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 Language:		
Best time to contact the member:		
Diagnosis:		
Provider Name:	Provider Phone Number:	
Provider Fax Number:		

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 Pregnancy	
☐	High Utilizer, ED	
☐	High Utilizer, Inpatient	
☐	Obtaining Gender Affirming Services	
☐	Obtaining Organ Transplant	
☐	Sickle Cell Disease	
☐	Other:	

Signature: _____ Date: _____