Intensive Care Coordination (ICC) Discharge Form

TUFTS Health Plan
a Point32Health company

Please use this form to notify Tufts Health Plan that you are discharging a **Tufts Health Public Plans** member from ICC. Please fill the form out completely and fax to 888-977-0776.

Rev. 12/2023

Today's date / /

Member information

Member name

Member ID # DOB / /

Start date / / Discharge date / / Was this a planned discharge? Yes No

Community Service Agency (CSA) information

CSA name

Tufts Health Public Plans Provider ID#

CSA phone CSA fax

ICC coordinator name ICC coordinator phone

Reason(s) for discharge *(Please check all that apply.)*

- The youth no longer meets the criteria for serious emotional disturbance (SED).
- The care-planning team determined the youth has substantially met documented individual care plan (ICP) goals and objectives, and that the youth does not need continued services to prevent worsening of their behavioral health (BH) condition.
- The parent/caregiver has withdrawn consent for treatment.
- The youth and parent/caregiver are not engaged in treatment despite multiple, documented attempts to address engagement. This lack of engagement makes treatment ineffective and/or unsafe and implies withdrawn consent for treatment.
- The youth is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting, and is unable to return to a family home environment or a community setting with community-based supports or ICC.
- The youth has turned 21.
- The youth has disenrolled from Tufts Health Public Plans.
- Other. *Please specify*:

Discharge plan *(Please check all services the youth will continue to have.)*

- Outpatient therapy practice name

Provider name Provider phone

Modality: Individual Family Group Other. *Please specify*:

- Medication management

Practice name

Provider name Provider phone

- In-home therapy services
- In-home behavioral services
- Therapeutic mentoring services
- Other. *Please specify*: