CHANGE OF SERVICE COORDINATOR REQUEST HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER TRAUMATIC BRAIN INJURY (TBI)

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	Current Service Coordination	Requested Service Coordinator /
Name and Telephone	Agency and Telephone	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: <u>/ /20</u> at <u>am</u> /pm			
To be completed by the Requested Service Coordinator and/or Requested Service Coordination Agency:			
Service Coordinator/Agency will provide service(s) to the abov Reason: will not provide service(s) to the a			
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 cc: Participant Guardian (if applicable) Authorized Representative (If applicable)	_ Date		

All current Provider Agencies

Current Service Coordinator and/or Service Coordination Agency New Service Coordinator and/or Service Coordination Agency