

**DEVELOPMENTAL DISABILITIES ADMINISTRATION  
COMMUNITY PATHWAYS WAIVER**

**LEVEL OF CARE  
RECERTIFICATION OF NEED**

This is to certify that \_\_\_\_\_  
(FIRST, MIDDLE, LAST)

Medical Assistance Number: \_\_\_\_\_

In accordance with DDA eligibility criteria, has been determined to need waiver services and meets the appropriate Level of Care effective: \_\_\_\_\_.

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**Attestation of the choice of waiver service delivery model:**

The Community Pathways Waiver offers two service delivery models including traditional/provider managed and self-directed services which was reviewed with the person. Individuals may choose a combination of the two.

**The participant chooses to receive services via the following model:**

- Traditional/Provider Managed Services
- Self-Directed Services
- Combination of Traditional and Self-Directed Services

**Acknowledgement of the various waiver services and providers:**

The Community Pathways Waiver offers various waiver services and providers licensed by the DDA for which participants have the right to choose providers that meet their needs and preferences. This information was reviewed with the person.

Resource Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Resource Coordinator (*printed name*): \_\_\_\_\_

DDA Review: \_\_\_\_\_ Date: \_\_\_\_\_  
*Authorized Signature*