General Contract Monitoring

Uniform MCO Service Cost Maximum Letter

Under the Division of Rehabilitation Services and Illinois Department on Aging waivers, each MCO is required to send a letter to Enrollees any time they approve services beyond service cost maximums.

This is necessary so that Enrollees know that additional services are being provided because the MCO is choosing to offer them. Should the Enrollee return to Fee-for Service or transfer to another MCO, the additional services may not continue.

The universal letter that all MCOs agreed to use is included in this policy.
Dear [RECIPIENT_NAME]:

Thank you for being a member of [Health Plan Name].

Right now, you are getting waiver services through [Health Plan Name]. These services help you stay in your home or community setting instead of a nursing home.

[Health Plan Name] is currently providing you with additional services above what was allowed under the Community Care Program (CCP) or the Home Services Program (HSP).

The purpose of this letter is to let you know that you may not receive the same amount of services if you switch to another health plan or receive services directly from the State through CCP or HSP.

Please call us if you have any questions.

Sincerely,

[Health Plan Name]
Policy History
General Contract Monitoring
Uniform MCO Service Cost Maximum Letter

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<tr>
<th>Date</th>
<th>Action</th>
<th>Policy Originator</th>
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<tbody>
<tr>
<td>June 2019</td>
<td>Contract Clarification</td>
<td>Lauren Tomko</td>
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Universal Form Letter approved and distributed to MCOs on May 4, 2017

<table>
<thead>
<tr>
<th>Policy Revisions</th>
<th>Revision Approved</th>
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<tbody>
<tr>
<td>[revision date]</td>
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