

PROVIDER SELECTION

The Service Coordinator shall coordinate obtaining services for a participant through an enrolled ABI Program Provider. When the participant has not been referred by a provider and more than one provider is available to deliver the participant's needed service, the participant shall be given a listing of the providers available in their area.

Participants have the right and responsibility to choose their own provider. When a participant waives their right to choose, the participant shall be assigned to a provider through a rotation basis amongst all eligible providers. The ABI Provider Choice Form must be completed by the participant when selecting a provider.

The Service Coordinator shall document the list of providers given to the participant and the participant's choice of provider within the SHS Information System. When the participant waives their right to choose, the Service Coordinator shall document their refusal of selection along with the provider assigned for the participant within the SHS Information System.

The Guide to Provider Selection for the Adult Brain Injury Program form has been created to use as a tool to help the participant select a provider for their Rehabilitation Services that are funded by the Adult Brain Injury Program (ABI). It is up to the participant to carefully select a provider that best meets their needs. Distribute this form to the participant when they are ready to choose a provider. The form can be found under the Forms/Tools section of the guidebook.

Changing Provider Selection:

When a participant voices concerns over a provider's performance, the Service Coordinator shall empower the participant to communicate those concerns directly to appropriate provider staff (direct care staff and/or supervisor).

If the concerns remain unresolved to the satisfaction of the participant after written notification to the provider agency supervisor, the participant may choose to terminate their relationship with the provider agency. The agency shall be given a 30 day termination notice. If the participant chooses not to engage in services with the provider during the 30 days, the participant will not be authorized with another provider until the 30 days has lapsed.

In the case of issues related to participant well-being (abuse, neglect or exploitation), a provider/participant relationship may be terminated without the 30 day notice period. Any other issues that may require an exception to this guidance shall be brought to the Program Manager for approval.