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| 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.  ***Note:*** *MSC+/MSHO has specific letters for each product.* |
| 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 Signature Cover Letter | Optional | **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.  ***Note:*** *The Provider signature sheet must be printed from MnCHOICES and accompanied by portions of the support plan the member wishes to share.* |
| 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 | Optional | 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. Note: The support plan signature sheet must be printed from MnCHOICES and accompanied by the support plan. |
| 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. |
| 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.  ***Note:*** *MSC+/MSHO has specific letters for each product* |
| 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.  ***Note:*** *MSC+/MSHO has specific letters for each product* |
| 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.  ***Note:*** *MSC+/MSHO has specific letters for each product* |