

☐ NHTD ☐ TBI

Service Coordination Agency Selection

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

NOTE:

This form must be returned to the Regional Resource Development Specialist (RRDS) to continue the waiver application process.

I understand that as an applicant for the Nursing Home Transition and Diversion or Traumatic Brain Injury Medicaid Waiver I must select a Service Coordination Agency from the attached list of approved Service Coordination Agencies. I further understand that I am not selecting and am not guaranteed a specific Service Coordinator at the agency I select. I have been encouraged to interview these providers prior to making my selection.

I understand that I will be assigned a Service Coordinator from the Service Coordination Agency I have selected. I understand that this Service Coordinator will assist me in developing, implementing and monitoring my Service Plan.

I also understand that at any time I may change my choice of a Service Coordination Agency.

From the approved Service Coordination Agency list, I have selected the following provider of Service Coordination:

Service Coordination Provider Agency _____ Telephone _____

Agency Address _____

Applicant Name _____ Applicant Signature _____ Date _____

Legal Guardian Signature (if applicable) _____ Date _____

To be completed by the Service Coordination Agency:

Service Coordination Provider Agency _____

- ☐ **will provide** Service Coordination to the above named applicant
☐ **will not provide** Service Coordination to the above named applicant

Reason: _____

Service Coordinator Signature _____ Date _____

Service Coordination Supervisor Signature _____ Date _____

Regional Resource Development Specialist Signature _____ Date _____