| Intensive Care Coordination (ICC) & Intensive Home Based Services (IHBS) Evaluation Tool ☐ Intake ☐ Reassessment ☐ Discharge | |
|--|--|
| Eligibility is assessed at intake, discharge & when clinically indicated during the course of treatment for all children/youth age 21 and under. | |
| Program Name: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| Child/Youth may meet criteria for ICC and/or IHBS if: | |
| Answers to items 1, 2 and 3 below are YES and/or one or more criteria under item 4 is YES | |
| Child/youth has a covered diagnosis that meets Medical | Necessity criteria? ☐ Yes ☐ No |
| 2. Child/youth has full scope Medi-Cal | ☐ Yes ☐ No |
| 3. Child/youth is receiving services from two or more child serving entities (Ex. CWS, Probation, School System)? | |
| | ☐ Yes ☐ No |
| 4. Child/youth currently receiving or being considered for a | ny of the following services: |
| a. Crisis Stabilization (Risk for psychiatric hospitaliz | ration. Ex. Exodus/Central Star) |
| b. Placement in psychiatric hospital or 24 hour me | ntal health treatment facility (ex. PHF) 🔲 Yes 🔲 No |
| c. Recently discharged from hospitalization (generally within the last 90 days) \Box Yes \Box No | |
| d. Placement in a STRTP or higher-level facility | ☐ Yes ☐ No |
| e. Therapeutic Behavioral Services | ☐ Yes ☐ No |
| f. Wrap around | ☐ Yes ☐ No |
| · | ement changes, taking 2 or more antipsychotic medications, |
| etc.) | ☐ Yes ☐ No |
| Eligible for ICC | ☐ Yes ☐ No |
| | |
| Eligible for IHBS | ☐ Yes ☐ No |
| *See considerations for ICC and IHBS services in the MEDI-CAL MANUAL For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, Third Ed, January 2018. Medi-Cal_Manual_Third_Edition_ADA | |
| Name/title of person completing the form: | Date: |
| County of Fresno | Client Name: Click or tap here to enter text. |
| Department of Behavioral Health | Avatar ID: Click or tap here to enter text. |
| ICC & IHBS Evaluation Tool | DSS Case #: Click or tap here to enter text. |
| | Client D.O.B.: Click or tap here to enter text. |