



New Choices Waiver

Department of Health and Human Services
Division of Integrated Healthcare, Office of Long Term Services & Supports
801-538-6155 (option 6) or toll free 800-662-9651 (option 6)
newchoiceswaiver@utah.gov



Utah Department of
Health & Human Services
Integrated Healthcare

Know your rights:

Applicants have the right to be treated with consideration, respect, and with full recognition of dignity and individuality.

Applicants have the right to be considered for the New Choices Waiver program regardless of race, nationality, disability, gender, sexual orientation, or religion.

Applicants have the right to confidentiality of protected health information. Health information cannot be released to any entity without permission unless it is allowed by law for the provision of treatment or payment and healthcare operation activities.

If the applicant *enrolls* in the New Choices Waiver program, he/she/they will have the following rights as a program participant:

1. The right to choose where to live. Participants may choose to live in any community-based setting as long as their assessed needs can be met in that setting and as long as they can afford the room and board or rental fees in that setting. Options include:
 - a. The participant's own home or apartment
 - b. The home or apartment of a friend or family member
 - c. An independent living facility
 - d. A licensed assisted living facility
 - e. A licensed community residential care facility
2. The right to decline New Choices Waiver services or to choose to receive care in a skilled nursing facility instead.
3. The right to choose whether or not to have a roommate. If the participant chooses to have one or more roommates, he/she/they has the right to select the roommate(s).
4. The right to have visitors including family, friends, and other visitors at any time except when doing so endangers the participant, care providers, or others.
5. The right to a personalized care plan that is based on personal strengths, preferences, goals, and assessed needs. Participants may choose somebody to represent them and to participate in helping with development of the plan of care. Participants have the right to schedule care planning activities at times and locations that are convenient.



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6. The right to choose the services that the participant will receive as long as they are assessed to be medically necessary to meet identified goals and to ensure health and safety. Participants may choose to accept or decline any recommended services.
7. The right to select service providers from among the providers available in the participant's county of residence. If the participant chooses to live in a private (non-facility) setting, he/she/they may also explore the option of hiring service providers through the *self-administered services* option.
8. The right to receive case management services without a conflict of interest.
9. The right to keep a copy of their own care plan and to request changes to the care plan, services, service providers, or living setting at any time. To request changes, the applicant/family may contact your case manager. Your care plan will be reviewed and revised at least yearly and whenever your assessed needs change.
10. The right to voluntarily disenroll from the New Choices Waiver program as a result of declining the observation of care planning activities by New Choices Waiver representatives. The New Choices Waiver program will observe care planning activities as part of quality assurance. Observation is a requirement of enrollment in New Choices Waiver services and may be done in person, via telehealth or phone; personal care services are not included in the observation. Information gathered through the observation may be used to determine ongoing eligibility and/or participation and may also be used in the administrative hearing process.

Applicant's Name (Please Print)

Signature of Applicant/Representative

Date



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Know your responsibilities:

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 do not understand what action is expected of 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 adjust their plan of care that meets minimal health and safety standards, the client may be disenrolled from the New Choices Waiver program.



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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