



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

<Head of Household>	
<Address Line 1 + Address Line 2 >	
<City>	<State> <Zip Code>

< Letter Date >

Thank you for calling the Helpline. You asked to stop your Long-Term Care (LTC) services because:

<Reason>

This change will happen on <End Date> for the following person:

Name	Program	Current Plan
<Recipient Name>	<SMMC Program>	<Plan Name>

After this change, each person listed above **will not** be able to receive long-term care services using Medicaid. If you would like to receive long-term care services in the future, you will have to go through the long-term care approval process again.

For questions about re-joining the Long-Term Care program, please contact your local Aging and Disability Resource Center (ADRC) at 1-800-96-ELDER (1-800-963-5337).