

Wyoming Long Term Care/Assisted Living Facility Home and Community Based Service Waivers

CLIENT CHOICE OF SERVICE

Client I	Name:	Last	First	Middle
Medica	aid#			
>	I understand that I have been assessed by a Registered Nurse from the admission screening agency and that it has been determined that I am eligible for nursing home level of care which may be provided to me either in a nursing home or through home and community based services.			
	I choose to be cared forin a nursing home in a community setting.			•
>	I understand that I may be re-assessed at a later date and will be able to choose the other form of care at that time if I am found eligible.			
	I will be given a choice of providers if there is more than one agen the Home and Community-Based Services.			ng
I have participated in the development of my Plan of Care with my Case Manager and agree with the services requested. I understand that an approval of this Plan of Care is not a guarantee of eligibility or payment. Coverage of services under the approved Plan of Care is contingent upon my ongoing Medicaid eligibility.				
Clier	nt Sign	ature	Date	
Cas	e Man	ager Signature	Date	_
Case	e Mana	agement Agency		_