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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client: | Case #: | | | | | | | Program: | | | |
| Date of Service: | Unit: | | | | | | | SubUnit: | | | |
| Server ID: | Service Time: | | | Travel Time | | | | | | Documentation Time: | |
| Person Contacted: | Place: | | Outside Facility: | | | | | | Contact Type: | | Appointment Type: |
| Billing Type (Language Service Provided In): | | | | | Intensity Type (Interpreter Utilized): | | | | | | |
| Focus of session Diagnosis ICD-10 Code(s): | | | | | Service: | | | | | | |
| **INTENSIVE CARE COORDINATION/ICC NOTE** | | | | | | | | | | | |
| **Traveled To/From (when applicable):** | | | | | | | | | | | |
| **Does this service include working toward identifying the Child and Family Team or has the Child and Family Team been identified?**  Yes  No (If No, does not meet criteria for ICC Service Code 82 and appropriate code should be identified) | | | | | | | | | | | |
| **Intensive Care Coordination Intervention** (Describe purpose and content of contact as related to teaming, supporting client’s stabilization and mental health needs).  Focus on the following ICC components ( a minimum of one must be addressed/ may be more than one): | | | | | | | | | | | |
| * Planning/assessment/reassessment of strengths and need: | | | | | | | | | | | |
| * Referral, monitoring, and follow up activities: | | | | | | | | | | | |
| * Transition to promote long-term stability: | | | | | | | | | | | |
| **Functional Impairment** (Client Current Impairment, Symptoms/behaviors affecting functioning that is the focus of service): | | | | | | | | | | | |
| **If Client Present, Response to Intervention/ Observed Behaviors**: | | | | | | | | | | | |
| **Plan** (next steps i.e. change in client plan, referrals given, child and family team meeting scheduled, updating or collaborating with other team members): | | | | | | | | | | | |
| **Overall Risk** (Based on current service, including mitigating factors, evaluate and determine if the client is at an elevated risk for):  Danger to Self:  Danger to Others: | | | | | | | | | | | |
| **Additional Information** (when applicable): | | | | | | | | | | | |
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|  | |  |  | | |  |  | | | | |
| Signature/Credential | |  | Date | | |  | Printed Name/Credential/Server ID# | | | | |
|  | |  |  | | |  |  | | | | |
| Co-Signature/Credential | |  | Date | | |  | Printed Name/Credential/Server ID# | | | | |

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| County of San Diego  Health and Human Services Agency  Mental Health Services  **INTENSIVE CARE COORDINATION/ICC NOTE**  HHSA:MHS-925 06/20/18 | **Client:**  **Case #:**  **Program:** |