

NYS OPWDD Self Direction (SD)
ANNUAL and SEMI-ANNUAL REVIEW RECORD

SD-10

Name: _____ Review Date: _____

Medicaid: _____ TABS ID: _____

Date of last DDP-2: _____

This form documents my SD: 6 Month Review Annual Review

Please check the box below that pertains to your situation:

- I am satisfied with my supports and services and do not want to make any change to my SD Plan/Budget.
- I wish to make **minor*** changes to my SD Plan/Budget. A SD-11, "SD PLAN/BUDGET AMENDMENT - Cost Neutral - No New Price," that reflects the changes I am requesting will be sent to the DDSO for approval. I understand that my current SD Plan/Budget will remain in effect until the SD-11 Approval Effective Date entered on the approved SD-11 by the DDSO SD Liaison.
- I wish to make a **significant**** change to my SD Plan/Budget. I will work with my broker in a timely fashion to revise my SD Plan/Budget. My broker will send the revised SD Plan/Budget to the DDSO SD Liaison for approval. Once approved, a new price sheet will be issued. My current SD Plan/Budget will remain in effect until the EFFECTIVE date of the revised SD Plan/Budget as listed in the new "SD Plan - Price Approval" letter and the "Budget Effective as of" date on the SD Plan/Budget price sheet.

Are you satisfied with your FI and do you wish to continue with this provider? Yes No

Are you satisfied with your Support Broker and do you wish to continue with this provider? Yes No

* Minor: must comply with the requirements for use of the SD-11

** Significant: Any change that results in a change in the price sheet, including plan type change, FI change, change in amount or distribution of funding

If you are unsure if your change is minor or significant, please contact your DDSO SD Liaison.

Participant/Designee Signature: _____ Date of Signature: _____

FI Contact Signature: _____ Date of Signature: _____

Print FI Contact Name: _____ Title: _____

Broker Signature (if present): _____ Date of Signature: _____

Print Broker Name: _____

FI: Attach the original, signed copy of this form to the participant's SD Plan/Budget and send copies to:

- SD Participant
 SD Support Broker
 MSC
 DDSO SD Liaison

Revised 10/01/2014