SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Confidential Patient Information: See California Welfare and Institutions Code Section 5328

Eligibility Screening Form: ICC Services

Client Name: _____ DOB: _____ MHN: _____

Gender: _____ Pronouns: _____ Race/Ethnicity: _____

Language: _____ Medi-Cal #: _____ Issue Date: _____

Address: _____ Phone: _____

Caregiver Name: _____ Relationship: _____ Language: _____

Caregiver Name: _____ Relationship: _____ Language: _____

Address: _____ Phone: _____

1. Does the child/youth/young adult (age 0-20) have full-scope Medi-Cal? ☐ YES ☐ NO
2. Does the child/youth/young adult (0-20) meet medical necessity for Specialty MH Services (SMHS)? ☐ YES ☐ NO

   If **YES**, see current MH Assessment dated _____ or CANS dated _____
3. Do any of the following apply to the child/youth/young adult (age 0-20)? ☐ YES ☐ NO

☐	Specialized Care rate (for Caregivers' additional time to address BH issues)
☐	Intensive SMHS (TBS, Crisis Stabilization, In-Home Crisis Support)
☐	Received SMHS **AND** homeless during prior 6 mos.
☐	2 or more psychiatric hospitalizations in the last 12 mos.
☐	Psychiatric hospitalization and/or Discharged in the last 90 days
☐	Living in a Short Term Residential Treatment Program (STRTP)
☐	Probation or other Justice/Legal System
☐	Open or Voluntary CPS/Child Welfare case

☐	Age **0-5** w/ more than 1 MH Dx **OR** more than 1 psychotropic med
☐	Age **6-11** w/ more than 2 MH Dx **OR** more than 2 psychotropic meds
☐	Age **12-20** w/ more than 3 MH Dx **OR** more than 3 psychotropic meds
☐	2 or more antipsychotic meds at same time for over 3 mos.
☐	2 or more ER visits due to mental health in the last 6 mos.
☐	2 or more placement changes due to behavioral health needs in the last 24 mos.
☐	Wraparound/FSP Wrap

☐ Other indicators where ICC may be recommended:

Intensive Care Coordination (ICC): ICC is a targeted case management service that facilitates communication and collaboration amongst caregivers, family members, natural supports, and multiple system providers. ICC services include assessment of, care planning for, and coordination of services, including urgent services. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. **Once ICC is approved, then this form will be submitted to the contract agency who will review the form and contact the provider completing this form.**

CHOOSE ONE: *A child/youth/young adult is eligible for **ICC** if the answers to questions **1, 2 AND 3** above are all "**Yes**"*

☐ Client is **eligible** for ICC services and **services are recommended**

Reason for referral (include behavior issues, mental health symptoms, and change of level of care):

☐ Client is **eligible** for ICC services and **services will not be provided** at this time

Please explain why:

☐ Client is **NOT eligible** for ICC services (Questions 1-3 are not all "Yes")

This eligibility screening form was completed by:

Name: _____ Email/Phone: _____/_____

Title/Program: _____/_____ Date: _____

Supervisor signature: _____

EMAIL or FAX completed form to:
Pathways to Well-Being Mental Health Program Specialist (PTW MHPS)
SMHS-Referrals@smcgov.org or (650) 341-7389

THIS SECTION TO BE COMPLETED BY PTW MHPS

APPROVED for:
☐ ICC ☐ Pathways to Well-Being ☐ Katie-A subclass (CFS Involvement)

Copies forwarded to:
☐ MIS/Billing ☐ Contract Agency ☐ IPRC (PROB_IPRC_Referrals@smcgov.org) w/IPRC referral form

Approved By: _____ Signature: _____ Date: _____