

Community Choices Waiver (CCW) Nursing/Therapy Evaluation Referral Form Instructions

The support coordinator (SC) will complete the Nursing/Therapy Evaluation Referral Form once the Community Choices Waiver (CCW) participant has selected a Home Health Agency (HHA).

The SC will:

- Indicate the date
- Indicate the name of the HHA selected by the participant
- Complete the “**Demographic information**” section:
 - Participant’s Name
 - Date of Birth
 - Address
 - Phone #
 - Alternate Phone #
- Complete the “**Reason for request for referral**” section: Provide a brief narrative as to the reason you are referring the participant for an evaluation by the HHA nurse/therapist. HHA nurses are trained to be able to determine whether there are needs that should be addressed by therapy during their nursing assessment.
- Complete the “**Environmental conditions that prevent accessibility to regularly used rooms or prevent the participant from accomplishing needed tasks**” section: Provide a brief narrative regarding the participant’s environment and how it prevents him/her from accessing regularly used rooms or prevents the participant from accomplishing needed tasks.
- Complete the “**To be completed by the support coordinator**” section:
 - Print name of SC
 - SC’s signature
 - Print name of SC Agency
 - Phone # and fax # of SC Agency
- Forward the completed form to the selected HHA along with the following documents:
 - MDS-HC
 - Participant’s Plan of Care
 - Nursing/Therapy Evaluation Form (blank)
 - Other applicable documents