**COMPREHENSIVE OPTIONS COUNSELING CHOICE FORM-FY20**

**ALL SERVICES NEED TO BE FIRST AUTHORIZED BY THE MCO (SUNFLOWER, UNITED OR AETNA) BEFORE SERVICES CAN START, AND ALL SELECTED SERVICE PROVIDERS NEED TO BE IN THE MCO PROVIDER NETWORK.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. It is my Choice to Receive Supports Through**

Community Based Services Institutionalized/ICF Based Services (skip to #7)

**2. Specialized Medical Care:**

CareStaf Inc. NOT INTERESTED IN THIS SERVICE

**3. Financial Management Agencies (FMS): Self-Directed In-Home Supports**

All Services Another Day COF-**no new client referrals** Helper’s Inc. Life Patterns

RCIL TILRC NOT INTERESTED IN THIS SERVICE

**4. Targeted Case Management:**

Arc of Douglas County– **Franklin County only**

COF **-limited client referrals**   Journeys Monaco and Associates – **no new client referrals**

Quest**-no new client referrals** Serenity Case Management Tarc-**no new client referrals**

NOT INTERESTED IN THIS SERVICE

**5. Adult Day and Residential Providers (Check Selection for Day and Residential separately):**

CLO-Day (Shared Living)-**no new referrals**  CLO-Residential (Shared Living)-**no new referrals**

COF-Day – **no new client referrals**  COF-Residential – **no new client referrals** Hetlinger-Day

Journeys-Day (Burlington)  Journeys-Residential (Burlington) Quest-Day  Quest-Residential

Safe Haven (\*Limited Lic.-Day)  S and L Ranch-Day S and L Ranch-Residential-**no new referrals**

Tarc-Day  Tarc-Residential  Tarc-Self Determination-**no new referrals** NOT INTERESTED IN THIS SERVICE

**6. Children’s Residential (Voluntary Foster Care):**

Calm KVC TFI (The Farm) NOT INTERESTED IN THIS SERVICE

**6. Medical Alert Rental**

MedScope America NOT INTERESTED IN THIS SERVICE

**7. I have reviewed the CDDO Options Brochure and choice form with the CDDO.** **YES** **NO**

**8. I have reviewed the CDDO Rights-Responsibilities Brochure with the CDDO.  YES  NO**

**9. . I have reviewed the CDDO Appeal and Grievance Process with the CDDO.  YES  NO**

Individual’s signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian/Designated Representative signature/date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ECK CDDO signature/date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 08/02/2019 Changes Made to Providers: YES NO