MEDICAID WAIVER, PROVIDER, AND SERVICES CHOICE STATEMENT -- Instructions

When an individual has been determined eligible for Medicaid waiver services the Service Coordinator (SC) completes the top portion of the Waiver, Provider and Services Choice Statement. This includes the individual’s name, date of birth, Medicaid number (DCN), and DMH ID. The SC must explain the eligibility requirement of each waiver the Division of DD manages to the individual, guardian and/or designated representative. Then the individual will determine which waiver meets his/her needs based on eligibility requirements with the assistance of the SC. Once this had been determined, the SC should indicate the desired waiver by checking the appropriate box.

Then the SC must explain to the individual, guardian and/or designated representative the difference between the Medicaid Home and Community Based Waiver and ICF/MR facility. An individual may choose to be referred to an ICF/MR facility. For the Home and Community Based Waiver, participation is conditional upon eligibility for Medicaid and meeting Level of Care criteria for this program. The SC should indicate whether the individual would like to participate in the Home and Community Based Waiver or be referred to an ICF/MR facility.

When an individual requests a new or additional service, it is the SC’s responsibility to inform him/her of the option of self-directing the service (when available) and/or all the available providers that provide the service in the individual’s location. A list of eligible providers will be attached to this form prior to the form being completed. The SC should present information regarding the option of self-directed services and/or schedule meetings with each provider which the individual indicates he/she is interested in meeting, and answer any questions the individual may have. The individual should then make the decision regarding a choice of provider based upon the information he/she receives.

The ‘Choice of Service, Provider or Self-Directed Supports’ section is designed to show the selected services and provider for each service requested or the choice of self-directing support when applicable. If the person chooses to self-direct a service, the “provider selected” section is not applicable. Each separate service and each choice of provider or self-directed option must be listed. Page two is used when additional space is needed.

This form needs to be completed before the new waiver service starts. This is the only time the form needs to be completed unless the individual, guardian and/or designated representative chooses a new service and/or provider (changes providers) and/or chooses to start self-directing supports; should one or more of these three circumstances occur, then ONLY page 2 needs to be completed to reflect the change; page 1 does NOT need to be completed again.

Once the form has been completed, the individual, guardian, and/or designated representative and the Service Coordinator must sign the form.

A copy of this form must be give to the individual. The original completed form has to be maintained in the Individual’s record at the facility that is providing Targeted Case Management.