

Insert CMA Logo here

Click here to enter a date.

Dear Click here to enter member name,

We are writing to inform you that Click here to enter text. intends to disenroll you from the Health Home program within the CCMP Health Home effective Click here to enter a date. On this date we will also stop sharing of Protected Health Information with your Care Team members.

Please review the attached Notice of Determination of Disenrollment form (DOH-5235), which indicates that you are being disenrolled because: Choose an item.

The attached Notice also includes instructions on how to request an Informal Agency Conference and/or a Fair Hearing, if you disagree with our decision.

You have the option to receiving a copy of the following documentation as part of the disenrollment process:

* Most recent Care Plan, including contact information for your Care Team members.
* Discharge/safety plan
* Any referrals made by Click here to enter text. for new providers/services
* A plan for ongoing coordination if you are receiving HCBS services.
* Other documents as appropriate

If you would like a copy of any of the above documents, or if you have questions about the Notice, please contact Click here to enter text. at Click here to enter text..

Sincerely,

Click here to enter text.