

INSTRUCTIONS FOR THE CARE MANAGER

Eligible individuals must be told about the choices for care and given the option to choose between institutional or home and community-based services. During a face-to-face meeting, the care manager will provide information and discuss Freedom of Choice. The individual or their parents/ guardians/ legally authorized representative must sign the Freedom of Choice form and indicate their decision whether to participate in the HCBS 1915 (c) Children's Waiver. This form must be witnessed and dated; kept as part of the member's/parent/guardian/legally authorized representative's file and a copy provided for the member/parent/guardian/legally authorized representative, upon request.

Child/Youth Information

Child/Youth Name

Date of Birth

I have received and understand the following:

- Information about alternatives under the Children's Waiver, and given a choice of either admission to an institutional setting or Home and Community Based Services (HCBS) under the 1915(c) Children's Waiver (42 CFR §441.302(d)).
- Information on options of available services including what the program is and how to access the services and supports to connect to community resources and providers
- A list of Health Homes (HHs), Care Management Agencies (CMAs), and Service Providers in my area, including Home and Community Based Services (HCBS) providers.

I Understand the following:

- I am requesting participation in the HCBS 1915 (c) Children's Waiver, if eligibility requirements are met and a slot is available.
- Participation will be based on my choice of HCBS to support remaining in the community and at home.
- I have been given the right to choose the agency which will provide care coordination for my HCBS, HH care management, CMAs, or the Children and Youth Evaluation Services (C-YES)
- I have been given the right to choose the service(s) and service provider(s) available in my area.

First time Children's Waiver Enrollees please choose one of the following:

I choose to enroll in the HH care management program and was given a choice of available HH's and/or CMA's to work with.
OR

I do **NOT** want to enroll in the HH care management program. I choose to receive HCBS 1915(c) Children's Waiver services and supports through the C-YES. (Complete the DOH-5059 HH opt-out).
OR

Eligibility requirements are met; however, I choose not to participate in the HCBS 1915(c) Children's Waiver.

For Children's Waiver annual re-determination, please choose the following:

I **NO LONGER** want to pursue/continue eligibility for HCBS 1915(c) Children's Waiver program services. I understand that I may request an eligibility decision at a later date.
OR

I want to continue eligibility for HCBS 1915(c) Children's Waiver program services and my current care coordination agency.
AND

I confirm I received the results of my annual HCBS Eligibility Re-determination assessment.

By signing this Freedom of Choice form, I confirm that my care manager has explained each item to me, including how to file a critical incident and/or grievance/complaint, and the Children's Waiver Participant's Rights and Responsibilities Flyer has been given to me.

Applicant (for individuals 18 and over or under 18 who are parents, pregnant, and/or married, and capable of self-consent)

Print

Signature

Date

Parent/Legal Guardian/Legally Authorized Representative (for individuals under 18 who are not capable of self-consent)

Print

Signature

Date

HH Care Manager / Witness

Print

Signature

Date