



MISSISSIPPI DIVISION OF  
**MEDICAID**

# CTS Freedom of Choice Provider Selection

Fax To: (601) 359-6294 Attn: CTS

Or

Mail to: Division of Medicaid Attn: CTS  
550 High Street, Suite 1000  
Jackson, MS 39201

Community Transition Service (CTS) is a program offered by the Mississippi Division of Medicaid that helps residents of qualified facilities move to a home in the community. You either referred yourself to this program or someone made a referral on your behalf. You can choose to decline CTS at this time and stop the process. Even if you choose to select a provider, you may still stop the process at any time in the future.

The next step in the process is selecting a CTS service provider to help you with your transition. As a Medicaid beneficiary, you have the right to choose your providers for Medicaid covered services under Section 1902(a) (23) of the Social Security Act. The CTS provider will help you plan for your transition and offer you additional support services for Thirty (30) days after your move to help you adjust to life in the community.

Participants who transfer out of facilities will receive long term care supports in the community through Medicaid's Home and Community Based Services. You have the right to receive any Medicaid services for which you are eligible or to decline any program or services.

Materials about CTS and your Medicaid CTS service provider choices have been given to you. This includes a telephone number for each provider which you may call if you have questions or want more information. If you do not have a provider preference, Medicaid will select a provider for you based on a rotating system.

Ask a trusted member of your facility care team for assistance if you need help reading or understanding the materials or with calling a provider for more information. You may also call the Division of Medicaid's CTS team toll free at 1-800-421-2408.

Your signature means you are giving the Division of Medicaid permission to share your name, contact information, and the medical information listed on your initial referral form with the CTS provider you have selected. This will allow the provider to call you to schedule a meeting to talk about your options.



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550 High Street, Suite 1000

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Resident Name: \_\_\_\_\_ Medicaid ID#: \_\_\_\_\_

Place an "X" in the box next to the provider you have chosen or select "Pick a provider for me" and the Division of Medicaid will make a selection for you using a rotation system.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Pick a provider for me

You may also decline CTS services at this time. If you decide to stop the process now you may still choose to participate at a later date.  I decline CTS services at this time

Your signature below means you understand and agree that:

- You were given information about all of your CTS provider options and have read and understand the material or have had someone read it to you.
- If you selected a CTS service provider you have the right to change service providers at a later date.
- If you selected "Pick a provider for me" the Division of Medicaid will select an approved CTS provider based on a rotation system.
- If you selected a provider, the Division of Medicaid will share only your name, contact information, and the medical information listed on your initial referral form with the CTS provider you selected or that was selected for you.
- If you selected "I decline CTS services at this time" you will stop the CTS process, but you may choose to participate at a later date.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal Representative/Guardian Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Did anyone else help you with this form?  Yes  No

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_