

Intensive Care Coordination (ICC) Budget/Extension Request

Requests to extend Intensive Care Coordination (ICC) length of service or increase the budget for ICC are subject to utilization review (UR) for the purpose of informing the CSA Management Team who will render a decision. Please send request to the UR Manager at least 5 days prior to date of CSA Management Team review. Request must be accompanied by the most recent Youth and Family Team (YFT) plan of care, safety plan, and Strengths and Needs Discovery document.

	of Reques	t: 🗆 Budget	☐ ICC E	xtension		
Child's name				Harmony #		
Start of ICC				Total months of ICC received to date		
Number of months		nths being requested	☐ 3 months	☐ 6 months	☐ Other*_	month(s)
Funds	spent to	date \$		Requested funds	\$	
			*Cannot be lor	ger than 6 months		
1.		lescribe the reason for ey will be addressed.	the budget/extension r	equest. Please includ	de any barriers that h	ave been identified and
2.	action s		e include the goals to be the family/youth for a su			viding concrete goals and transition to other
3.	Please c	lescribe the action ste	ps to be taken should th	e budget/extension ।	request not be appro	ved.
ffice L	Jse Only					
UR Review Date:			UR Recommendation:	☐ Approved	☐ Denied	
	Date		☐ Amend	□ Approved	□ Defiled	
MT Re	view Dat	e:	MT Decision:	☐ Approved	 ☐ Denied	

☐ Amend