

Date:

From: <Fiscal Intermediary Name>

RE: Important Information About Changes to Your Consumer Directed Fiscal Intermediary (FI) services

Dear <Consumer Name>,

This letter is to inform you that effective <Month, Day, Year>, <name of FI> will no longer provide to you Fiscal Intermediary (FI) services under the Consumer Directed Personal Assistance Program (CDPAP). Your plan of care, hours of service and your right to choose your personal assistant(s) is not affected by our change in operations.

To ensure continuity of payroll and other FI services for you and your personal assistant, and to begin the transition to another FI of your choosing, we are also sending a copy of this notification to your <MCO or LDSS> and the Department of Health. In addition, we are also sending separate notification to each of your personal assistant(s).

You have the right to choose your new FI. Your <MCO LDSS> must provide you a list of FIs operating in your area within five (5) business days of receiving this notification, and will assist you with selecting and transitioning to a new FI. It will be important for you to work closely with your <MCO LDSS> to ensure your personal assistant can be timely paid by your new FI.

If you have any questions, you may contact your <MCO or LDSS> or New York Medicaid Choice (NYMC), the State's Enrollment Broker, at 1-888-401- MLTC or 1-888-401-6582 (TTY users: 1-888-329-1541). You can call NYMC Monday to Friday, from 8:30am to 8:00pm, and Saturday from 10:00am to 6:00pm.

Sincerely,

<FI NAME>

cc: New York State Department of Health at [ConsumerDirected@health.ny.gov](mailto:ConsumerDirected@health.ny.gov)  
<MCO LDSS>