

Template letter for providers

[DATE]

Dear **{Insert Provider or Agency Contact Name}**:

An important national movement is underway to offer consumers who need long-term care the freedom, flexibility, and control to direct personal assistance services at home.

This exciting new opportunity is now available in **STATE**. It's called **PROGRAM NAME**, and it allows participants to use a flexible budget to hire their own personal care aides, as well as purchase items or make home modifications that help them live independently.

[PROGRAM/WAIVER NAME] is part of the national Cash & Counseling program, which has proven highly successful in three states and is currently available in 12 additional states. **PROGRAM NAME** is available to anyone 18 years of age or older who is eligible to receive **[BRIEFLY DESCRIBE MEDICAID WAIVER ELIGIBILITY]**, regardless of his or her clinical condition or ability to direct services. **PROGRAM NAME** will start to enroll on **DATE**.

[PROGRAM/WAIVER NAME] is not intended to replace agency services. However, **[PROGRAM NAME]** will offer new options to people who aren't satisfied with their current services and who may want more flexibility in their options. The participant always has the freedom to return to agency services if he or she desires.

An estimated 10 million people in the United States who are 65 and older depend on long-term care services – a number that is expected to double by 2040. Agencies already struggle to find the resources to meet all of consumers' authorized services. People who want to manage their own care are often the ones who pose the greatest challenge for agencies to serve adequately. Allowing these participants to direct their own care will help you better focus on the clients you are best suited to help.

Together, we can work to identify potential participants who may be interested in **[PROGRAM/WAIVER NAME]**. I would like to meet with you in-person to discuss this program further, and answer any questions you may have about your involvement and how this program could provide new opportunities for your agency. In the meantime, please feel free to contact me at **[NUMBER, EMAIL]** with any questions or concerns you may have.

Sincerely,
NAME