are currently at the final stage pending signature by the Governor), then IIH will be allowable as a service concurrent with ICC.

• **Can ICC Be Provided To a Youth In Residential Placement?**

Virginia DMAS (in accordance with Federal Guidelines) allows for a three month, pre-discharge period for the concurrent provision of ICC while a youth is in Residential Placement. This allowance falls under the Transition Coordination Model (part of the Children’s Mental Health Program) in the DMAS Provider Manual. During the overlap period, the ICC can begin engagement activities as well as the development of a High Fidelity Wrap (HFW) Plan related to discharge planning and other HFW Team identified needs.

• **Can the ICC Serve as the Lead Agency Case Manager for FAPT?**

The ICC cannot be the lead agency case manager for FAPT. The Office of Comprehensive Services provided guidance on this issue in November 2013 ([November 2013 ASK OCS Question, ICC as Lead Agency Case Manager](https://example.com)). If the ICC is a CSB employee, the lead agency case manager must be a separate individual from a child serving agency (schools, DSS, DJJ, or CSB).

Local CSA may purchase the FAPT case oversight function from the CSB by using the Case Support service ([Standardized Service Name Definitions](https://example.com)).