

Know Your Responsibilities Form

Applicants are responsible to complete the New Choices Waiver application truthfully and to submit all requested documentation in a timely manner. Incomplete or inaccurate applications may result in denial of access to the New Choices Waiver program.

Applicants for the New Choices Waiver program must be found financially eligible for Medicaid and maintain ongoing financial eligibility in order to receive Medicaid coverage of New Choices waiver services. Loss of Medicaid financial eligibility will result in loss of eligibility for the New Choices Waiver program.

Applicants are responsible to provide complete and accurate information about their medical history, health needs and care needs during the medical face-to-face assessment performed by the case management agency.

If *enrolled* in the New Choices Waiver program, participants have the following responsibilities:

1. The responsibility to seek guidance and answers from their manager if they have questions about the New Choices Waiver program, their care plan, the services being received, or if he/she/they does not understand what action is expected them.
2. The responsibility to drive the development of their own care plan by participating in care planning meetings, communicating strengths, preferences, goals, and needs and communicating their choices. This responsibility can be delegated to a chosen, trusted representative. If a legal representative is designated, the representative is responsible to drive the care planning process on the participant's behalf. When the entire care plan team have come to an agreement about the services and supports to be included in the care plan, the participant (or representative) is responsible to fully engage in those services. If something about the care plan is believed to be ineffective, participants (or representatives) are responsible to contact the case management agency to request a change.

3. The responsibility to notify their case management agency of any changes in their health or circumstances that may impact eligibility for the New Choices Waiver, Medicaid financial eligibility or that may require changes to the comprehensive care plan.
4. The responsibility for any risks or consequences that the client may experience as a result of choosing to decline a recommended service. If a client's decisions result in a dangerous situation for their health and safety or the health and safety of people and the client is unwilling to make adjustments to their plan of care that meets minimal health and safety standards, the client may be disenrolled from the New Choices Waiver program.
5. The responsibility to show respect and consideration to service providers by keeping scheduled appointments or notifying them if unable to keep scheduled appointment times.
6. The responsibility to pay the shelter costs in the client's chosen community-based chosen community-based setting. This includes room and board, mortgage payments, rent and utilities.
7. The responsibility to show respect for the property, comfort, privacy and rights of others.
8. The responsibility to refrain from committing any illegal actions or actions that may result in self-harm or harm against others.

Applicant's Name (Please Print): _____

Signature of Applicant/Representative

Date