NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

APPLICATION FOR PARTICIPATION IN THE OPWDD HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER AND DOCUMENTATION OF CHOICES FORM

Name of Applicant: _____

Current Address: _____

_____

Social Security #: _____ Date of Birth: _____

Medicaid #: _____ County: _____

☐ Check here if not currently enrolled in Medicaid.

A. *SELECTION OF HCBS WAIVER:* I have been informed that I am eligible for services provided through either an Intermediate Care Facility (ICF) or Home and Community Based Services (HCBS). My choice is indicated below.

☐ I have chosen HCBS ☐ I have not chosen HCBS

B. I am requesting participation in the Home and Community Based Services Waiver administered by the New York State Office for People With Developmental Disabilities. I understand that approval will be based on my informed choice of receiving Home and Community Based Services instead of care in an Intermediate Care Facility (ICF)/institutional setting and on evidence of:

- developmental disability;
- eligibility for admission to an Intermediate Care Facility (ICF);
- eligibility for Medicaid enrollment;
- selection of my choice of care management provider;
- availability of appropriate community-based services; and
- appropriate living arrangement.

C. I have been informed of all currently available waiver service providers and understand that I have the right to choose all of my waiver service providers.

D. I have been informed and understand that I have the right to change my service providers at any time.

E. *SELECTION OF CARE COORDINATION ORGANIZATION (CCO):* I have been informed of all currently available choices of a care management provider. My choice is indicated below. I understand that I must work with my selected CCO to determine the appropriate care management service to meet my needs and complete all required enrollment activities.

CCO: _____ Contact Name: _____
Address: _____ Phone: _____

Applicant Signature or Representative (if applicable): _____

Signer's Name (Print): _____

Date of Completion: _____

Revised 11/19/20