



Attachment #1: Letter to ODP waiver participant remaining in a hospital more than 30 days (*This does not apply to individuals who are in medical hospitals who continue to receive waiver services during their hospitalization in accordance with ODP policies as they will continue to be enrolled in the waiver*)

DATE

Waiver Participant

Address

Dear [Name of Waiver Participant or Surrogate]:

Our records indicate that you have been admitted to a hospital (medical/psychiatric) on XX/XX/XXXX and you have remained there for more than 30 consecutive days. The approved (XX) waiver requires that if a waiver participant has remained in a hospital for more than 30 consecutive days, the waiver participant will be disenrolled from the waiver. This does not mean that you will no longer be able to participate in the (XX) waiver as your waiver capacity will be reserved for up to 180 consecutive days. The start date that your waiver capacity will be reserved is XX/XX/XXXX with the 180-day period ending on XX/XX/XXXX.

Because you are being disenrolled from the waiver, you will receive the required PA-162 notice from the County Assistance Office letting you know the date your disenrollment from the waiver program begins.

If you have any questions regarding this letter, please contact me at  
(Telephone Number).

Sincerely,

Name

cc: Individual's File

Individual's Surrogate [if applicable]

Individual's Supports Coordinator

County MH/ID Program or Administrative Entity

Residential Provider [if applicable]

