<DATE>

<Member Name>

<Street Address>

<City, State, Zip>

Dear <Member Name>,

My name is <CC's Name>. I am your Care Coordinator. I work with your health plan, Blue Advantage MSC+. You are receiving this letter because you are using Consumer Directed Community Supports (CDCS) and there is a finding of noncompliance with your Community Support Plan. This identified finding requires a corrective action plan. This is a Notice of Technical Assistance and additional oversight.

A Notice of Technical Assistance and additional oversight can be issued for many reasons such as:

* Over-spending, suggesting the plan budget will not be possible over the service plan year
* Unapproved expenses
* Under-spending on services needed to support health and safety
* Continued difficulty arranging services needed for health and safety
* Any issue that puts your health and safety at risk
* Not responding to notices requesting missing information from your Financial Management Services (FMS) provider
* Inappropriate use of funds
* Not reporting inappropriate use of services/programs
* Not following the Community Support Plan as approved

Please review the following information. If you do not understand the corrective action needed, contact your Care Coordinator/CDCS Case Manager for assistance.

The Care Coordinator/CDCS Case Manager completed the below information to let you know what additional technical assistance and/or support is needed. You or your legal representative must sign and return this document to your Care Coordinator/CDCS Case Manager, you will be provided a copy. The original copy will be kept in your file.

Member Name: <Click here and type>

Care Coordinator/CDCS Case Manager: <Click here and type>

Care Coordination Delegate: <Click here and type>

Date of notice: <INSERT DATE>

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

1<INSERT DATE> 2<INSERT DATE> 3 <INSERT DATE> 4\* <INSERT DATE>

Summary of the problem (describe what caused the need for technical assistance and/or additional oversight): <Click here and type>

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

This corrective action includes input from you and your FMS Provider. This plan will provide additional resources including CDCS online module training, coaching, and education as appropriate. <Add Additional Action Plan Steps Here>

Timeline to accomplish the corrective action (give a timeline to the member to complete the corrective action): <Click here and type>

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

­­­­­­­­­­­­­­­Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can be exited from the CDCS program at anytime depending on the seriousness of a finding. **Anyone receiving 4 technical assistance notices, will receive a notice of action for termination of CDCS.** If you choose to appeal the termination of CDCS, CDCS services are not available during the appeal process. Care Coordinator/CDCS Case Manager will discuss other elderly waiver services in place of CDCS services.

If you have any questions, please call me at <CC's Phone Number>. If you use TTY, please call 711. Our hours of operation are from <hours of operation>. Please leave a message on my voicemail if I am not available to answer your call. I will call you back. If you do not speak English, please tell me the language you speak. If needed, I will use an over-the-phone interpreter.

Sincerely,

<CC's Name>

Care Coordinator

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