

Explanation of HCBS Waivers

I understand that enrollment on a Medicaid Home & Community Based Services (HCBS) Waiver is strictly voluntary. I understand there are currently two waivers and both have been explained to me. **The waiver that best meets my assessed needs at this time is:**

- The Intellectual Disabilities (ID) HCBS Waiver.
- The Living at Home (LAH) HCBS Waiver.
- I have chosen the Self-Directed Service Option.
- I do not wish to participate in HCBS Waiver Services at this time but understand I can enroll later.

II. Applicant's Responsibilities if HCBS Waiver is selected *(Review with person or the parent/guardian/authorized representative and check all to attest to review and understanding)*

- I understand the HCBS Waiver will deliver services according to my Person-Centered Plan (PCP). I will cooperate in reassessment when my PCP is due for redetermination or when my life circumstances change.
- I understand that my PCP will be monitored and reviewed by my Support Coordinator and that I can contact my Support Coordinator at any time I have questions about my PCP or the services that I receive.
- I understand that I have the right to choose the provider for each of my HCBS Waiver services.
- I understand that I have the right to choose services and settings that are non-disability specific.

III. Notice of Fair Hearing

This attests that the person or the parent/guardian/authorized representative have received an explanation of the person's rights under 42 CFR Part 431, subpart E, to make an administrative appeal and rights to a fair hearing.

- I understand that if I am not allowed to make my own decision about whether to use ICF/IDD or Waiver Services, I can request a Fair Hearing and the Support Coordinator may assist with that process.
Comment: _____

- I understand that if I am not allowed to make my own a decision about which service provider I select I can request a Fair Hearing and the Support Coordinator may assist with that process.

Comment: _____

IV. Freedom of Choice Signatures

Person	Date:
Guardian/ Authorized representative:	Date:
Support Coordinator Signature:	Date:

Free Choice of Provider Complaint/Grievance Process

As a person receiving and/or selecting supports and services, you have the right to select a qualified and certified provider(s) of your choice to deliver those supports and services which meet your assessed needs and for which you are qualified. To assist you in making your decision, a complete listing of qualified and certified providers should be presented to you from which to select the provider(s) of your choice. You should have the opportunity to ask questions about the provider(s), their services and their operations and the opportunity to visit any of the provider(s) on the list. The provider(s) that you select must be able and willing to deliver the supports and services which meet your identified needs and for which you are qualified. You have the right to make your decision without coercion or fear of reprisal from any parties involved.

If you feel that your rights have been violated in this matter in any way, 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 have resolution brought to your complaint/grievance through adequate due process. The following agencies are available to investigate your complaint.

Region I Community Services, Decatur, AL	(256) 552-3720
Region II Community Services, Tuscaloosa, AL	(205) 554-4302
Region III Community Services, Mobile, AL	(251) 478-2760
Region IV Community Services, Wetumpka, AL	(334) 514-4300
Region V Community Services, Birmingham, AL	(205) 916-7777
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

We would suggest 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, or ADAP or call them at any time during the complaint/grievance process if you are not satisfied.

You have the right to have your satisfaction with supports and services reviewed at least annually or upon your request by the Support Coordination 310 point of entry agency. If you are no longer satisfied or become dissatisfied with your provider and the delivery of your supports and services, you have the right to select a different provider. Your support coordinator will assist you with this process. This process may include an interdisciplinary team meeting to include a representative from your local Regional Community Services Office and/or an advocate to attempt to address any issues or concerns prior to a change in your provider(s).

