

Home and Community Based Services Manual

4.00

APPENDIX 11

CONTACT FORM INSTRUCTIONS

The Contact Form provides the current or potential participant and/or their authorized representative, (e.g., guardian, or someone with a signed Authorization for Disclosure of Consumer Medical/Health Information that is in effect) with written notification of the Division of Senior and Disabilities (DSDS) attempts to reach the participant and/or their authorized representative by phone or in person.

INSTRUCTIONS:

Enter the date the notice is mailed.

Enter the current or potential participant's name, DCN, address, and last known phone number, including an extension number as appropriate.

- For current or potential participants that have an authorized representative, enter the authorized representative's contact information.

Enter the appropriate "Communication: Reason for Contact" from Appendix 12.

- It may be appropriate in certain cases to enter more than one category from Appendix 12.

DSDS staff completing the form shall sign and print their name, and enter their office phone number, including an extension number as appropriate and mailing address.

NOTE: Staff shall remove all of the "fillable fields" in grey that are not applicable for the participant receiving the letter.

DISTRIBUTION:

Upon completion, the original Contact Form shall be mailed to the current or potential participant and/or their authorized representative. A copy is also maintained in the participant's case record in the HCBS Web Tool.