

[Date]

## IMPORTANT NOTICE ABOUT YOUR HOME AND COMMUNITY-BASED SERVICES

Dear [Participant]:

This letter is in follow up to the letter [CHC-MCO] sent you on [date]. As we advised you in our earlier letter, you must have a comprehensive needs assessment to receive Medical Assistance (MA) Home and Community Based Services (HCBS) under the CHC Program. The comprehensive needs assessment allows [CHC-MCO] to understand what type of HCBS best fits your needs, resources, preferences, and goals.

Because you decided not to receive a comprehensive needs assessment for the past of 30 days, [CHC-MCO] will notify the County Assistance Office (CAO) to take action to end your MA HCBS. You must contact [CHC-MCO] within 10 days of the date on this letter to let [CHC-MCO] know you want to remain enrolled in MA HCBS. Otherwise, your services will be terminated. You will receive a separate notice from the CAO. That notice will tell you how to appeal if you disagree with the decision to terminate your HCBS.

If you have changed your mind and would like to receive a comprehensive needs assessment, or if you have questions, please contact [CHC-MCO] as soon as possible. If you delay, you may be required to reapply for MA HCBS. You can reach our Participant Services Department at [CHCMCO Number]. TTY users, please call [Toll-free TTY Number]. You can call [insert days and hours].

Sincerely,

[CHC-MCO]

**TAG Lines:**

**CHC-MCO, the following statement must appear in English, Russian, Cambodian, Vietnamese, Spanish, Chinese, and any other language as required by MA Bulletin 99-1711:]**

**The information in this notice is available in other languages and formats by calling [CHCMCO Name] at [Phone #/Toll-free TTY #].**

