



MISSISSIPPI DIVISION OF
MEDICAID

CTS Consent to Participate

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

Or

Mail to: Division of Medicaid Attn: CBS

550 High Street, Suite 1000

Jackson, MS 39201

Participant Name: _____ Medicaid#: _____

I, _____, (Participant and/or Personal Representative/Guardian) have been informed that:

- Community Transition Service (CTS) is a service option available to participants enrolling into the Elderly and Disabled waiver. It is a program to help participants residing in long-term care facilities and increase community-living options for persons with disabilities.
- CTS is a voluntary program of the Mississippi Division of Medicaid to help people transition from qualified facilities to the community. Qualified facilities are nursing homes.
- If I choose to participate, at any time I may choose to stop CTS.
- Participation in exploring my CTS program options, “CTS Phase I: Exploring Your Options,” does not mean I have to move out of my facility.
- I must move out of a qualified facility and into a home in the community in order to receive any CTS services other than Transition Care Management for the purpose of helping me plan a move to the community. My home in the community must meet the following three criteria:
 - A home owned or leased by me or my family.
 - A home where I have full access to the living, sleeping, and cooking areas.
 - A home where no more than four unrelated individuals live.
- If I choose to participate in “CTS Phase II: Transition to Community Planning,” a Community Navigator will help me plan my move to the community through a person-centered planning process. I will be allowed to make decisions for myself to the fullest extent possible.
- For any reason, I may request a new CTS provider or a different Community Navigator from the same provider at any time during the transition process.



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- Before I can receive CTS services in the community I must be assessed and qualify for the following Medicaid Home and Community Based Services (HCBS):
 - Elderly and Disabled Waiver
- If I participate in “CTS Phase III: Transitioning to the Community,” I will receive CTS services for 30 days after I transition to the community. This means CTS services will end on day 31. After 30 days, I can continue to receive Medicaid HCBS (i.e. waiver services) as long as I meet Medicaid qualification requirements.
- If I choose to leave the facility I presently live in, I may not be able to return to that facility.
- CTS can pay a one-time security and utility deposit but I must pay my own rent/mortgage.
- If I choose not to participate in CTS now and decide to remain in the facility, I may participate at a later date so long as the program is still available in Mississippi and I meet the requirements to participate.
- I may still transition to the community and receive HCBS services even if I choose not to participate in CTS.
- Signing this form does not guarantee me services.
- My Medicaid eligibility will not be affected if I choose not to participate in CTS.

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CTS Phase I: Exploring Your Options.

(Signed at initial meeting with Community Navigator)

Your signature below means you agree to participate in ***CTS Phase I: Exploring Your Options.*** This does not obligate you to participate in the CTS program. You have seven (7) business days from the initial visit with your Community Navigator to decide whether to pursue CTS.

I consent to participate in CTS Phase I

I decline CTS services at this time

CTS Participant Signature _____ Date _____

Personal Representative/Guardian Signature _____ Date _____

Community Navigator Signature _____ Date _____

CTS Phase II: Transition to Community Planning

DUE DATE: _____

(Sign within seven (7) business days of initial meeting with Community Navigator)

I consent to participate in CTS Phase II

I decline CTS services at this time

Your signature below means you consent to ***CTS Phase II: Transition to Community Planning.*** You are also giving permission to your facility and attending physician to give Medicaid and your CTS provider medical information about you to assist you in discharge planning.

CTS Participant Signature _____ Date _____

Personal Representative/Guardian Signature _____ Date _____

Community Navigator Signature _____ Date _____

CTS Phase III: Transitioning to the Community

(Sign within fifteen (15) days of transitioning from the facility.)

I consent to participate in CTS Phase III

Transition Date: _____

Your signature below means you consent to participate in ***CTS Phase III: Transitioning to the Community.*** This means you are moving out of the facility you live in presently to a CTS qualified home in the community and agree to participate in required CTS planning.

CTS Participant Signature _____ Date _____

Personal Representative/Guardian Signature _____ Date _____

Community Navigator Signature _____ Date _____