



Transforming Lives. Building Community Well-Being.

**DECISION ON YOUR REQUEST  
FOR HEALTHY OPPORTUNITIES  
PILOT SERVICES**

Notice Date: [DATE]	Space intentionally blank	Space intentionally blank
[MEMBER OR LEGAL GUARDIAN] [ADDRESS LINE 1] [ADDRESS LINE 2] [CITY, STATE, ZIP]		Space intentionally blank
MID: [MEMBER MID]	[UNIQUE PLAN ID]	Member: [NAME]      DOB: [MEMBER DOB]
<p>Trillium Health Resources manages your Healthy Opportunities Pilot services. On [DATE OF REQUEST], you or your Care Manager asked us to approve your request for Healthy Opportunities Pilot Services.</p>		
<p>Choose an item. [SERVICE TYPE].</p>		
<p>IF YOU DO NOT AGREE WITH OUR DECISION FOR PILOT SERVICES, YOU CAN FILE A HEALTHY OPPORTUNITIES PILOT GRIEVANCE OR REQUEST A PILOT ELIGIBILITY SERVICE REASSESSMENT.</p> <p>This letter tells you about our decision. Please read it carefully.</p> <p>You can file a Healthy Opportunities Pilot Grievance if you disagree with our decision not to approve your service request by [TP GRIEVANCE SUBMISSION METHODS]. You may also request a reassessment for Pilot services if your health status or social risk factors have changed. Instructions on how to file a grievance, request an eligibility service reassessment or request similar services that meet your care needs are included with this letter.</p> <p><b>This decision will not change your Medicaid eligibility or enrollment.</b> You are still eligible for care coordination and/or care management as appropriate and may be referred for similar services that meet your care needs. Contact your Care Manager or Health Plan to be referred to other services.</p> <p>If you need help filing a Pilot related grievance, requesting an eligibility reassessment, or requesting available non-pilot services call us at [PHONE NUMBER].</p>		

