

## Change of Service Coordination Agency Request

☐ NHTD ☐ TBI

Home And Community Based Services Medicaid Waiver  
Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)

I, (Participant Name) \_\_\_\_\_ (CIN) \_\_\_\_\_

request to make the following change in my Service Coordination agency.

I have been informed of my right to remain with this current Service Coordination agency or select a new Service Coordination agency from a list of all available and approved Service Coordination Agencies. I am choosing to make the following change:

Current Service Coordinator Name and Telephone	Current Service Coordination Agency and Telephone	Requested Service Coordination Agency Name and Telephone

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Current Service Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Service Coordinator Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by the Requested Service Coordination Agency:

Service Coordinator/Agency

- ☐ will provide service(s) to the above named participant  
☐ will not provide service(s) to the above named participant

Reason: \_\_\_\_\_

Service Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Service Coordinator Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: The Regional Resource Development Specialist (RRDS) must contact current Service Coordinator/agency and the newly Requested Service Coordination Agency.**

### To be completed by the the Regional Resource Development Specialist:

Regional Resource Development Center

This request for change in Service Coordination Agency has been reviewed and: ☐ Approved, services to begin effective: \_\_\_\_\_

☐ Denied (explanation) \_\_\_\_\_

Transition Meeting to be held on: \_\_\_\_\_ at \_\_\_\_\_ AM / PM

Regional Resource Development Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

cc: Participant  
Legal Guardian (if applicable)  
Authorized Representative (If applicable)  
Current Service Coordinator and/or Service Coordination Agency  
New Service Coordinator and/or Service Coordination Agency  
All current Provider Agencies