

# ICC, CFT, IHBS, and TFC Frequently Asked Questions (FAQ's)

*Last updated: 5/2/2025*

To access a recording of the live training please use the following links:

**BHRS Staff:** [ICC, IHBS and TFC services BHRS](#)

**Contracted Providers:** [ICC, IHBS and TFC services](#)

**For additional questions please contact:**

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## ICC Screening and Eligibility Form

**1. When are we supposed to start filling out the ICC Eligibility Screening form?**

The ICC Eligibility Screening Form fillable PDF became live as of 9/1/2024. The Avatar version is available, along with an instructional PowerPoint. Clinicians who work in Specialty Mental Health programs (programs that provide mental health and substance use disorder services to clients with moderate to severe symptoms) are required to screen all new clients age 0-20 at admission and when there's a significant change in functioning (such as stepping up or down from a level of care). If there are identified clients currently on clinician's caseloads who may benefit from ICC services, it is recommended to complete a screening form at this time and discuss the ICC services and referral with the youth and family.

**2. Are we required to screen every client for ICC services? Other counties require this at intake and annually, so wondering if San Mateo County is also following this guideline?**

Clients age 0-20 who are receiving services in Specialty Mental Health Programs are required to be screened at admission and when there is a significant change in client's functioning.

**3. Has there been consideration given to specialty mental health teams, such as school-based teams where all clients are referred by schools and identified as SMI, but services are dependent on the IEPs for students in Special Ed?**

Since these services are a Medi-Cal entitlement, School Based Mental Health (SBMH) clinicians are required to screen and refer clients for ICC services if they meet criteria on the ICC Eligibility Screening form. Services will not be part of the IEP Free Appropriate Public Education (FAPE) offer, but clients can access these services if appropriate.

4. **What will be Youth Case Management's role with ICC?**

If a Youth Case Manager is conducting a full assessment, they will need to complete an ICC Eligibility Screening form, which may lead to a referral for ICC services.

5. **I want to confirm that our TBS program is not required to complete this screening form. Since TBS is an adjunct program, I assume that the primary therapist/SMHP is responsible for completing it. Could you confirm that my understanding is correct?**

Clients who are receiving services in Specialty Mental Health Programs, which includes TBS, are required to be screened at admission and when there is a significant change in functioning. The primary clinician who is responsible for completing mental health assessments, whether BHRS or contractor, is also responsible for completing the ICC Eligibility Screening form and discussing the ICC services and referral with the youth and family.

6. **Since Wraparound program will always fill out the form in the same way, is it still necessary for us to complete the ICC Eligibility Screening form?**

Clients who are receiving services in Specialty Mental Health Programs, which includes Wrap/FSP Wrap, are required to be screened by the primary clinician at admission and when there is a clinically significant change in functioning. If a client is eligible for ICC services, the clinician is also responsible for explaining ICC services and the referral to the youth and family.

<b>Coding Services</b>
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7. **If we select the option "Client is eligible for ICC services and services will not be provided at this time," are we still able to bill ICC and CFT codes?**

If a client is eligible for ICC services, but services will not be provided, then the provider would not use the ICC service code and would continue to use the service code for Case Management.

8. **For Wraparound clients (SAYFE, CY FSP, and TAY FSP) who have a Pathways to Wellbeing/Katie A episode or currently enrolled in Pathways to Wellbeing, can staff still use the ICC and CFT-ICC billing codes?**

Wraparound programs should use ICC and CFTICC billing codes if the services are being provided.

**9. If ICC services start, can a Peer Support Worker or Family Partner code ICC and CFT\_ICC?**

When ICC services begin for a client, a Peer Support Worker or Family Partner may use the ICC service code of ICC\_CA and the CFTICC\_CA service code for their attendance and participation in CFT meetings.

\*Peer Support Specialists (PSS) should continue to use the Peer Support Specialist service code for services that fall under the definition of the PSS service code. See [BHRS Service Code Cheat Sheet](#) for more information.

Please note that Peer Support Workers, Family Partners and Peer Support Specialists will be included as members of a Child and Family Team if the client or family identify them as part of their provider team.

**10. If we bill using the ICC and CFT codes, can our Family and Peer Partners continue to bill for rehabilitation services instead of IHBS?**

If a client is eligible for ICC services and services are being provided, the Child and Family Team will evaluate the need for IHBS services.

If IHBS services will be provided by AFS, Edgewood, Fred Finch, or other Wrap contractors, they will be using IHBS bill codes specific to their programs. Therefore, Family and Peer Partners should code Individual Rehab services using 7CA.

**11. The ICC Eligibility Screening form only took 5 mins to complete, and the client did not meet criteria for ICC services, should this service still be coded Case Management (51CA)?**

Yes, regardless of the amount of time it takes to complete the ICC eligibility form, this should be documented as a Case Management service. This time can also be bundled into an Assessment (5CA) progress note, if you complete this screening during the assessment process.

**Care Planning**

**12. If a client is eligible for ICC services, and services are recommended, does the BHRS Primary Clinician need to write a care plan for ICC and CFT-ICC services, or will the Contract Agency (who will be providing the services) include it in their plan?**

The clinician is responsible for including the services in a care plan (or care plan progress note) when the services are provided in their programs.

## Referrals

**13. How do we determine if Wrap or TBS through Edgewood or Fred Finch are more appropriate for a client versus ICC or IHBS through AFS?**

A comparison matrix for ICC, TCM, IHBS, TBS, Wrap, and TFC is in development which will help clinicians decide which service is appropriate for their clients. In the meantime, clinicians will need to have a clinical discussion with their supervisor to determine the appropriate services for their clients.

**14. For Wraparound clients, even if they are eligible for ICC, will services still be recommended?**

Clients who are eligible for ICC services, and are currently receiving Wrap services with Edgewood or Fred Finch, will receive ICC services through the Wrap program they are enrolled in since ICC is a service under Wrap.

## Service Provision

**15. How do we determine who is the ICC Coordinator?**

In most cases, an AFS staff will take on the Intensive Care Coordinator (ICC) role. There may be special circumstances where a BHRS clinician, with supervisor approval, will decide to be the ICC, such as when the client is already part of multiple systems, has a positive relationship with the clinician, the clinician has been conducting intensive case management with the client, and it would be a cumbersome for an additional provider to be included in the client's treatment team.

**16. After the ICC referral is approved, what is the time frame for AFS to commence services?**

Once AFS receives the referral for ICC services, they have 10 business days to make contact with the client/family and offer an initial appointment. The Intensive Care Coordinator will schedule an initial Child and Family Team (CFT) meeting within 30 calendar days of referral receipt.

**17. Does a provider need to attend the Interagency Placement Review Committee (IPRC\*) in order to request IHBS services?**

IHBS is determined and approved by members of a Child and Family Team (CFT) in a CFT meeting. The provider is encouraged to attend CFT meetings because their input is valuable to the approval and treatment process.

\*IPRC is an authorizing committee for MH residential placement and Wraparound services for the youth system of care.

**18. If AFS is full, and BHRS clinicians take on the ICC role, will they need to facilitate the CFTs?**

If a BHRS clinician assumes the Intensive Care Coordinator (ICC) role, AFS or CFS (if the youth has CFS involvement) will facilitate the CFT's; however, the ICC will be responsible for coordinating care between providers, scheduling provider meetings, and communicating treatment updates with AFS or CFS prior to CFT meetings. A BHRS clinician is will not be responsible for facilitating CFT's.