

## SAMPLE APPROVAL LETTER

### **FOR THE COMMONWEALTH COORDINATED CARE PLUS (CCC PLUS) WAIVER OR PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE) OR NURSING FACILITY SERVICES**

DATE

Mrs. Mary Jones  
0000 Avenue  
Home Town, Virginia 00000

Dear Mrs. Jones:

#### **Purpose of this letter:**

This letter is being sent to you in response to your recent screening for Medicaid-funded long term services and supports (LTSS). These services include home and community-based services or nursing facility care. Home and community-based services include the options of: the Commonwealth Coordinated Care Plus (CCC Plus) Waiver, or the Program of All Inclusive Care for the Elderly (PACE). The Commonwealth of Virginia requires that an individual is screened prior to enrollment in any of these LTSS and a determination made regarding the need for these services. Through a separate process, individuals must also be screened to determine financial eligibility for Medicaid.

#### **What this screening means for you:**

The LTSS screening team, in accordance with Medicaid policy and procedures, has determined that you meet the level of care criteria for Medicaid-funded LTSS. The screening team discussed with you the choice of home and community based services or nursing facility care. Based on your circumstances, it was determined by you and the screening team that [ **Screener - Choose and Insert One: the CCC Plus Waiver or PACE or a nursing facility**] will best meet your needs at the present time.

#### **[FIVE OPTIONS – THE SCREENER MUST CHOOSE ONE APPLICABLE OPTION TO INSERT IN THIS LETTER:]**

*For persons currently enrolled in the Commonwealth Coordinated Care (CCC) Plus program*

- You are currently enrolled in the Commonwealth Coordinated Care (CCC) Plus program and you have chosen *Choose one- CCC Plus Waiver (agency-directed or consumer directed), or nursing facility care*, the screening packet and a copy of this letter will be sent to your health plan care coordinator. The care coordinator will facilitate your enrollment into long term services and support and work with you to choose a provider and start services.

*For persons who are currently fee for services or starting as a fee for service member*

- You chose agency-directed waiver services, the agency provider you chose will receive a copy of the complete screening package along with a copy of this letter which is our written approval for you to be enrolled for long term services and supports. A registered nurse from the provider agency will contact you to develop a plan of care with your input.
- You chose consumer-directed waiver services, the services facilitator you chose will receive a copy of the complete screening package along with a copy of this letter which is our written approval for you to be enrolled for long term services and supports. The services facilitator will contact you to

develop a plan of care to address your specific needs and to discuss employer of record (EOR) responsibilities.

- You chose nursing facility care, the nursing facility you chose will receive a copy of the complete screening packet along with a copy of this letter which is our written approval for you to be enrolled for long term services and supports. Staff from the nursing facility will work with you to develop a plan of care to address your specific needs.

*For persons choosing PACE*

- You chose the Program for All Inclusive Care for the Elderly (PACE) and are eligible for this program, staff from the PACE program in your locality will receive a copy of the complete screening package along with a copy of this letter which is our written approval for you to be enrolled for services. A PACE representative will be in contact with you to arrange for your services.

It has been our pleasure to work with you. If you have any questions, please contact your provider for further assistance.

Sincerely,

**(Name/Title of Screening Team Member)**  
Medicaid LTSS Screening Team  
**(Name of Agency or Hospital)**

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