

## Medicaid Waiver, Provider & Service Choice Statement Form Guide

- This form needs to be completed for individuals in any Waiver Program.
  - This form MUST be accompanied by the signed Provider Choice report from CIMOR (with the exception of self directed services).
  - The back side of the form is only completed if it is a new service or change in service provider.
1. Complete Name, DOB, Medicaid # and DMH ID sections.
  2. Check the appropriate Waiver type and the choice to participate in the Waiver Program boxes.
  3. Go to data Central Reports (not for Self Directed Service selection):
    - a. Click CIMOR tab (+)
    - b. Click Provider Directory tab (+)
    - c. Click Search by Service tab
    - d. Enter information in each box. Be sure to save your selection.
    - e. On Parent Provider Org field, click select all and save.
    - f. Be sure to click {NO} on Hide Signature
    - g. Click {View Report}
  4. Print Report and have Responsible Party sign and date report\*\*
  5. Have the responsible party initial that they have seen the list of providers on the report.
  6. Enter the Service(s) and chosen provider on the form.
  7. Have the responsible party sign the first line for Waiver service selection or the second line for Self Directed.

\*\*For new service or change in provider turn to the back page, check the appropriate box and continue to complete the back page following directions in 5-7 above.