

# Change of Service Coordination Agency Request

Home And Community Based Services Medicaid Waiver  
Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)

NHTD     TBI

I, (Participant Name) \_\_\_\_\_ (CIN) \_\_\_\_\_  
request to make the following change in my Service Coordination agency.

I have been informed of my right to remain with this current Service Coordination agency or select a new Service Coordination agency from a list of all available and approved Service Coordination Agencies. I am choosing to make the following change:

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

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Representative Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
Current Service Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_  
Current Service Coordinator Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Requested Service Coordination Agency:**

\_\_\_\_\_  will provide service(s) to the above named participant  
Service Coordinator/Agency  will not provide service(s) to the above named participant

Reason: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Service Coordinator Signature  
\_\_\_\_\_ Date \_\_\_\_\_  
Service Coordinator Supervisor Signature

**NOTE: The Regional Resource Development Specialist (RRDS) must contact current Service Coordinator/agency and the newly Requested Service Coordination Agency.**

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

\_\_\_\_\_ Regional Resource Development Center  
This request for change in Service Coordination Agency has been reviewed and:  Approved, services to begin effective: \_\_\_\_\_  
 Denied (explanation) \_\_\_\_\_  
Transition Meeting to be held on: \_\_\_\_\_ at \_\_\_\_\_ AM / PM  
\_\_\_\_\_ Date \_\_\_\_\_  
Regional Resource Development Specialist Signature

cc: Participant  
Legal 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