

# Completing the ICC Eligibility Screening Form in Avatar



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

# Completing the ICC Eligibility Screening Form in Avatar

The following slides are step-by-step instructions on how to complete the ICC Eligibility Screening Form in Avatar

You may also complete the **fillable PDF version** of the form and submit it to the Pathways to Wellbeing Mental Health Program Specialist (PTW MHPS) at:

[SMHS-Referrals@smcgov.org](mailto:SMHS-Referrals@smcgov.org)





# Find the ICC Eligibility Screening form in Avatar

The screenshot shows the myAvatar NX interface. At the top, there are navigation tabs: myAvatar NX, myDay, Documentation, Clinical, and REFERRAL QUEUE. The user is logged in as KRIS GAMAYO. A search bar at the top center contains the text "icc". A red arrow points to this search bar with the text "Type 'ICC' and click 'Enter'". Below the search bar, a modal window titled "Here is what I found:" is open. It shows a table of search results under the "Forms" category. The table has columns for "Undock", "Name", and "Menu Option". The first row contains the text "Eligibility Screening Form ICC Services" under the "Name" column. A red arrow points to this row with the text "Click on 'Eligibility Screening Form ICC Services'".

LOGGED IN AS KRIS GAMAYO

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent Clients Site

Documentation Clinical REFERRAL QUEUE

Welcome, KRIS GAMAYO  
Every Day Matters

Search: icc

Advanced Client Search

Here is what I found:

All 1 Clients 0 Staff 0 Forms 1

Undock	Name	Menu Option
	Eligibility Screening Form ICC Services	/ Avatar PM / New Forms

MY TO DO'S

QUICK ACTIONS

SMBHRS LIVE  
AVPM | SMMH | KGAMAYO  
BUILD: 2024.09.00.01



# Select a client to screen for ICC eligibility

The screenshot shows the 'myAvatar NX' interface for 'myDay'. The main content area is titled 'Opening: Eligibility Screening Form ICC Services' and 'Select Client'. A search bar contains the text 'test,jolly'. Below it is a table with one client entry: 'TEST,JOLLY T JR (000938760)' with a date of birth of '12/20/1960' and gender of 'Male'. At the bottom, there are 'OK' and 'Cancel' buttons. Red annotations include a large arrow pointing to the search bar with the text 'Type client's last name,first name', another arrow pointing to the client's name with the text 'Click on client's name and then "OK"', and a red circle around the 'OK' button.

myAvatar<sup>™</sup> NX myDay Documentation Clinical REFERRAL QUEUE Customize OFF

LOGGED IN AS KRIS GAMAYO

What can I help you find?  
Advanced Client Search

Recent Clients  
My Forms  
My Favorites  
Recent Forms

Control Panel  
Recent Clients Site

Opening: Eligibility Screening Form ICC Services

Home > Select Client >

### Select Client

test,jolly

Client	Date Of Birth	Gender
TEST,JOLLY T JR (000938760)	12/20/1960	Male

OK Cancel

SMBHRS LIVE  
AVPM | SMMH | KGAMAYO  
BUILD: 2024.09.00.01



# Choose the appropriate client episode

myAvatar<sup>™</sup> NX | myDay | Documentation | Clinical | REFERRAL QUEUE | Customize OFF

LOGGED IN AS KRIS GAMAYO

What can I help you find?  
Advanced Client Search

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent Clients | Site

TEST, JOLLY T JR  
ID#: 938760

TEST, JOLLY T JR  
ID#: 938760

SMBHRS LIVE  
AVPM | SMMH | KGAMAYO

Opening: Eligibility Screening Form ICC Services

Home > Select Client > Select Episode >

**Choose the episode of the program the client is open in**

✓ Selected Client : TEST, JOLLY T JR (000938760)

