

Consumer Directed Community Supports (CDCS)

Notice of Technical Assistance & Additional Oversight

**Member name:**       **Member PMI:**

**Care coordinator name:**       **MCO agency/delegate name:**

Date of notice of technical assistance and/or additional oversight:

Number of documented notices in this service plan year and date of each notice:

1       2       3       4\*

Identification of the problem (describe what caused the need for technical assistance and/or additional oversight):

Corrective action needed (describe what action needs to occur to correct the problem):

Timeline to accomplish the corrective action (state a timeline for the CDCS recipient to complete the corrective action):

Member or legal representative signature (indicates receipt of this notice):

\*On the 4th occurrence of the notice of technical assistance and/or additional oversight beyond reasonable efforts, a notice of action (also known as UCare’s denial/termination/reduction) will be sent immediately. The CDCS member will be exited from CDCS as of the effective date on the form.

DHS-4270-ENG 4-19 <H2456\_14242\_072024\_C>

U14242 (06/2024)

*Reference: DHS-4270* [*CDCS Lead Agency Operations Manual*](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4270-ENG) *appendix D example page 52*

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