Idaho Behavioral Health Plan

Intensive Care Coordination (ICC) Program Referral Form

This referral form may be used for adults and youth in the Idaho Behavioral Health Plan (IBHP).

Date of Referral:			
Medicaid ID #:			
Name of Referral Source:			
Referral Source's Phone #:			
Member's Name:			
Member's Date of Birth:			
Parent/Guardian Name:			
Parent/Guardian Phone #:			
Parent/Guardian Email:			
DSM-5 Diagnosis (if known):		**CANS Score:**	

Connected Systems (*select all that apply*):

☐ School (IEP, 504 plan, Attendance, Behaviors)

☐ Dept of Corrections/Dept of Juvenile Corrections Court

☐ Diversion or Probation

☐ IDHW – Child Welfare

☐ Children's Developmental Disabilities

☐ Recent Hospitalization

☐ Recent ER/ED or Crisis Services

☐ Intensive Home and Community Based Services

☐ Partial Hospitalization/Intensive Outpatient Program

☐ Wrap Around Care Coordination

Briefly tell us the reason for the referral:	

Upon completion, this form can be submitted by the following methods:

- **Fax: 1-888-656-2709**
- **Email: IBHPClinical@magellanhealth.com**
- **Phone: 1-855-202-0983**