Select Episode

Name: JOLLY T JR TEST  
ID: 938760  
Sex: Male  
Date of Birth: 12/20/1960

Episode	Program	Start	End
100	922708 STAR VISTA CWCRT_Com. Response Tm	09/25/2024	
99	922708 STAR VISTA CWCRT_Com. Response Tm	09/04/2024	09/10/2024
98	922708 STAR VISTA CWCRT_Com. Response Tm	08/28/2024	08/28/2024
96	992020 AOT LAURA'S LAW	06/03/2024	06/06/2024
95	410308 QUALIFIED INDIVIDUAL FFPSA	05/12/2024	
94	41BA04 TELECARE MOBILE CRISIS TEAM	05/08/2024	
93	41BA04 TELECARE MOBILE CRISIS TEAM	05/07/2024	05/08/2024
92	41BA04 TELECARE MOBILE CRISIS TEAM	05/07/2024	05/07/2024
91	41BA04 TELECARE MOBILE CRISIS TEAM	05/02/2024	05/03/2024
90	41BH02 ACCESS CALL CENTER INTAKE	03/19/2024	
89	41BH02 ACCESS CALL CENTER INTAKE	12/20/2023	01/25/2024
87	41BH02 ACCESS CALL CENTER INTAKE	06/01/2023	06/01/2023
86	41BH02 ACCESS CALL CENTER INTAKE	04/13/2023	04/19/2023
84	921400 DALY CITY YOUTH HEALTH CTR	01/02/2023	
83	004201 CRESTWOOD REDDING SNF AUG WELLNES	02/06/2023	
82	410413 BRIDGES CASE MGMT SOUTH ADULT	01/26/2023	01/26/2023
81	410399 CENTRAL CO. BRIEF TREATMENT	07/29/2022	
80	41BH02 ACCESS CALL CENTER INTAKE	07/29/2022	04/12/2023



# Fill out the client data section of the form

TEST, JOLLY T JR (000938760)

Age: 63, DOB: 12/20/1960, Gender: M, BMI: 34.7, Height: 5' 11.2", Weight: 250 lbs, Ep: 21 : 924102 CHILD WELFARE-BHRS, Location: NOT HOMELESS, Anatone, WA, Adm. Pract.: GLENDA ELENA MASIS, Attn. Pract.: -

Client Alerts(3) Allergies(19)

ELIGIBILITY SCREENING FORM ICC SERVICES

**Draft** Submit Discard Send To Do Add to Favorites

ICC Services

Client Name

Phone

Gender

Male-to-Female (MTF)/Transgender Female/Trans Woman  
Female-to-Male (FTM)/Transgender Male/Trans Man  
Genderqueer, neither exclusively male nor female  
Female  
Male  
Chose not to disclose  
 Additional gender category or other, please specify

Date Of Birth

Screening Type

New  Update

Medi-Cal #

Issue Date

Race/Ethnicity

Select

Relationship

Aunt  
Adoptive Mother  
Father  
Adoptive Father  
Attorney/Lawyer  
Foster Father

Relationship

Aunt  
Adoptive Mother  
Father  
Adoptive Father  
Attorney/Lawyer  
Foster Father

Address

Phone

Languages

Select

Parent/Guardian Name

Languages

Select

Parent/Guardian Name

Languages

Select

Address

Phone

**Complete fields that have not been automatically filled in, and make necessary corrections to items**

**Click "New" or "Update"**



**Answer questions 1 and 2. If the client meets criteria for SMHS (Q2), then choose the current MH Assessment or CANS date from the drop-down lists**

TEST, JOLLY T JR (1 ...)

TEST, JOLLY T JR (000938760)

Age: 63, DOB: 12/20/1960, Gender: M, BMI: 34.7, Height: 5' 11.2", Weight: 250 lbs, Ep: 21 : 924102 CHILD WELFARE-BHRS, Location: NOT HOMELESS, Anatone, WA, Adm. Pract.: GLENDA ELENA MASIS, Attn. Pract.: Client Alerts(2) Allergies (19)

ELIGIBILITY SCREENING FORM ICC SERVICES

**Draft** Submit Discard Send To Do Add to Favorites

ICC Services

1. Does the child/youth/young adult (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 \*

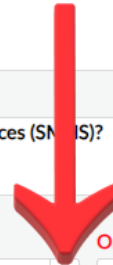
Select Select

- Jun 28 2022 08:36 AM-KRIS GAMAYO-YOUTH Initial Assessment v2-FAZ66288.00001
- May 18 2023 03:11 PM-JOSEPH DEL AGUILA-YOUTH Initial Assessment v2-FAZ66612.00001
- May 18 2023 03:13 PM-JOSEPH DEL AGUILA-YOUTH Reassessment v2-FAZ66612.00002
- Nov 08 2022 11:32 AM-ANNINA ALTOMARI-YOUTH Reassessment v2-FAZ66421.00001
- Nov 08 2022 12:01 PM-ANNINA ALTOMARI-YOUTH Initial Assessment v2-FAZ66421.00002
- Oct 08 2020 09:03 AM-JOSEPH DEL AGUILA-YOUTH Initial Assessment v2-FAZ65660.00001
- Oct 20 2023 03:48 PM-TRAIN03,TRAIN-YOUTH Initial Assessment v2-FAZ66767.00001
- Oct 20 2023 03:57 PM-TRAIN03,TRAIN-YOUTH Initial Assessment v2-FAZ66767.00002

