

Request for Information
Medicare Advantage Coordination

To: _____

From: _____

Mail Code	Fax Area Code and No.
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This is a request for verification of Texas Health and Human Services Commission (HHSC) Community Services received by the individual:

Individual Name	Medicaid No.	Social Security No.
Address (Street, City, State, ZIP Code)		
Area Code and Telephone No.	County	Date of Birth

Signature - Requestor

Date

For HHSC Use Only:

The above named individual receives the Community Services checked below.

- In-Home and Family Support Services (IHFS)
- Medically Dependent Children Program (MDCP)
- Primary Home Care (PHC)
- Community Attendant Services (CAS)
- Family Care (FC)
- Home Delivered Meals (HDM)
- Emergency Response Services (ERS)
- Special Services to Persons with Disabilities (SSPD)
- Adult Foster Care (AFC)
- Assisted Living/Residential Care (AL/RC)
- Other: _____

- STAR+PLUS
Name of STAR+PLUS Plan member is enrolled in:

- Plan contact's area code and telephone no.:

- Name of Home and Community Support Services Agency (HCSSA):

- HCSSA contact's area code and telephone no.:

- Other: _____
- Other: _____

The above named individual is currently in a nursing facility but requests to resume services in the community.

Service Delivery Area Relocation Coordinator:

Name	Area Code and Telephone No.
_____ Signature - HHSC Staff	
_____ Date	_____ Area Code and Telephone No.

Response:

To: _____

From: _____

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Mail Code	Fax Area Code and No.
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