

NYS OPWDD Consolidated Supports and Services (CSS)
ANNUAL and SEMI-ANNUAL REVIEW RECORD

CSS-10

Name: _____ Review Date: _____

Medicaid CIN #: _____ TABS ID: _____

Date of last DDP-2: _____

This form documents my CSS: 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 CSS Plan/Budget.
- I wish to make **minor*** changes to my CSS Plan/Budget. A CSS-11, "CSS 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 CSS Plan/Budget will remain in effect until the **CSS-11 Approval Effective Date** entered on the approved CSS-11 by the DDSO CSS Liaison.
- I wish to make a **significant**** change to my CSS Plan/Budget. I will work with my broker in a timely fashion to revise my CSS Plan/Budget. My broker will send the revised CSS Plan/Budget to the DDSO CSS Liaison for approval. Once approved, a new price sheet will be issued. My current CSS Plan/Budget will remain in effect until the EFFECTIVE date of the revised CSS Plan/Budget as listed in the new "CSS Plan - Price Approval" letter and the "Budget Effective as of" date on the CSS Plan/Budget price sheet.

Are you satisfied with your FMS 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 CSS-11

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

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

Participant/Designee Signature: _____ Date of Signature: _____

FMS Contact Signature: _____ Date of Signature: _____

Print FMS Contact Name: _____ Title: _____

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

Print Broker Name: _____

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

- CSS participant
 MSC
 DDSO CSS Liaison