



# MI Coordinated Health Acknowledgment Form

## HC Dual Complete MI-Y1 (HMO D-SNP)



Call **1-844-368-6885**, TTY **711**  
8 a. m.-8 p.m.: 7 days Oct-Mar; M-F April-Sept.

<Date>

Member ID: <Member's Plan ID#>

Beneficiary ID: <Member's Medicaid ID#>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

This form is to acknowledge that I am choosing to enroll in UHC Dual Complete MI-Y1 (HMO D-SNP) for my Medicare and Medicaid benefits as part of the MI Coordinated Health program.

I have been informed and acknowledge that:

- By choosing to enroll in MI Coordinated Health (MICH) my enrollment from <MI Choice/PACE> will end the last day of the month prior to my enrollment in MICH.
- Services that I received in <MI Choice/PACE> may not be available or may be provided in a different way in MICH.
- I may need to have continuous enrollment in a Home and Community Based waiver program to keep my Medicaid eligibility.
- If I reside in a residential setting, such as an adult foster care or home for the aged or receive services in a non-residential setting, such as an adult day program, the facility must be compliant with federal regulations in order to remain enrolled in a Medicaid HCBS program.
- My signature/verbal attestation (or my authorized representative's signature/verbal attestation) on this form means that I understand this form. If an authorized representative signs the form, that person's signature means he or she is authorized under State law to complete this form on my behalf, and proof of this authority is available upon request.
- If I am not comfortable enrolling today, the UHC Dual Complete MI-Y1 (HMO D-SNP) can collaborate with MDHHS to determine how these factors may affect me before moving forward with the enrollment into MI Coordinated Health. I may also seek additional information by contacting Person-Centered Options Counseling (PCOC) to discuss my options and services between programs. PCOC is an organization contracted by the State of Michigan to provide clients with an in-depth conversation to help them determine and understand their needs and preferences for long term services and supports and navigate through the possible pros and cons of available alternatives.

PCOC Contact Information  
Statewide Call Center: 1-800-803-7174  
Hours: Monday - Friday, 8 AM - 8 PM  
TTY: Please dial 711

- If I have chosen to seek additional information or the UHC Dual Complete MI-Y1 (HMO D-SNP) is unable to reach me and the application cannot be completed within 10-days of receiving the initial request, the UHC Dual Complete MI-Y1 (HMO D-SNP) may contact me by phone or in writing to explain I have 21 calendar days to submit missing information. If I do not provide the required documentation within this timeframe, my enrollment into UHC Dual Complete MI-Y1 (HMO D-SNP) will be denied.

Additional Information from MDHHS (completed upon request from UHC Dual Complete MI-Y1 (HMO D-SNP)):

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Additional Comments from UHC Dual Complete MI-Y1 (HMO D-SNP):

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<b>Member signature:</b>	<b>Date:</b>
<p>If you are the authorized representative, you must provide the following information, sign, and date below:</p> <p>Name: (Please print) _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Phone Number: (____) _____ - _____</p> <p>Relationship to Enrollee: _____</p> <p>Today's Date/ Time: _____</p> <p>Verbal Attestation: (Please read the following statement to the beneficiary. After reading, ask the member to state their full name and date to confirm acknowledgment.)</p> <p>Do you attest that you wish to proceed with enrollment in UHC Dual Complete MI-Y1 (HMO D-SNP) as of [today's date]? If you agree, please state your full name and date to confirm acknowledgement.</p>	