

<Date>

<Name>

<Street Address or PO Box>

<City, State, Zip>

Dear <Member>:

Welcome to the UCare Institutional Special Needs Plan (ISNP). My name is <Name> and I am your Care Coordinator. You are eligible for Care Coordination through the UCare ISNP.

I look forward to getting to know you and to assure your care needs are met. As a key member of your care team, you can expect that I will partner with you to:

* Discuss your care needs and health goals that are important to you.
* Complete a Health Risk Assessment and create an Individualized Plan of Care
* Work closely with your facility to ensure we are meeting and proactively anticipating your care needs.
* Advocate for and support you when there are changes in your health or need to undergo any care transitions.

I will call you soon to schedule a time to get acquainted and initiate the Health Risk Assessment. If you need to reach me before then, please call me <Phone> or email me at <Email>. If you reach my voice mail, please leave a message and your phone number and I’ll return your call soon. If you are hearing impaired, please call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

I look forward to speaking with you soon.

Sincerely,

<Name, Credentials>

<Care Coordinator Job TItle>

<County or Agency Name>

<Phone>

<Email>

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