

**“IMAGINE” ANNUAL INFORMATION NOTIFICATION**

I am your Service and Support Administrator from the \_\_\_\_\_ Board of DD, that will help you discover your abilities as well as supports that you have in your life and community. I will help you and your team plan services and supports that accomplish results that are meaningful to you. I will help you find community resources and connect you with other organizations that can also help. I will work to help you find funding that you need to buy services. I will help coordinate these resources.

I promise to keep listening to you and learning about how to best support you. I promise to act on things you tell me. I will let you know if I think it will take time. I will let you know if I’m not sure how to help you. I will also let you know if what you are asking doesn’t sound safe to me and we will talk about it.

If you receive Medicaid services and disagree with decisions that affect your services, I will help you ask for a Medicaid State Hearing. You can choose your Medicaid providers from anyone willing and qualified to provide the service. You may choose from any provider across the state and from providers that are already in your county. You may choose agency providers, independent providers, or a combination. I will help you choose providers if you want my help. If local funds are used to purchase services for you, I will make you aware of which providers are available.

You may change your Medicaid providers when you wish. If you live in a licensed residential facility the provider comes with the residence. In that case, you have the right to move if you want a different homemaker personal care provider.

We are talking about all of this right now. I’m giving you either a copy or the location of all the information checked below. You can call me with questions at any time.

\_\_\_\_\_ Individual’s Rights - Bill of Rights

\_\_\_\_\_ Administrative Resolution of Complaints – Due Process

\_\_\_\_\_ Medicaid Due Process \_\_\_ JFS 04059 \_\_\_ JFS 04065 \_\_\_ JFS 04074 \_\_\_ JFS 07334

\_\_\_\_\_ Free Choice of Provider Process (Statewide web-site, guide to interviewing, etc.)

\_\_\_\_\_ After hours emergency contacts

\_\_\_\_\_ Notice of Privacy Practices

\_\_\_\_\_ Information about staying healthy: Every Healthy Person or Healthy People 2020

\_\_\_\_\_ Other resources \_\_\_\_\_

\_\_\_\_\_ Your position on the Waiting Lists that you said are appropriate for you at this time:

\_\_\_\_\_ IO \_\_\_\_\_ SELF \_\_\_\_\_ LV1 \_\_\_\_\_ SLS \_\_\_\_\_ Capital Housing

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Name (Person Supported)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSA

\_\_\_\_\_  
Phone Number

Routing: Individual’s file