

**New Choices Waiver
Case Management Agency Notice of Decision**

Dear (applicant name),

(Date)

Thank you for your interest in (CMA name), a case management services provider for the Utah Medicaid New Choices Waiver program. We have carefully reviewed your case and have made the following decision:

- Our agency agrees to accept you as a client. Your case manager will contact you to discuss your options and to work with you on a plan of care.**
- At this time our agency has chosen to decline to serve you. You may select a different case management provider if there is another one in your area. To discuss your options you will need to call the New Choices Waiver program at (801) 538-6155, option 6 or (800) 662-9651, option 6.**

- Our agency agrees to provide case management services to you when the following has been resolved:**

_____ New Choices Waiver is a Utah Medicaid program and the Department of Workforce Services (DWS) has not completed their review of your Medicaid eligibility. We will stay in touch and monitor your status until DWS makes a decision. If Medicaid benefits are approved, our agency will work with you on a plan of care. If DWS is not able to determine your Medicaid eligibility within 60 days of the date of our assessment, a new assessment must be completed and New Choices Waiver services cannot begin until on or after the new assessment date. Our assessment was performed on (insert MDS-HC date).

_____ Right now you have conditions that must stabilize before it is safe for you to move to a home or community-based setting. We will put your case on hold while you continue to work on these issues:

_____ Other: _____

- You have informed our agency that you no longer wish to be considered for the New Choices Waiver program so we will close your case record and inform the State office. If you choose to reapply in the future, please call (801) 538-6155, option 6 or (800) 662-9651, option 6 to request a new application.**

- Based on our comprehensive assessment, it appears you may not be eligible for the New Choices Waiver program because:**

_____ You do not meet nursing facility level of care which is a basic requirement of the program. To learn more about what nursing facility level of care means, you may contact the New Choices Waiver program at (801) 538-6155, option 6 or (800) 662-9651, option 6.

_____ You have a complex set of health, safety, or care needs that exceed the New Choices Waiver program's ability to safely serve you in a home or community-based setting. It does not appear these conditions will be resolved in the near future.

_____ Other waiver admission criteria is not met.

The New Choices Waiver program will review our assessment findings and will make the final decision about your program eligibility. If the New Choices Waiver program agrees with our assessment, they will send you a denial letter and offer a chance for you to appeal the decision. If the New Choices Waiver program disagrees with our assessment, they will contact you or your representative to talk about your options.

If you would like to talk with our agency about this letter, please call our office at (CMA number). Thank you.

(Signature here) (Name and title of signing CMA representative)

Date faxed to New Choices Waiver & applicant's facility of residence: ___/___/___ **Initials:** _____