**ICP “asks”/what’s working and could be spread/what is “ideal”**

Communication:

* Clear understanding of how the ICP process benefits patients and practices – what is the motivator for practices to engage?

* Clear communication about patients who are eligible for an ICP from MCO to practice
* Opportunities for new providers and staff to understand the process and get trained in how to partner on this.
* Clinical rounds that involve PCP, behavioral health provider and BH/PH MCOs
* Ongoing, consistent communication – ICP coordinator at MCO checking in with care managers at the practice every couple of weeks.

MCO role:

* MCO engagement in getting consent, gathering information, and then sharing the care plan with the practice. MCO staff follow up with the patient when hospitalized/engage the practice as needed.

* Increase available resources for specialty behavioral health – MCO help with getting patients into behavioral health care.
* Work with practices to understand where the gaps are in caring for these patients and help to fill those in.
* Facilitate communication between behavioral health providers and PCP
* MCO staff able to do home visits/track down MIA patients

Consent:

* Single consent that a practice can integrate with their own routine consent forms – it’s an obstacle to have to use a different consent for each MCO.

Team engagement:

* Effectively engage practice care management teams, instead of/in addition to individual providers.
* Involve CHWs at both the MCO and practice levels. Involve specialized teams at practice, including behavioral health, peer specialists, street medicine, outreach.