<Date>

<CDASS Client/AR Name>

<Address>

<City, State ZIP>

RE: Notice of CDASS Overutilization

Dear <Client/AR Name>,

This letter is to summarize the conversation and agreement we had on <DATE>.

I have reviewed your CDASS Monthly Member Expenditure Statement (MMES) for <MONTH/YEAR>, which shows that you have spent <$X,XXX>. This amount is ten percent (10%) or more than your approved average Monthly Allocation. Your approved average Monthly Allocation is <$X,XXX> for certification period ending <MM/DD/YYYY>.

Your continued overutilization indicates a consistent pattern, as described in the CDASS rule 10 CCR 2505-10 8.510.13.B. <summarize previous instances of overspending and if applicable, the plan created to address them during mandatory retraining due to 2nd episode of overutilization>

At this time you are required to designate an Authorized Representative or a new Authorized Representative if one is already assigned. Enclosed are the Authorized Representative forms for you to fill out and return. Please return the Authorized Representative forms to me by <DATE>, which is 10 calendar days from today’s date. These completed forms must be received, and training scheduled for the Authorized Representative within 15 calendar days of today’s date. The Authorized Representative must complete training with Consumer Direct of Colorado within 60 calendar days of today’s date.

If you fail to comply with these terms and/or continue to overutilize CDASS services, you will be terminated from CDASS in accordance with 10 CCR 2505-10 8.510.13.A.

Keep in mind that CDASS is not necessarily the best option for all clients who meet eligibility and I am happy to work with you to select another option for care.

If you have any questions, my office hours are <Monday through Friday, 9 a.m. to 6 p.m.>. If you call and I am not available, please leave a voicemail message and I will return your call as soon as I can.

Sincerely,

Care Manager

Case management agency

(303) XXX-XXXX