



MSC+ and MSHO Letters Guide

Letter Name	Optional/Required	Purpose
Appointment Reminder Letter	Optional	Sent to members as a reminder of their upcoming appointment with the assigned care coordinator.
Change in Contact Info for Care Coordinator	Optional	Sent to inform the member of changes to the assigned care coordinator's contact information.
Change in Care Coordinator Letter*	Required	Sent to members whose enrollment status indicates an internal or external change in care coordinator within 10 business days of the assignment. <i>Note: MSC+/MSHO has specific letters for each product.</i>
CFSS Follow Up Needed Letter*	Optional	Sent to members unable to reach via phone who have not provided the necessary information or decisions to continue to transition to CFSS.
Elderly Waiver Provider Support Plan Cover Letter	Required	EW Service Providers: Accompanies the support plan when the member elects to share it with EW service providers to obtain the provider signature within 30 calendar days of assessment or when there is a change to providers/services.
Elderly Waiver Provider Support Plan Summary Letter	Required	EW Service Providers: Used to summarize the support plan when a member chooses to share a summary of the Support plan versus the full support plan within 30 days of the assessment or when there is a change to providers/services.
Health Resource Letter*	Optional	Cover letter mailed to member/representative with miscellaneous resources/information attached to or included within the letter.
Member Elderly Waiver Service Change Letter	Required	Mailed to members when there has been a change in the member's care or change in units/frequency of support/services, along with a request for a new member signature. <i>Note: MSC+/MSHO has specific letters for each product.</i>
PCP/ICT Support Plan Cover Letter	Optional	Cover letter to accompany mailed support plan to PCP and ICT members.
PCP/ICT Support Plan Fax Cover Sheet	Optional	Fax cover sheet to accompany faxed support plan to PCP and ICT members.
Provider Engagement Letter	Required	Mailed to Primary Care Provider when a member is UTR/Refusal within 30 calendar days of the UTR/Refusal date.
Refusal Letter*	Required	Mailed to the member when verbally declining assessment within 30 calendar days from the refusal date.



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Support Plan Letter*	Required	Cover letter to accompany mailed MnCHOICES support plan within 30 calendar days of the completed assessment to member/representative when a signature has already been obtained.
Support Plan Signature Letter*	Required	Cover letter to accompany mailed MnCHOICES support plan within 30 calendar days of the completed assessment to member/representative when a signature is needed.
Unable to Reach Member Letter*	Required (option 1)	Mailed to members who have not responded to phone calls or have no known or working phone number.
Unable to Reach Member Letter - Support Staff*	Required (option 2)	Alternative letter mailed to members who have not responded to phone calls or have no known or working phone number when support staff have made contact attempts on behalf of assigned CC.
Welcome Letter*	Required (option 1)	Sent to newly enrolled members within 10 business days of assignment to share CC contact information. <i>Note: MSC+/MSHO has specific letters for each product</i>
Welcome Letter Member in Nursing Home	Required (option 2)	Sent to newly enrolled members with designated "institutional" living status within 10 business days of assignment to share CC contact information. <i>Note: MSC+/MSHO has specific letters for each product</i>
Welcome Letter Member on CAC, CADI, DD or BI Waiver	Required (option 3)	Alternative Welcome Letter for community members known to be on a CAC, CADI, DD or BI Waiver. Sent to newly enrolled members within 10 business days of assignment to share CC contact information. <i>Note: MSC+/MSHO has specific letters for each product</i>