INTENSIVE CARE COORDINATION (ICC)
ELIGIBILITY SCREENING

☐ Initial Determination     ☐ 90-Day Re-evaluation

Does the above mentioned child/youth have an open Child Welfare Case? ☐ Yes ☐ No

ICC Eligibility is established if ALL of the following criteria (1-3) are met:

1. Does the above mentioned child/youth have full scope Medi-Cal? ☐ Yes ☐ No
2. Does the above mentioned child/youth meet Medical Necessity criteria? ☐ Yes ☐ No
3. Is the child currently receiving or being considered for any of the following service(s): ☐ Yes ☐ No

Check all that apply:
☐ Wraparound
☐ Specialized Care Rate due to Behavioral Health Needs
☐ Receiving intensive SMHS, including but not limited to Therapeutic Behavioral Services or Crisis Stabilization (PES), Crisis Intervention (PES/MRT)
☐ Group Home (RCL 10 or higher) or Short Term Residential Therapeutic Programs (STRTP)
☐ Experienced two (2) or more placements due to behavioral health needs in the past 24 months
☐ Psychiatric Hospital/24 Hour Mental Health Facility or discharged within past 90 days
☐ Two or more mental health hospitalizations in last 12 months
☐ Two or more emergency room visits in the last 6 month due to primary mental health condition but not limited to involuntary treatment under California Welfare and Institution Code section 5585.50
☐ Treated with two or more antipsychotic medications at the same time over a three month period
☐ Treated with one psychotropuc medication, for child/youth 5 year and younger
☐ Treated with two psychotropic medications, for child/youth age 6-11 years
☐ Treated with three psychotropic medications, for child/youth age 12-17 years
☐ Diagnosed with more than one mental health diagnosis, for child/youth 5 year and younger
☐ Diagnosed with more than two mental health diagnoses, for child/youth age 5-11 years
☐ Diagnosed with more than three mental health diagnoses, for child/youth age 12-17 years
☐ Have been detained pursuant to W&I sections 601 and 602 primarily due to mental health needs
☐ Have received SMHS within the last year and have been reported homeless within the prior six months
☐ Other: ____________________
DETERMINATION

☐ Client meets ICC Eligibility Criteria

If ICC eligible, what is the child/youth’s current living situation?

☐ Home with Immediate Family ☐ Foster Home
☐ Home with Extended Family (Relatives) ☐ Group Home
☐ Home with Non-Related Persons ☐ Other: ______________________________

☐ Client does NOT meet ICC Eligibility, please indicate course of action:

☐ Referral to MH Liaison: ________________________________ (Liaison Name/Region)
☐ Referral to Other: ______________________________________
☐ No Referral Needed

☐ Eligibility to be Re-evaluated by ____________________________ (must be within 90 days)

Assessor’s Signature/License/Designation __________________________ Printed Name __________________________ Date __________

DISPOSITION

☐ Child/Youth/Family has declined ICC services: ____________________________ Assessment Declined by (Name of Person) __________________________ Date Declined __________

☐ ICC Assigned: ____________________________ (ICC Program) __________________________ Date __________

County KTA Supervisor’s Signature/License/Designation __________________________ Printed Name __________________________ Date __________