

Integrated Care Plan (ICP) Development for Eligible Medicaid Members for Care Coordination

Please Note: This Provider Bulletin has been updated to include a Frequently Asked Questions (FAQ) section, located below the original Bulletin content.

Effective July 2, 2026, Community Behavioral Health (CBH) is launching an Integrated Care Plan (ICP) Program. This Bulletin serves as an official notice of the expectation for all providers to participate in the ICP Program.

This [Office of Mental Health and Substance Abuse Services](#) (OMHSAS) required ICP Program aims to improve health care quality and reduce Medical Assistance (MA) expenditures by enhancing care coordination among Behavioral Health Managed Care Organizations (BH-MCOs), Physical Health Managed Care Organizations (PH-MCOs), and providers. The eligible population for this program is Medicaid members ages 18 to 64 with a serious and persistent mental illness (SPMI) diagnosis.

A key objective of the ICP Program is the creation of ICPs, which involves collecting, integrating, and documenting key physical and behavioral health information that is easily accessible and promptly shared with people with designated access. The creation and sharing of ICPs enhance communication between a member's various providers, ensure the member's behavioral and physical health needs are appropriately addressed, and support efforts to address health-related social needs (HRSN).

Each provider will be responsible for obtaining consent from ICP-eligible members to participate in the program and for documenting each member's goals, including behavioral health, physical health, and/or HRSN goals. Please upload the consent form and the member's goals to CBH's [2026 ICP Consent and Goal Submission Form](#) (where you will also find a link to the consent form). The CBH ICP Team will then take this information and coordinate with the PH-MCO to develop an ICP. The completed plan will be shared with the member's providers.

If you have questions or need to coordinate with CBH for a list of your ICP-eligible members, please use the [CBH Provider Portal](#) to send a secure message to CBH's ICP inbox at CBH.ICP@phila.gov. Once plans are completed, CBH will also use this method to share them with the appropriate providers. Should you have questions about the new portal or need assistance registering, please visit the [CBH Portal Support webpage](#).

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FAQ Regarding Provider Bulletin 26-12

The guidance included in this FAQ corresponds with *Provider Bulletin 26-12: Integrated Care Plan (ICP) Development for Eligible Medicaid Members for Care Coordination*.

1. When are ICP consents and goals due to CBH from providers?

Providers must submit consents and goals [via the CBH form](#) after ICP eligibility is confirmed. CBH asks that providers submit new forms and goals at least monthly; this timeframe allows CBH to complete the ICP process in a timely manner.

2. How often does this information need to be gathered by providers?

Providers must gather this information at least once a year. A new consent form outlining the member's goals must be provided once per calendar year for members eligible for an ICP.

- » Initial collection is due upon confirmation of the member's ICP eligibility.
- » Ongoing updates are due annually or when updates or changes occur to members' eligibility or service needs.

3. When will the completed plans be shared with providers?

Plans will be shared after CBH exchanges information with the member's Physical Health Managed Care Organization (PH-MCO) and the ICP is completed.

4. What are providers expected to do with the ICP once they receive it?

Providers are expected to share the ICP with the member, talk with them about their goals and how your treatment team can support progress towards achieving those goals, and connect and collaborate with identified care team members.

5. What portion of a provider's members will be eligible for an ICP?

All Medicaid members aged 18 to 64 with a serious and persistent mental illness (SPMI) are eligible; however, eligibility may vary across the provider network based on the portion of members with an SPMI diagnosis. For example, there may be more eligible members at a mental health provider than at a substance use treatment provider.

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6. Where can providers find more information about ICPs?

Providers are encouraged to visit CBH's [Integrated Care Plans for Providers](#) webpage or contact their provider relations representative.

7. Where can our members find more information about ICPs?

Members are encouraged to visit CBH's [Integrated Care Plans for Members](#) webpage or contact CBH Member Services.

8. In addition to the webpages referenced above, how do we explain the importance of an ICP?

The creation and sharing of ICPs enhance communication among members' various providers, ensure members' behavioral and physical health needs are appropriately addressed, and support efforts to address health-related social needs (HRSN).

[Consent forms](#) are necessary for the exchange of information between PH-MCOs and Behavioral Health Managed Care Organizations (BH-MCOs) to draw upon a complete picture of a member's overall health and treatment providers.

9. Is there any way this information could be gathered through existing processes?

Not at this time. Complete the consent form as part of the admissions paperwork, then follow up with ICP-eligible members.

10. Can the CBH ICP Consent and Goal Form be built into provider EHRs?

Yes, in accordance with the provider's policies, and as long as the information can then be shared with CBH.

11. Can a provider use their own consent form for the ICP?

No, the CBH form must be used to allow for the exchange of information with the member's PH-MCO.