



PARTICIPANT SERVICE SUMMARY

Participant Information

Community Choices Waiver Participant Agreement

Participant Name:

Medicaid ID:

My service plan includes modification to my rights. _____ Yes _____ No

_____ If yes, my case manager has explained these modifications and I consent and agree to the implementation of these rights modifications as documented in my service plan.

The participant (or legal representative, as appropriate) must indicate agreement and understanding of the following by initialing each line.

_____ My case manager reviewed the Participant Handbook with me.

_____ My case manager explained my participant rights and responsibilities.

_____ I had the freedom to choose between services provided in the community or services provided in an institutional setting, such as a nursing facility.

_____ I had the freedom to choose my waiver services and provider(s).

_____ I participated in a person-centered planning process.

_____ My case manager explained my right to a fair hearing.

_____ My case manager explained the role of the Long-Term Care Ombudsman and provided their contact information.

_____ My case manager provided me with their contact information and their supervisor's contact information.

_____ By signing this form, I agree to the services and supports in my service plan, including any modification to my rights.

Participant / Legal Representative (Print Name)

Participant / Legal Representative Signature

Date

Zach Green

Case Manager (Print Name)

Zach

Case Manager Signature

1/20/23

Date