

Date:

From: <MCO or LDSS Name>

RE: Important information for Selecting and Transitioning to a New Fiscal Intermediary (FI) under the Consumer Directed Personal Assistance Program (CDPAP)

Dear <Consumer's name>

We have received notice from your current Consumer Directed Personal Assistance Program (CDPAP) Fiscal Intermediary (FI), <name of FI>, that it will be ceasing operations in your area. Your FI is responsible for processing wages, benefits and maintaining records for your CDPAP personal assistant (PA).

You have the right to select a new FI. Your plan of care, hours of service and your right to choose your PA are not affected by selecting a new FI. You are entitled to a copy of your care plan. If you would like a copy of your care plan please contact <email, telephone>.

To ensure continuity of payroll and other FI services for you and your PA, we request you select a new FI from the list below within ten (10) calendar days of receiving this letter. Please let us know your choice of a new FI by using the contact information below.

Email:

Telephone:

<Insert List of FIs and their contact information (email, telephone, address)>

As soon as possible please be sure to:

- Select a new FI.
- Tell your PA who you selected to be your new FI. Tell your PA they will need to provide written consent to your current FI to allow it to forward their health status records to your new FI and give them the attached PA consent form.

If your current FI signed employment forms I-9, W-4, IT-2104) for your PA tell your PA they will need to sign new employment forms with your new FI.

If you signed employment forms for your PA, tell your PA the current FI will transfer their employment forms with their health status records to the new FI.

- Provide your current FI with consent to release and transfer your service authorization records to the new FI. You may use the attached consent form to transfer your service authorization records.

Your current FI is required to transfer records within five (5) business days of receiving written consent.

We will work closely with you to transfer you and your PA to the new FI you select. If you have any questions or need assistance throughout the transition to a new FI please contact:

Email:

Telephone:

Sincerely,

<MCO/LDSS NAME>