

Intellectual Disabilities (ID) and Living at Home (LAH) Waiver

Freedom of Choice:

**To Be Completed by the Person and/or Legal Guardian/Appointed Representative
with Assistance from The Support Coordinator**

Participant Name: _____ **Date:** _____

The checkboxes and signature on this form attests that the person and/or the legal guardian/appointed representative¹ has: (1) received an explanation of the available Alabama Medicaid Home and Community-Based Services (HCBS) waiver for persons with intellectual disabilities, including information on the option to self-direct waiver services and/or choose a provider from the list of enrolled HCBS waiver-credentialed service providers; (2) agreed to the waiver applicant's responsibilities; and (3) received an explanation that the HCBS waiver is offered as an alternative to the choice of an institutional Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/IID) placement.

I. HCBS Waiver Services Available

- A. I have received information on services available in the Waiver Program (ID or LAH) which is the Home and Community-Based Services (HCBS) waiver available to me.
- B. I understand I have the right to receive the services in my Person-Centered Plan (PCP) in settings that are non-disability specific (not designed specifically for people with disabilities) and I understand that during the Person-Centered Planning process, I will be offered the choice to receive each of my services in settings not designed specifically for people with disabilities.

II. Option to Self-Direct Services and/or Choose Certified Service Providers if Enrolled in HCBS Waiver

- A. I have received an explanation of waiver services that can be self-directed and how self-direction works.
- B. I understand I have the option to self-direct some or all of the services in my Person-Centered Plan (PCP) that can be self-directed, or I can choose from available, credentialed service provider agencies.

III. Choice to Receive HCBS Waiver (Please Check Only One)

- I understand that enrollment in a Home and Community-Based Services (HCBS) waiver is strictly voluntary.

CHOOSE ONLY ONE:

- 1. At this time, I choose to receive Home and Community-Based Services (HCBS) by enrolling in the waiver.
- 2. At this time, I do not choose to receive Home and Community-Based Services (HCBS). I understand that I have a choice to select waiver services at a future point if I am determined eligible as long as the waiver is not at full capacity.

IV. Applicant's Responsibilities if HCBS Waiver is Selected

- A. I understand the Home and Community-Based (HCBS) waiver will deliver services according to my Person-Centered Plan (PCP). I will cooperate in annual reassessment when my PCP is due for redetermination or when my life circumstances change.
- B. I understand that my Person- Centered Plan (PCP) will be monitored and reviewed by my Support Coordinator, and I agree to participate in necessary meetings and interviews with my Support Coordinator when requested. I understand I can contact my Support Coordinator at any time I have questions about my PCP or the services that I receive.

V. Freedom of Choice and Notice of Fair Hearing (explanation of rights under 42 CFR Part 431, Subpart E)

- A. I elect to participate in the ID or LAH waiver and receive Home and Community-Based Services (HCBS) as an alternative to placement in an institutional (ICF/IID). I understand that I may withdraw from the ID or LAH waiver at any time and that my participation in the CWP will not restrict my access to ICF/IID placement in the future.
- B. I understand that if I am not allowed to make my own decision about whether to use institutional (ICF/IID) or Home and Community-Based Services (HCBS) waiver services, I can request a Fair Hearing and the Support Coordinator may assist with that process.

VI. Freedom of Choice Signatures

Participant:

Date:

Legal Guardian/ Appointed Representative:

Date:

Support Coordinator Signature:

Date:

Freedom of Choice Complaint/Grievance and Fair Hearing Process

As a person opting to enroll in a Home and Community-Based Services (HCBS) Waiver, you also have the right to request institutional services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). If you feel you have not been allowed to make your own decision about whether to use institutional (ICF/IID) or HCBS Waiver services, you have the right to file a formal complaint/grievance verbally or in writing, to have your complaint/grievance thoroughly and adequately investigated, and to request a Fair Hearing to have resolution brought to your complaint/grievance through adequate due process. The following agencies are available to investigate your complaint/grievance and respond to your request for a Fair Hearing.

Region I Community Services, Decatur, AL	(256)	898-2789
Region II Community Services, Tuscaloosa, AL	(205)	554-4302
Region III Community Services, Mobile, AL	(251)	283-6200
Region IV Community Services, Montgomery, AL	(334)	676-5565
Region V Community Services, Birmingham, AL	(205)	916-7800
ADMH Division of Intellectual Disabilities	(334)	242-3701
ADMH Office of Advocacy Services		1-800-367-0955
Alabama Disabilities Advocacy Program (ADAP)		1-800-826-1675

It is suggested that you file your complaint/grievance with your local Regional Community Services Office first. However, you may choose to go directly to the Division of Developmental Disabilities, Office of Advocacy Services, ADAP, or call them at any time during the complaint/ grievance process if you are not satisfied.