|  |  |  |
| --- | --- | --- |
| 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 theChild 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):       |
|  |
|  |  |       |  |       |
| Signature/Credential  |  | Date |  | Printed Name/Credential/Server ID# |
|  |  |       |  |       |
| Co-Signature/Credential  |  | Date |  | Printed Name/Credential/Server ID# |

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