<Date>

<Recipient Name>

<Address>

<Address>

<City State Zip>

Re: <Member Name>

DOB: <DOB>

Health Plan ID: <UCare ID Number>

Dear <Name of ICT Recipient>:

<Member Name>, is enrolled in UCare MSHO. As this member’s care coordinator, I facilitate communication and coordinate care across providers and settings. I am available to provide health education, assistance accessing supports and services and to assist members with optimizing health care use to improve health most recent UCare Support Plan that addresses the following areas:

* + Member’s interdisciplinary care team
	+ Member’s wishes / what is important
	+ Person-centered goals
	+ Supports and services the member chooses

**Preventive health gaps in care or other concerns include:**

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| --- |
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I can be reached at the email address or phone number listed below should you have any questions. I look forward to working with you and <Member Name>to help facilitate smooth transitions and ensure health and safety needs are met.

Sincerely,

<Care Coordinator Name, Title>

<Phone Number>

<Email>