

SERVICE COORDINATOR SELECTION

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Nursing Home Transition and Diversion (NHTD)

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 Medicaid Waiver or the Traumatic Brain Injury Medicaid Waiver, I must select a Service Coordinator from the attached list of approved Service Coordination Agencies. I have been encouraged to interview these providers prior to making my selection.

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 Service Coordinator or the Service Coordination Agency and still be eligible for the waiver.

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

Service Coordination Provider Agency	Telephone	Service Coordinator selected (if known)
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Agency Address

Applicant Name	Applicant Signature	Date
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Legal Guardian Signature (if applicable)	Date
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Authorized Representative Signature (if applicable)	Date
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To be completed by the Service Coordination Agency:

Service Coordination Agency	<input type="checkbox"/> will provide Service Coordination to the above named applicant
	<input type="checkbox"/> will not provide Service Coordination to the above named applicant because:

Service Coordinator Signature	Date
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Service Coordination Supervisor Signature	Date
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Regional Resource Development Specialist Signature	Date
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