



Subject: Utilization Management	Procedure: Authorizations for Intensive Care Coordination with Wraparound (ICCW)	
Last Updated: 3/24/2025	Owner: Managed Care Operations	Pages: 3

I. PURPOSE

To provide procedural and operational guidance to directly operated and contract providers on the documentation requirements for authorizations of Intensive Care Coordination with Wraparound (ICCW) services.

II. DEFINITIONS

A. Intensive Care Coordination with Wraparound (ICCW):

An evidence informed approach to ensure comprehensive coordination to youth and their families with intensive treatment needs. ICCW is an individualized, youth-guided planning process intended to allow for collaboration that spans multiple systems, programs, and resources.

B. Medical Necessity:

Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person's diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care. The medical necessity of a service shall be documented in the individual plan of service (IPOS).

III. PROCEDURE

A. Intensive Care Coordination with Wraparound (ICCW) services provide care coordination that includes organization, coordination, linkage, monitoring of services and supports, and advocacy on behalf of the youth and their family. This coordination and collaboration span across multiple systems, programs, and resources in alignment with systems of care philosophy. ICCW is the individualized, family-driven, and youth-guided planning process facilitated by care coordinator (i.e., primary case holders) that are trained and certified in the Wraparound Planning Process.

B. The Wraparound Planning Process uses a collaborative wraparound team approach including the youth and their family and their choice of professional and natural supports. Care coordinators (i.e., primary case holders) facilitate the wraparound plan

development, considering all life domains. The Wraparound Planning Process follows four stages:

1. Hello-Engagement and Team preparation.
2. Help-Initial plan development.
3. Heal-Implementation
4. Hope-Transition.

C. ICCW criteria are as follows:

1. The youth must be under the age of 21.
2. The youth must have active Medicaid entitlements.
3. The youth must meet eligibility standards for MCCMH services as a person with a Serious Emotional Disturbance (SED) or a person with an Intellectual/Developmental Disability (I/DD).
4. The youth must present with complex behavioral needs.
5. The youth must have an identified home and community.
6. The youth must present with two or more of the following:
 - a) Involved in two or more young adult-serving systems, including but not limited to Mental Health, Criminal Justice, Child/Adult Welfare, Special Education, etc.
 - b) At risk for out-of-home placement.
 - c) Discharged from a state hospital or Child Caring Institute (CCI) within the last 90 days.
 - d) Has had two or more inpatient psychiatric hospitalizations.
 - e) Released from a non-medical public facility, such as a juvenile detention facility, within the last 12 months. Please note: the youth must not be currently residing in such a facility.
 - f) Experienced multiple child welfare placement disruptions.
 - g) Youth and their family lack an identified support system.
 - h) Has received other case management and a higher intensity is required to meet their needs.
 - i) Presents with complex medical needs and stabilization has not been reached.
 - j) Experiencing multiple school suspensions and/or expulsion.
 - k) Displays significant physical and/or emotional distress after experiencing a traumatic event such as natural disasters, acts of violence, abuse/neglect, etc.

D. When a youth is being served under the Waiver for Children with Serious Emotional Disturbances (SEDW), ICCW is the recommended model to support the youth and their family through the planning process.

E. Targeted Case Management cannot be authorized when ICCW has been authorized.

- F. Youth can receive home-based services and ICCW concurrently, but the case management functions through home-based services may not be billed at the same time that ICCW is being billed.
- G. When a primary case holder identifies that ICCW is a medically necessary service for the youth per the Michigan Medicaid Provider Manual, they shall:
 - 1. Discuss this service need as a part of the person-centered planning process.
 - 2. Ensure that this service is identified in the youth's Individual Plan of Service (IPOS).
 - a) The goal(s) must address the medical necessity of this service and include the amount, scope, and duration with time-limited, measurable objectives and interventions.
 - b) The service code for ICCW is H2021.
- H. The primary clinical provider submits a prior authorization request to Managed Care Operations (MCO) in the FOCUS Electronic Medical Record (EMR). Authorization requests can be submitted up to sixty (60) calendar days, and no less than fourteen (14) calendar days, prior to the effective date of the authorization.
- I. MCO staff have fourteen (14) calendar days to make a medical necessity determination once they receive the request.
 - 1. When it is determined that the person served meets the medical necessity criteria for ICCW, the authorization is approved in the Focus EMR, and an electronic notification is sent to the primary clinical provider.
 - 2. When it is determined that the person served does not meet the medical necessity criteria for the authorization of ICCW the authorization request is denied in the Focus EMR, and an electronic notification is sent to the primary clinical provider. MCO sends a Notice of Adverse Benefit Determination to the person served and/or their legal guardian.

IV. REFERENCES

Michigan Medicaid Provider Manual

V. RELATED POLICIES

- A. MCCMH MCO Policy 4-020, “Medicaid and Non-Medicaid Notice of Adverse Benefit Determination”
- B. MCCMH MCO Policy 12-004, “Service Authorizations”

VI. EXHIBITS

None

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	2/11/2025	Creation of Procedure	MCCMH MCO Division
2	3/24/2025	Implementation of Procedure	MCCMH MCO Division