No

Age 0-5 w/ more than 1 MH Dx OR more than 1 psychotropic med

**Choose the last MH assessment or CANS date from the drop down list**





# Answer question 3. If "Yes," then choose at least one of the listed items that apply to the client

TEST, JOLLY T JR (1 ...)

TEST, JOLLY T JR (000938760)

Age: 63, DOB: 12/20/1960, Gender: M BMI: 34.7, Height: 5' 11.2", Weight: 250 lbs Ep: 21 : 924102 CHILD WELFARE-BHRS Location: NOT HOMELESS, Anatonne, WA Adm. Pract.: GLENDA ELENA MASIS Attn. Pract.: - Client Alerts(2) Allergies (19)

ELIGIBILITY SCREENING FORM ICC SERVICES Draft Submit Discard Send To Do Add to Favorites

ICC Services

3. Do any of the following apply to the child/youth/young adult (0-20)?

Yes  No

<input type="checkbox"/> Specialized Care rate (for Caregivers' additional time to address BH issues)	<input type="checkbox"/> Age 0-5 w/ more than 1 MH Dx OR more than 1 psychotropic med
<input type="checkbox"/> Intensive SMHS (TBS, Crisis Stabilization, In-Home Crisis Support)	<input type="checkbox"/> Age 6-11 w/ more than 2 MH Dx OR more than 2 psychotropic meds
<input type="checkbox"/> Received SMHS AND homeless during prior 6 mos.	<input type="checkbox"/> Age 12-20 w/ more than 3 MH Dx OR more than 3 psychotropic meds
<input type="checkbox"/> 2 or more psychiatric hospitalizations in the last 12 mos.	<input type="checkbox"/> 2 or more antipsychotic meds at same time for over 3 mos.
<input type="checkbox"/> Psychiatric hospitalization and/or Discharged in the last 90 days*	<input type="checkbox"/> 2 or more ER visits due to mental health in the last 6 mos.
<input type="checkbox"/> Living in a Short Term Residential Treatment Program (STRTP)	<input type="checkbox"/> 2 or more placement changes for behavior in the last 24 mos.
<input type="checkbox"/> Probation or other Justice/Legal System	<input type="checkbox"/> Wraparound/FSP Wrap*
<input type="checkbox"/> Open or Voluntary CPS/Child Welfare case	
<input type="checkbox"/> Other indicators where ICC may be recommended	

**If the answer is "Yes," then check at least one box from the items listed**



If appropriate, choose “Other indicators where ICC may be recommended” and describe in the text box below

TEST, JOLLY T JR (1 ...)

TEST, JOLLY T JR (000938760)

Age: 63, DOB: 12/20/1960, Gender: M, BMI: 34.7, Height: 5' 11.2", Weight: 250 lbs, Ep: 21 : 924102 CHILD WELFARE-BHRS, Location: NOT HOMELESS, Anatone, WA, Adm. Pract.: GLENDA ELENA MASIS, Attn. Pract.: -

Client Alerts(2) Allergies (19)

### ELIGIBILITY SCREENING FORM ICC SERVICES

Draft Submit Discard Send To Do Add to Favorites

ICC Services

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 of the three outcomes based on the answers to Questions 1-3, using your clinical judgment, and the client/family's feedback

TEST, JOLLY T JR (1 ...)

