SUPPORTS WAIVER

Service Model Selection / Change Form

Date

Participants Name:

CSC Agency:

CSC:

CSC Agency E-mail:

CSC E-mail:

CSC Agency Telephone:

CSC Telephone:

I am choosing to participate in the following Supports Waiver Service Model

❒ Participant Directed *submit to RO* ❒ Agency Based *maintain in participant file*

I am requesting a change in Supports Waiver Service Models

I am currently: ❒ Participant Directed ❒ Agency Based

I would like to change to: ❒ Participant Directed ❒ Agency Based

- I understand that I will need to participate in a process to close out my current budget and transfer my remaining funds from one service model to another.
- Services must end on agreed service end date through the current service model.
- Services cannot begin until an approved ISP/Budget, EOR, employees, providers and training is in place.

Date that my services will end through my current service model Date
Date that my services will begin through my new service model Date

Verified Budget Expenditures in the current service model:
Verified Budget Amount transferring to the new service model:

For initial selection and change in Service Models to Participant Directed submit a copy of the EMPLOYER/MEMBER ENROLLMENT FORM with this form when it has been submitted to the FMA

EOR Name:

EOR E-Mail:

EOR Phone Number:

Participant's Signature and Date

Participant's Legal Representative Signature and Date

Participant's Name (Printed)

Participant's Legal Representative Name (Printed)

For DDSD Omnicaid # Region________ FMA Portal DDSD Training

SUBMIT THIS FORM TO THE DDSD REGIONAL OFFICE