

Appendix A

Elements of a Checklist for Provider Choice Process

_____/_____/_____
Individual's Name IIF Number Waiver Type and Service

Reason Provider Choice Process Initiated
() New service, () Indiv. requested provider change, () Provider termination, or
() Other, specify _____

_____/_____/_____/_____
County Board SSA's Name Telephone # E-mail address

Activity _____ **Date** _____

Individual requests Provider - Name of Provider _____

If an Indiv. selected a Provider in accordance with paragraph (G)(1) of rule 5123:2-9-11 of the Administrative Code, the following information elements DO NOT need to be provided:

County Board informs Indiv. of website _____

County Board assists Indiv. to use website _____

Individual selects prelim. Provider(s) _____

County Board contacts Providers, describes services, freq.(5 working days after selection) _____

Provider indicates prelim. () Ok or () not Ok (2 working days after County Board contact) _____

Meeting of Indiv.& Provider held (If no mtg., specify why) _____

Provider indicates interest in pursuing referral () Yes or () No (3 working days after mtg.) _____

If no, County Board notifies Indiv. & resumes selection process _____

If ok, County Board gains release & forwards collateral info. to Provider (3 working days after ok & consent) _____

Provider indicates () Yes or () No; informs Indiv.& County Board (5 working days after interview) _____

or

Provider desires supplemental information _____

If supplemental info. requested, County Board gains release; authorizes activities to gather info. & forwards supplemental info. to Provider (20 working days after consent) _____

Provider indicates () Yes or () No; informs Indiv.& County Board (5 working days after supplemental info. recv'd) _____

If no, reason given _____

Timeline extensions noted (attach verification) _____