

# Member Choice Form

## Brain Injury Services Targeted Case Management

The Member Choice form is completed by the MCO Care Coordinator following telephonic or in person contact with the member/substitute decision-maker (SDM). Note that Substitute Decision-Maker (SDM) stands for either Authorized Representative or Legal Guardian.

The BIS TCM Member Choice Form is completed when either scenario exists:

- The member is currently receiving case management services but is choosing BIS TCM services over current case management services.
- The member is currently receiving BIS TCM services and is choosing to receive services from a different BIS TCM provider.

Information about Provider Choice	
Member Name:	Medicaid ID:
Current Provider Name:	Current Provider NPI:
New BIS Provider:	New BIS Provider NPI:

The following has been reviewed by the MCO Care Coordinator with the member/SDM:

MCO Initials	Member/SDM has been made aware of the following:
	Member can receive only one type of case management services at any given time and in any given month from only one provider entity.
	Member understands that the BIS TCM Case Manager of choice and MCO Care Coordinator, with the consultation from the member's healthcare provider(s), will develop a Person-Centered Individualized Support Plan /Plan of Care (ISP/POC) - with member input.
	Member understands the option of changing providers at any time.
	Member's current plan of care and medical needs have been reviewed along with what case management services best meets the member's current need.
	Member/SDM is still choosing new BIS TCM provider.
	<b>Only Applicable if member is choosing BIS TCM provider over DD or ID TCM:</b> Member advised will need to contact DMAS first before BIS TCM provider can be approved.
	Member record updated.

\_\_\_\_\_  
 Date – Member/SDM contact      Member/SDM Name      Telephonic/In-Person

\_\_\_\_\_  
 MCO Care Coordinator (Print Name)      MCO Care Coordinator (Signature)      Date