HOME AND COMMUNITY BASED SERVICES
I/DD (Comprehensive & Community Support) MEDICAID WAIVERS
INDIVIDUAL CHOICE

_____ _____
Name Date of Birth

If assessment results indicate that I meet functional eligibility criteria qualifying me for long-term care services that are essential to my health and welfare, I have two choices on where to receive my services. My choices are to receive services in my home or other community-based setting, within cost limitations of the program, or in the institutional equivalent (ICF-IID). I have been informed if I am determined eligible for Home and Community-Based Services (HCBS), I have the option to remain in the community and receive the services designated on my Person-Centered Service Plan.

_____My initials mean I understand that I am not guaranteed to receive either choice and may be placed on a waiting list, depending upon the availability of either service.

It is my choice to (check one):

_____ Apply for ICF/IID facility placement

_____ Receive HCBS under an Intellectual/Developmental/Disability (Comprehensive & Community Support) Medicaid waiver when offered.

I further understand that I am not guaranteed.to receive either choice and may be placed on a waiting list, depending upon the availability of either service.

My signature verifies I have read, or had read *to* me, my rights and responsibilities and have made the choices as indicated. I am also indicating willingness to participate in the design of my Person-Centered Service Plan.

_____ _____
Signature Date

_____ _____
Guardian Signature Date

_____ _____
CDDO Member/Case Manager Signature Date