



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):			
<input type="checkbox"/> School (IEP, 504 plan, Attendance, Behaviors)	<input type="checkbox"/> IDHW – Child Welfare	<input type="checkbox"/> Intensive Home and Community Based Services	
<input type="checkbox"/> Dept of Corrections/Dept of Juvenile Corrections Court	<input type="checkbox"/> Children's Developmental Disabilities	<input type="checkbox"/> Partial Hospitalization/Intensive Outpatient Program	
<input type="checkbox"/> Diversion or Probation	<input type="checkbox"/> Recent Hospitalization	<input type="checkbox"/> Wrap Around Care Coordination	
	<input type="checkbox"/> Recent ER/ED or Crisis Services		
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