Pathways to Well-Being
INTENSIVE CARE COORDINATION NOTE

WHEN: The ICC Intensive Care Coordination (ICC)/ICC note can be used to document any ICC service conducted outside of the Child and Family Team (CFT) Meeting.

ON WHOM: All youth receiving ICC.

COMPLETED BY: Staff delivering the service within scope of practice. Co-signatures must be completed within timelines.

Note: When more than one staff member provides ICC services, each staff member is required to complete an ICC Note. Note must include identification of the staff member's unique role/function/contribution, demonstrate medical necessity of the service, and time billed is clearly substantiated.

MODE OF COMPLETION: Data must be entered into the Electronic Health Record (EHR), Cerner Community Behavioral Health (CCBH). Day programs will document in the paper chart.

REQUIRED ELEMENTS: The following elements of the ICC Note must be addressed, including:

- **Service Indicators:** Complete All Fields
- **Travel To/From:** Enter applicable location origin and applicable location destination.
- **Does this service include working toward identifying the Child and Family Team (CFT) or has the CFT been identified**. Answer yes or no. According to the definition of ICC, a CFT must be identified in order to provide ICC. ICC requires collaborative participation by the provider and at least one member of the CFT. If a team is not currently, or in the process of being identified, the service does not meet the criteria for ICC Service Code 82; choose the service code that best matches the service being provided.
- **Must complete at least 1 of the 3 sections below:**
  - Planning/assessment/reassessment of strengths and need: Includes gathering information to determine needs, ensuring plans are integrated with system partners, identifying goals and objectives
  - Referral, monitoring, and follow up activities: Includes evaluation of plan effectiveness, reworking plan as needed, referrals/recommendations to meet youths needs
  - Transition to promote long-term stability: Demonstration of client plan goal achievement, plan for transitioning youth/family from formal to informal natural/community supports
- **Functional Impairment:** Client's current impairment, symptoms/behaviors affecting functioning that is the focus of the service
- **If Client Present, Response to Intervention/ Observed Behaviors:** Client's response to interventions; client's observed mood/behavior
- **Plan:** Next steps including any change in client plan, referrals given, CFT meetings scheduled, updating or collaborating with other team members
- **Overall Risk:** Enter information pertaining to client only. If client is deemed to be at elevated risk, must document interventions including safety planning
- **Additional Information:** When applicable

BILLING:

- After rendering this service, note is to be completed and final approved.