

Dear _____:

This notice is being sent to you because you are moving out of a county where mental health, developmental disabilities, and substance abuse services are handled by _____ Managed Care Organization (MCO).

Even though you are moving out of this area, you will still need approval from mental health, developmental disabilities and substance abuse services in your new county_ through _____. This means that if you go to a mental health provider such as a counselor in your new county before this date, Medicaid will not pay for the service unless (MCO) approves it. You may be responsible to pay for the service if you do not receive approval from (MCO).

If you have been getting services through (MCO), please let them know where and when you are moving. You, a family member or your Support Coordinator can call toll-free at _____.