ECM Provider Tool: IDT Request

Purpose:

Use this tool to decide when an ECM case may need an MCP Interdisciplinary Team (IDT) meeting. Request an IDT meeting when a member's needs go beyond routine care coordination and require shared decision-making, updated care planning, or health plan support.

IDT Meeting Decision Tool

Request an MCP IDT Meeting if any of the following criteria are met:

Review the triggers below. If one or more apply, complete the MCP IDT Meeting Request form and submit it to the Care Integration Unit for review. **Trigger**	**When to Request an IDT Meeting**	**Participants to Include as Appropriate**
1. Significant Clinical Deterioration	Member condition has significantly worsened and requires urgent changes to the care plan, services, or interventions.	ECM LCM, ECM Provider Clinical Supervisor, PCP/Specialist as appropriate, CIU RN, CIU Supervisor
2. Transition to Higher Level of Care	Member needs placement in a Skilled Nursing Facility, long-term institutional care, or another higher level of care due to medical or functional decline.	ECM LCM, ECM Provider Clinical Supervisor, Discharge Planner if applicable, PCP, Facility Representatives, CIU RN, CIU Supervisor
3. Complex Hospital or Facility Discharge Barriers	Discharge is delayed because needed supports, housing, caregivers, equipment, home modifications, or service coordination are not available or secured.	ECM LCM, ECM Provider Clinical Supervisor, Hospital Case Manager, Community Partners, CIU RN, CIU Supervisor
4. Resource or Benefit Escalation Needed	ECM Provider needs MCP support to resolve barriers involving benefits, authorizations, or services	ECM LCM, ECM Provider Clinical Supervisor, Utilization Management

ECM Provider Tool: IDT Request

	that cannot be addressed through routine processes.	if appropriate, CIU RN, CIU Supervisor
5. Engagement or Safety Concerns	Serious engagement barriers or safety concerns place the member or others at significant risk and require multidisciplinary support.	ECM LCM, ECM Provider Clinical Supervisor, Behavioral Health, Social Services, CIU RN, CIU Supervisor
6. Clinical Oversight Review Support	The ECM Provider requires multidisciplinary consultation to review complex cases, reassess care strategies, address persistent barriers, or obtain clinical guidance.	ECM LCM, ECM Provider Clinical Supervisor, CIU RN, CIU Supervisor, additional clinical partners as appropriate
7. Oversight Review Support for Documentation Findings	Support is needed to review documentation findings and help address gaps in documentation, including clarification of required elements, improvement opportunities, and follow-up actions needed to support complete and accurate case records.	ECM LCM, ECM Provider Clinical Supervisor, CIU RN, CIU Supervisor, Documentation or Quality Review staff as appropriate

Expected Outcome of an IDT Meeting

The IDT meeting should result in:

- A shared understanding of the member's current needs.
- A coordinated, updated care plan with clearly assigned responsibilities.
- Resolution or escalation of identified barriers.
- Timelines for follow-up actions.
- Documentation of decisions and accountability for each participating team member.

This tool promotes consistent identification of members who would benefit from multidisciplinary collaboration while ensuring timely escalation for complex clinical, operational, and safety-related needs.

ECM Provider Tool: IDT Request

How to Request an MCP IDT Meeting

1. Complete the MCP IDT Meeting Request form when one or more criteria above apply.
2. The request form must be completed in its entirety. Incomplete requests may cause delays in review and follow-up.
3. Email the completed request form to the Care Integration Unit at careintegrationunit@thealliance.health
4. After receiving the request, the Care Integration Unit will review it and follow up with next steps, which may include scheduling an IDT meeting, requesting additional information, or redirecting the request to the appropriate process.

Please complete all fields before submitting. Incomplete forms may delay review and follow-up.

ECM Provider Tool: IDT Request

MCP IDT Meeting Request

Member Name: **Member ID:**

Date:

ECM Provider/ECM LCM Contact Information:

Reason for IDT Request (select all that apply):

- ☐ Significant Clinical Deterioration
- ☐ Transition to Higher Level of Care
- ☐ Complex Hospital or Facility Discharge Barriers
- ☐ Resource or Benefit Escalation Needed
- ☐ Engagement or Safety Concerns
- ☐ Clinical Oversight Review Support
- ☐ Oversight Review Support for Documentation Findings
- ☐ Other: _____

Summary of Current Situation:

Immediate Risks:

Barriers Identified:

Actions Completed by ECM Provider:

Support Requested from MCP IDT: