

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):

Signature/Credential

Date

Printed Name/Credential/Server ID#

Co-Signature/Credential

Date

Printed Name/Credential/Server ID#

County of San Diego
Health and Human Services Agency
Mental Health Services

INTENSIVE CARE COORDINATION/ICC NOTE
HHSA:MHS-925 06/20/18

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