

**COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF LONG-TERM LIVING  
SERVICE PROVIDER CHOICE FORM**

Participant Name (Last, First, Middle): Example Training

Participant ID Number: 0123456789

**Before you choose who will be providing your home and community-based services, please be advised of the following information:**

1. You may decide who will provide the services listed in your Individual Service Plan as long as they are an enrolled provider and are qualified to provide those services.
2. You may talk to or interview providers before making your choice of providers. This can be a long process and may result in a delay of services.
3. You will not be forced to choose a particular provider.
4. You can decide on a different provider for each service.
5. You may choose more than one service provider to provide a service.
6. You can self-direct certain services depending on your waiver.
7. You can change your mind about who provides your services, including Service Coordination, at any time by telling your current Service Coordinator.
8. If there are issues you have been unable to resolve or it would be difficult discussing them with your Service Coordinator, you may call the OLTL Participant Helpline at 1-800-757-5042. There is no charge for calling this number.

Form Distribution:

- Maintain original at Service Coordination Entity
- Copy to the consumer and representative (if applicable)

Provider Choice Form

February 2016

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**Please acknowledge the following statements by checking each box and signing at the bottom of the form:**

I understand my rights to choose my provider(s) and my responsibilities in making those choices.

My Service Coordinator has given me a list of service providers who could possibly provide each service listed in my Individual Service Plan from the Service and Supports Directory (SSD) located at:

<https://www.compass.state.pa.us/compass.web/EPPProviderSearch/Pgm/EPWEL.aspx?prg=LTH>.

I understand that I may talk to someone from any service provider before making my decision in selecting a provider.

I have freely chosen the provider for each service listed in my Individual Service Plan on the back of this form.

I understand that I can:

- Choose to self-direct some of my services if the waiver in which I am enrolled permits this model; or
- Choose not to self-direct any, all, or some of my services.

I have made these choices without being pressured or forced.

I have been involved in developing my Individual Service Plan.

I understand if I have concerns or complaints about my services that I should contact my Service Coordinator.

**If you have someone who is helping you or supporting with this discussion, please ask that person to sign to show that they have taken part by helping you.**

*Example Signature*  
\_\_\_\_\_

Participant's Signature

11/24/2021  
\_\_\_\_\_

Date

\_\_\_\_\_  
Representative's Signature (as appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Coordinator Signature

11/24/2021  
\_\_\_\_\_

Date

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### SERVICE PROVIDER CHOICE FORM

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SERVICE	PROVIDER SELECTED	RANKING
MCO	PA HEALTH & WELLNESS	1
SC	AMCORD CARE, INC	1
1ST CHOICE FOR PAS	Ameribest Home Care	1
2ND CHOICE FOR PAS	N/A	2
3RD CHOICE FOR PAS	N/A	3
PERS	Active Aid Solutions	1
ADC	N/A	1
NMT	MTM	1
HDM	Mom's meals	1
TELECARE	N/A	1

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