TEST, JOLLY T JR (000938760)

Age: 63, DOB: 12/20/1960, Gender: M BMI: 34.7, Height: 5' 11.2", Weight: 250 lbs Ep: 21 : 924102 CHILD WELFARE-BHRS Location: NOT HOMELESS, Anatonne, WA Adm. Pract.: GLENDA ELENA MASIS Attn. Pract.: -

Client Alerts(2) Allergies (19)

ELIGIBILITY SCREENING FORM ICC SERVICES

Draft Submit Discard Send To Do Add to Favorites

ICC Services

**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

Yes

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

Yes

Please explain why

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

Yes

**Choose one of the three outcomes and then write an explanation in the box**



# Fill out your information, add today's date, and then change "Draft" to "Final"

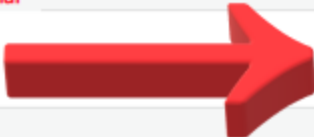

Completed by  
TEST01,TEST (000101)

Phone  
800-686-0101

Title

Program  
Select

Draft/Final \*

Draft   Final 

Date



# Acknowledge the form is final (and is no longer editable) by clicking "OK"

TEST, JOLLY T JR (1 ...)

TEST, JOLLY T JR (000938760)

Age: 63, DOB: 12/20/1960, Gender: M, BMI: 34.7, Height: 5' 11.2", Weight: 250 lbs, Ep: 21 : 924102 CHILD WELFARE-BHRS, Location: NOT HOMELESS, Anatone, WA, Adm. Pract.: GLENDA ELENA MASIS, Attn. Pract.: -

Client Alerts(2) Allergies (19)

### ELIGIBILITY SCREENING FORM ICC SERVICES

**Draft** Submit Discard Send To Do Add to Favorites

ICC Services

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

Yes

Please explain why

Client is NOT eligible

Yes

?

Selecting "Final" prevents future edits.

**OK** Cancel

Completed by: TEST01,TEST (000101) Phone: 800-686-0101

Title: Program: Select

Draft/Final \*

Draft  Final

Date: T Y

**Once you click "Final," a pop-up will appear that confirms finalization of the form. Click "OK" when you are ready**



# Click "Submit," to route the form for approval

TEST, JOLLY T JR (1 ...)

TEST, JOLLY T JR (000938760)

	<b>Age:</b> 63, <b>DOB:</b> 12/20/1960, <b>Gender:</b> M	<b>BMI:</b> 34.7, <b>Height:</b> 5' 11.2", <b>Weight:</b> 250 lbs	<b>Ep:</b> 21 : 924102 CHILD WELFARE- BHRS	<b>Location:</b> NOT HOMELESS, Anatone, WA	<b>Adm. Pract.:</b> GLENDA ELENA MASIS	<b>Attn. Pract.:</b> <a href="#">Client Alerts(3)</a> <a href="#">Allergies (19)</a>
--	---	---	--	--	--	--

**ELIGIBILITY SCREENING FORM ICC SERVICES**    **Submit**    **Discard**    **Send To Do**    **Add to Favorites**

ICC Services

Completed by

Phone

Title

Program

**Draft/Final \***

Draft     Final

Date

**Click "Submit"**



# After clicking “Submit,” a pop-up will appear

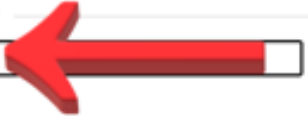
The screenshot shows a patient record page for JOLLY T JR (000938760) with an 'ELIGIBILITY SCREENING FORM ICC SERV' document. A 'Route Document to' pop-up dialog is centered on the screen. The dialog has a title bar and four main sections: 'Supervisor', 'Team', 'Add Approver', and 'Add Users to Notify When Final'. Each section contains a search box and an 'Add' button. Below these sections is a table with columns for 'Approver', 'Final Approver', 'Notify', 'Title', and 'Name'. At the bottom of the dialog are 'Submit' and 'Cancel' buttons. The background page shows patient details like 'Age: 63, DOB: 12/20/1960, Gender: M' and a list of 'ICC Services'.

Approver	Final Approver	Notify	Title	Name
----------	----------------	--------	-------	------



# Route the form to your Supervisor for approval

**Route Document to**

Supervisor  

**Results:**

**Name**

LOUISE ROBAINA (051384)

Team

Add Users to Notify When Final

Admitting Practitioner

Caseload Practitioners

Approver	Final Approver	Notify	Title	Name
----------	----------------	--------	-------	------

**Enter your supervisors last name, first name in the "Supervisor" field and Click on their name under "Results"**



# Add your Supervisor to the “Approver list

**Route Document to**

Supervisor  
LOUISE ROBAINA (051384)  
**Add**

Team  
Search here  
**Add**

Add Approvers  
 Admitting Practitioner  
 Caseload Practitioner  
Search here  
**Add**

