Provider Reassessor
Required Forms

Upon completing the reassessment, all applicable forms should be completed and uploaded into the attachments section of the participant's electronic case record.

The following forms are required at each reassessment. Please remember to choose the appropriate Rights and Responsibilities based on the services the participant is receiving.

- Participant Choice Statement
  - Instructions
- Participant Rights and Responsibilities
  - Agency Model Participant Rights and Responsibilities
  - CDS Participant Rights and Responsibilities
  - Adult Day Care Participant Rights and Responsibilities
  - Structured Family Caregiving Waiver Rights and Responsibilities
  - RCF/ALF Facilities Rights and Responsibilities

Additional forms may be required, depending upon the participant's needs. The following forms and others found within the HCBS Policy Manual should be used as needed during each assessment:

- In-Home Services Worksheet
  - Instructions
- Consumer-Directed Services Worksheet
  - Instructions
- SLUMS
  - Instructions
- Self-Direction Questionnaire
  - Instructions
- HIPAA
  - Instructions

For additional HCBS forms, please see the HCBS Policy Manual