**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