

FI Transition to Facilitator Template FI to LDSS or Managed Care Plan

Date:

From: <Fiscal Intermediary Name>

RE: Fiscal Intermediary Termination of Services Notification to <MCO or LDSS>

Dear <MCO or LDSS>,

This letter is to inform you that effective <Month, Day, Year>, <name of FI> will no longer be providing Fiscal Intermediary (FI) services under the Consumer Directed Personal Assistance Program (CDPAP).

We have entered into a subcontract agreement with the Statewide Fiscal Intermediary, Public Partnerships LLC (PPL), as a CDPAP facilitator and received conditional approval from the Department of Health.

You will also be receiving a copy of the notifications we sent to each CDPAP member. The full list of CDPAP consumers and their PAs, including contact information is attached.

In addition, please note we have similarly notified the personal assistants of each CDPAP member listed above and the Department of Health that we will no longer be providing FI services as of the date indicated above.

If you have any questions, you may contact us at <xxxx>

Sincerely,

<FI NAME>

Cc: New York State Department of Health at StatewideFI@health.ny.gov