

On _____ (date), the individual/guardian met with the following agency _____ to visit or discuss the following program(s):

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_____ Check here if additional meetings or visits are documented on an attached page. All meetings or visits must be documented.

SELECTION BY INDIVIDUAL OR LEGAL GUARDIAN. The PAS agency has explained to me, and I understand, each service option and the right to appeal. My selection is indicated below. This form serves as the official Notice of Determination and Selection of Service Options.

MY CHOICE OF SERVICE OPTIONS IS:

(Note to PAS QSP: For individuals who are eligible for the Home and Community-Based Services Waiver program, Waiver Form 1238 Choice of Supports and Services must also be completed by the individual/guardian.)

Signature of Individual or Legal Guardian: _____ **DATE:** _____

SIGNATURE OF PAS QSP: I have explained the determinations, the options, and the right to appeal to the individual/guardian who, to the best of my knowledge, understands them. I have not recommended particular providers for services. I have offered to the individual/guardian the opportunity to visit typical programs and to discuss services with providers chosen solely by the individual/guardian. The choice is made, to the best of my knowledge, without undue influence from external sources.

SIGNATURE OF PAS QSP: _____ **DATE:** _____

INSTRUCTIONS FOR COMPLETING THE DDPAS-10

RESULTS OF THE PRE-ADMISSION SCREENING: Document whether the individual has a developmental disability. If so, then further document whether the individual requires (1) 24-hour nursing care and/or (2) active treatment for the developmental disability.

RIGHT TO APPEAL: Explain to the individual/guardian the right to appeal PAS determinations. Give a copy of the DDPAS-10 to individual/guardian.

SERVICE OPTIONS: Regardless of availability, explain to the individual/guardian and indicate on the form the service options for which the individual is eligible. Document the date on which service options were discussed with the individual/guardian.

REFERRALS FOR SERVICES: For all referrals, document the provider, service, date referred, and provider's response. Attach an additional page if additional space is needed. Include the individual's name on the attached sheet and indicate that it is a continuation of the DDPAS-10.

OPPORTUNITY TO VISIT PROGRAMS: If the individual/guardian chose not to visit any agencies or programs, indicate this in the space provided. If the individual/guardian chose to visit or discuss one or more programs with providers, document the date, agency, and program(s) visited or discussed. If space is insufficient, indicate in the space provided that additional visits are documented on an attached sheet. Include the individual's name on the attached sheet and indicate that it is a continuation of the DDPAS-10.

CHOICE OF SERVICE OPTIONS and SIGNATURE: The individual's/guardian's choice must be indicated in the space provided and the individual or guardian must sign the statement of choice. The date must be provided at the time of the signature. If the individual is eligible for Home and Community Based Services waiver programs, the PAS QSP must also assist the individual/guardian in completing Waiver Form 1238 Choice of Supports and Services.

SIGNATURE BY PAS QSP: The PAS QSP's signature and date confirm that the QSP has adhered to the requirements for selection and choice itemized in the statement.