

Intensive Clinical Services (ICS)

Program Description

The Intensive Clinical Services (ICS) Team is an integrated clinical team comprising individuals experienced in working with individuals with intellectual/developmental disabilities and co-occurring serious mental illness. It provides intensive clinical treatment utilizing a combination of modified DBT, habilitation, sensory integration, and behavioral interventions for individuals transitioning from acute inpatient, extended acute inpatient, Norristown, and RTF levels of care into community homes funded by the Consolidated Waiver. Treatment interventions are both trauma-informed and Evidence-Based Practices (e.g., CBT, DBT) informed or adapted to the intellectual and developmental capacity of the individual. The ICS team will accommodate the learning needs of the clients, using measurable goals and outcomes to determine an increase or decrease in the intensity of services.

The multidisciplinary ICS team includes a Mobile Therapist, Consulting Psychologist, Behavioral Specialist, Rehabilitation Specialist, and Peer Specialists. The team will coordinate care with the respective outpatient provider for medication evaluation and management. The length of service is based on support needs as they transition from a high level of care into a community home funded by the waiver, which may include a Community Living Arrangement (CLA), Community Residential Rehabilitation (CRR), Life Share home, or TIP Housing. The length of stay is anticipated to be at least six months.

The target individuals are adults (18+) registered with or eligible for any waiver within IDS, have a behavioral health disorder with co-occurring ID/DD, and are being discharged from a high level of care to a community home (ID or MH). As part of the BHID System of Care, this service will be approved through the CBH Complex Care leadership team.

This service is not available for individuals authorized for BHID-CTT services.

Admission Criteria (must meet all criteria below)

- A.** The member has a confirmed DSM-5 diagnosis of co-occurring mental health and IDD disorders;
- B.** The member is registered with IDS and has been approved for any of the ID waivers to support their transition into the community;
- C.** The member is transitioning from a higher level of care to a waiver-funded program;
 - » Individuals must have an identified acceptance letter from a receiving provider, an approved IDS transition plan, and a comprehensive biopsychosocial evaluation that integrates the ISP (Individual Service Plan) information.
- D.** The member has an extensive history of multiple and long lengths of stay in acute and extended acute psychiatric inpatient hospitals and/or extensive placement histories in institutional levels of care, including state hospitals;

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AND

- E. For members ages 65+, they are not enrolled in Community HealthChoices.

Continued Stay Criteria

- A. The member's condition continues to meet admission criteria as evidenced by the integrated treatment and psychiatric rehabilitation plan highlighting the goals, objectives, progress in treatment, progress in skill building, and social skills training to support those with co-occurring ID/Autism and mental health conditions.
- B. There is a reasonable expectation that discontinuing ICS will result in rapid exacerbation or recurrence of symptoms or behaviors.

Discharge Indicators

- A. The member, ICS team, and BHID Executive Clinical Leadership Group determines that ICS is no longer needed based on the attainment of goals in the integrated treatment plan.
 - » The behavioral support plan implemented within ID waiver programs has been updated to reflect the transition of ICS to that service within the waiver, and a less intensive level of care has been identified that can provide ongoing support.
- B. The individual refuses services despite the team's documented attempts to engage the individual in treatment, and the provider has documented and reviewed strategies to reengage the individual before considering discharge.