

HUSKY Health Program Intensive Care Management (ICM) Referral



Fax to: Intensive Care Management at 866.361.7242

Member's Name:	DOB:	HUSKY Health ID#:
Gender Identity/Preferred Pronouns:		
Address:		
Home Phone:	Cell Phone:	
Primary/Preferred Language:		
Best time to contact the member:		
Diagnosis:		
Provider Name:	Provider Phone Number:	
Provider Fax Number:		
Language/Speech/Hearing/Mobility Impairment Accommodations required:		

Please check all appropriate needs/triggers that apply for this member:

	Need/Trigger	Please give details of the member's needs (type of DME, referral, etc.)
	Care Coordination, DME	
	Care Coordination, Primary Care Needs	
	Care Coordination, Specialist Care	
	Complex Medical Needs	
	Complex Medical and Behavioral Health Needs	
	CHW, Community Support Needs	
	CHW, Homeless/Unstable Housing	
	High Risk/Complex Pregnancy Needs	
	High Utilization, ED	
	High Utilization, Inpatient	
	Multiple Comorbidities	
	Obtaining Gender Affirming Services	
	Receiving an Organ Transplant	
	Sickle Cell Disease	
	Other (please describe):	

Signature: _____ Date: _____