Add Users to Notify When Final  
 Admitting Practitioner  
 Caseload Practitioner  
Search here  
**Add**

Approver	Final Approver	Notify	Title	Name
<b>Click "Add"</b>				

**Submit** **Cancel**



# Route the form to the PTW Mental Health Program Specialist and their Supervisor as an Approver

**Route Document to**

Supervisor

Team

Add Approver

Admitting Practitioner  
 Caseload Practitioners

Add Users to Notify When Final

Admitting Practitioner  
 Caseload Practitioners

Results:			
Name	Notify	Title	Name
JESSICA BAITY (057561)	<input type="checkbox"/>	Staff	KRIS GAMAYO (056949)

**Enter the Pathways to Well-Being (PTW) Mental Health Program Specialist's last name,first name in the "Approver" field and Click on their name under "Results"**

**Route Document to**

Supervisor

Team

Add Approver

Admitting Practitioner  
 Caseload Practitioner

Add Users to Notify When Final

Admitting Practitioner  
 Caseload Practitioners

Results:			
Name	Notify	Title	Name
KRIS GAMAYO (056949)	<input type="checkbox"/>		

**Enter the PTW Mental Health Program Specialist's Supervisors last name,first name in the "Approver" field and Click on their name under "Results"**



# Add the PTW MH Program Specialist and their Supervisor to the Approver list

Route Document to

Supervisor

Team

Add Approver

Admitting Practitioner  
 Caseload Practitioners

Add Users to Notify When Final

Admitting Practitioner  
 Caseload Practitioners

Approver	Approver	Notify	Title	Name
----------	----------	--------	-------	------



Click "Add"



# Click "Submit" to route the form to your Supervisor, the PTW MH Program Specialist, and their Supervisor

**Route Document to**

Supervisor

Team

Add Approver

Admitting Practitioner  
 Caseload Practitioners

Add Users to Notify When Final

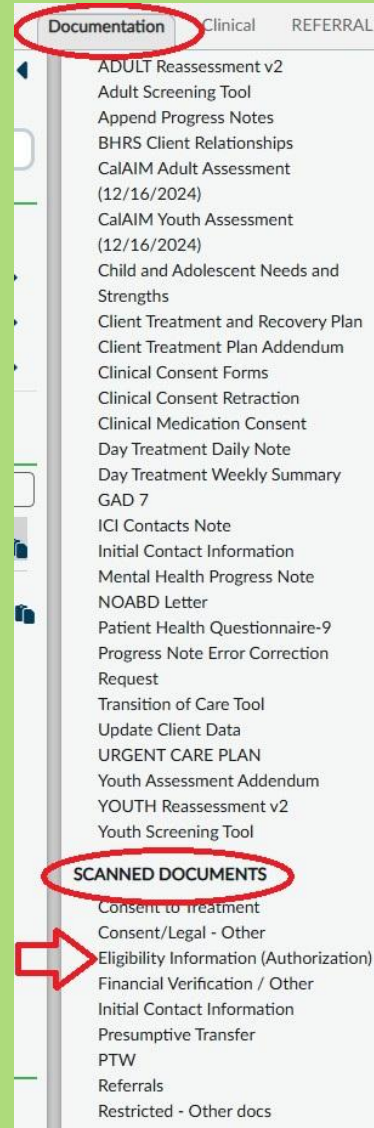
Admitting Practitioner  
 Caseload Practitioners

Approver	Final Approver	Notify	Title	Name
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Staff	KRIS GAMAYO (056949)
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Staff	JESSICA BAITY (057561)
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Supervisor	ELIZABETH ALVAREZ (050862)

**Once your Supervisor and the Approver's name appear below, Click "Submit"**



# The form is listed under Scanned Documents as “Eligibility Information (Authorization)”



## After the ICC Eligibility Screening Form is submitted

If the client is **approved for ICC services** and **ICC services are recommended**, you and your supervisor will receive an email from the PTW MHPS, cc'ing the Contractor Agency who will be providing the ICC services.

Once the Contractor Agency receives the referral for ICC services, they will assign an Intensive Care Coordinator who will engage the client and/or family to obtain consents within 10 days of referral receipt. An initial CFT meeting will be scheduled within 30 days of referral receipt.





SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
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**Email questions to the  
PTW MH Program Specialist**

**[SMHS-Referrals@smcgov.org](mailto:SMHS-Referrals@smcgov.org)**