Date: Click here to enter a date.

Re: Click here to enter text.

Dear Health Home Member,

This letter is to inform you that you are being disenrolled/discharged from our Medicaid Health Home program. This program is a partnership between our agency and Bassett Healthcare Network.

We previously had your consent to share information regarding your care needs with your Providers and Community Supports. As of the date of Disenrollment/Discharge, we will no longer share information with any of them. Your Date of Disenrollment was/will be: Click here to enter a date.

The reason you are being disenrolled/discharged from our program is that you:
Choose an item.

If you have any questions or you wish to re-enroll in the Health Home program at any time, you may contact me, contact our agency, or leave a voice message at the Bassett Community Navigation Health Home Referral Line: 877-547-1753.

Also please let us know if you would like a copy of any of the following documents:

- Bassett CHN Health Home Disenrollment Summary
- Your most recent Care Plan
- Contact information for your Care and Service Providers (Including your MCO HARP Care Manager if you are enrolled in HARP)
- A plan for ongoing coordination of HARP/HCBS, if you receive those services
- Any other documents related to your Health Home enrollment/care management

Thank you for being a part of our program!

Click here to enter text.
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Click here to enter text.