

**CHANGE OF SERVICE COORDINATOR REQUEST  
HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER**  
Nursing Home Transition and Diversion (NHTD)

I, (Participant Name) \_\_\_\_\_ (CIN) \_\_\_\_\_ request to make the following change in Service Coordinator or Service Coordination agency currently providing this service to me.

I have been informed of my right to remain with this current Service Coordinator and/or Service Coordination agency or select a new Service Coordinator or Service Coordination agency from a list of all available waiver service providers for this service.

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

**NOTE: THE REGIONAL RESOURCE DEVELOPMENT SPECIALIST (RRDS) MUST CONTACT CURRENT SERVICE COORDINATOR/AGENCY AND THE NEWLY REQUESTED SERVICE COORDINATOR/AGENCY.**

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

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

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

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

Current SC Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Transition Meeting to be held on: \_\_\_\_\_ / \_\_\_\_\_ /20 at \_\_\_\_\_ am / pm

<b>To be completed by the Requested Service Coordinator and/or Requested Service Coordination Agency:</b>	
_____ will provide service(s) to the above named participant	_____ will not provide service(s) to the above named participant
Service Coordinator/Agency Reason: _____	
_____	_____
Service Coordinator Signature	Date
_____	_____
Service Coordination Supervisor Signature	Date
_____	_____

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

This request for change in Service Coordinator and/or Service Coordination Agency has been reviewed and:

approved Services to begin effective: \_\_\_\_\_ / \_\_\_\_\_ / 20

denied (explanation) \_\_\_\_\_

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

- cc: Participant  
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