



# Illinois Department on Aging (IDoA) Notification

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
FROM: (CCU Stamp)

RE: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CARE COORDINATION UNIT  
CONTACT PERSON \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

CASE ID: \_\_\_\_\_

**(Note: Enter Social Security Number for new applicant only).**

CASE LOAD NUMBER (if available): \_\_\_\_\_

**The FCRC must send the CCU copies of Form 267 and 360L for applicant receiving DoA Community Care Program services. See WAG 20-28-01.**

This is to notify the FCRC that the person named above receives services from the Department on Aging (DoA) Community Care Program (CCP).

1. STATUS OF MEDICAID ELIGIBILITY (CHECK ONE)

- The person named above has completed an application for medical benefits. Form 2378H is attached.
- The person named above has an active medical case.

2. STATUS OF COMMUNITY CARE PROGRAM (CCP) SERVICES

Person is receiving CCP services. Effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . The monthly costs of services are \$ \_\_\_\_\_ .  
Apply the costs of services towards the person's spenddown obligation.

3. CHANGE OF INFORMATION (CHECK AS APPROPRIATE)

- Death of client—Date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- CCP services denied/terminated effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Spouse receiving CCP services effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Spouse entered nursing facility or supportive living facility on \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Death of spouse—Date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note: Determine if case is eligible for spousal diversion. See PM15-06-02-d.**

The CCU will notify DHS/FCRC of any changes in services and /or monthly cost.