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|  | **Tennessee Department of Children’s Services**  **ICPC Behavioral/Medical Health Referral** |

Family Service Workers send **completed** forms to their Regional ICPC Representative for review. The Regional ICPC Representative will submit completed forms to [***Selectkids\_GM@BCBST.com***](mailto:Selectkids_GM@BCBST.com) and CC [***Robyn.L.Witherspoon@tn.gov***](mailto::Robyn.L.Witherspoon@tn.gov)for a *Select*Kids Specialist, as needed.

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| Referral Date: |  | Name of Child: |  | Date of Custody: |  |
| DOB: |  | SSN: |  | TennCare ID#: |  |

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| Tentative Date of ICPC Placement: | |  | | | |
| Will placement be receiving a board payment: | | Yes  No | | | |
| Is the youth IV-E Eligible: | | Yes  No | | | |
| Does youth have Medical needs: Yes  No | | | | Does youth have Behavioral Health needs: Yes  No | |
| Date of Last EPSDT Dental: |  | | Date of Last EPSDT Medical: | |  |

List services the youth is currently receiving & specify any **medical** and/or **behavioral serivce needs** upon transition:

(i.e. PCP, mental health services, etc.)

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How does the placement intend to access coverage for medical/behavioral services? Check one:

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| **Youth is IV-E eligible and placement will be receiving a board payment** (youth will be categorically eligible for receiving state’s Medicaid. Refer to SelectKids only if there is a delay in coverage and services are needed before coverage is provided).  **Youth is IV-E eligible, but placement will not be receiving a board payment** (DCS to follow up with ICPC worker in receiving state to determine Medicaid eligibility as this varies across different states; SelectKids Specialist needed in case youth is denied Medicaid).  **Youth will be placed on placement’s private insurance once full legal custody is obtained** (SelectKids Specialist needed until private insurance becomes active).  **Youth is placed in receiving state that has a Child Only grant the placement can apply for upon placement.**  **Youth is a recipient of SSI** (There are currently 10 states that do not automatically provide Medicaid to their SSI recipients and they must apply for Medicaid separately---Connecticut, Hawaii, Illinois, Minnesota, Missouri, New Hampshire, North Dakota, Ohio, Oklahoma and Virgina. For these identified states, a referral should be made to SelectKids Specialist as a back up while coverage is pending).  **No insurance has been identified. Youth will need to remain on TennCare and *Select*Kids Specialist will be assigned.**  **Youth is placed at a Residental Treatment Center and will remain on TennCare.**  List the medical/behavioral health services youth needs while placed at the RTC:   |  | | --- | |  |   **Note:** for cases where a *Select*Kids Specialist is needed, the youth will remain on TennCare Select while the *Select*Kids Specialist will be reaching out to identified providers in the receiving state to continue services. Placement should be made aware that if no TennCare providers are identified, the youth may need to come back to TN for services until other insurance coverage has been established. |

List the preferred out of state providers and their contact information the ICPC placement wishes to utilize:

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Current Medications:

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Treatment History (ER visits or inpatient stays, Residential Treatment Center stays, medical equipment, etc.):

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| **DCS Region**: |  | | | | | | |
| Family Service Worker: | |  | | Email: |  | Cell: |  |
| Team Leader: | |  | | Email: |  | Cell: |  |
| Regional ICPC Representative: | | |  | Email: |  | Cell: |  |

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| **Out of State Caregiver (foster parent, relative caregiver, RTC Case Manager, etc.):** | | | | | | | | | |
| Name: |  | Relationship: | |  | | Email: |  | Cell: |  |
| City, State of Current Placement: | | |  | | City, State of ICPC Placement: | | |  | |