

# Evaluation of need for ICC

Families with children under 21 in outpatient should be periodically reevaluated regarding their need for Intensive Care Coordination. In order to ensure that this occurs, all MCEs require documentation within 30 days of the first visit and every six months thereafter using this form if the youth has SED

## Member information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MassHealth ID: \_\_\_\_\_

## Evaluation information

Date: \_\_\_\_\_

Does youth meet MNC for ICC?       YES    NO\*

\*if youth doesn't meet MNC no parental signature required

If yes, has ICC been discussed CURRENTLY with family?

YES    NO

If NO to discussion, why not?

### **Abbreviated medical necessity for ICC\*:**

Youth must meet criteria for SED, and must have MassHealth Standard or CommonHealth, and

{ a. need or receive multiple services other than ICC from the same or multiple provider(s)

or

b. need or receive services from, state agencies, special education, or a combination thereof }

and

c. need a *care planning team* to coordinate services the youth needs from multiple providers or state agencies, special education, or a combination thereof.

If YES, what is the outcome of the discussion?

Referral made

Referral NOT made

\_\_\_\_\_  
Clinician name

\_\_\_\_\_  
Clinician signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / guardian name

\_\_\_\_\_  
Parent / guardian signature

\_\_\_\_\_  
Date

\* For full MNC, refer to:

[www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/home-and-community-based-behavioral-health-srvcs.html](http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/home-and-community-based-behavioral-health-srvcs.html)