

Client Information

Client Name	Medicaid ID Number
<input type="text"/>	<input type="text"/>

Address

Consent to Participate

After receiving explanations regarding the choices available, I freely choose to -

- Receive services through the Medicaid Home and Community-Based Waiver Program. Services will be provided in a community setting.

OR

- Receive services in an institutional setting. Services will be provided in a Nursing Facility.

Choice of Services

- I understand that I have the right to choose which waiver service(s) I want to meet my assessed need(s). I know that as long as I am eligible for this waiver program, I can choose other waiver services if my preferences or assessed needs change.

Choice of Providers

- I understand that I have the right to choose who I want to provide my services, as long as the person or agency is a qualified, waiver-approved provider. I know that as long as I am eligible for this waiver program, I can choose other approved providers if I want to change.

If my Medicaid status is pending on the date I sign below, I understand the payment effective date for waiver service will be on or after the date a final Medicaid eligibility decision is made.

Signatures and Dates

Client/Guardian Signature

Date

Services Coordinator Signature

Date

Client Rights

RIGHT TO APPEAL

You have the right to appeal for a hearing on any action or inaction of any state employee or official with regard to application for or receipt of services. You may appeal because your application for services is denied or is not acted upon with a reasonable promptness; your services are suspended, reduced, discontinued or terminated; your fee payment or service is changed to a more restrictive level or because you feel the action taken by the local office was erroneous. A hearing need not be granted when either state or federal law requires automatic case adjustments for classes of clients unless the reason for an individual appeal is incorrect eligibility determination.

You (or your representative) have 90 days following the date the notice of finding is mailed to request a fair hearing.

In cases of intended adverse action where DHHS is required to send you timely and adequate notice, if you request an appeal hearing within ten days following the date the notice of finding is mailed, DHHS shall not carry out the adverse action until a fair hearing decision is rendered. This regulation does not apply to those situations where DHHS may dispense with timely notice and is only required to send you adequate notice.

This regulation in no way restricts DHHS from continuing normal case activities and implementing changes to your service case that are not directly related to the appeal issue.

To file an appeal, you may contact your local waiver agency office or the Nebraska Department of Health and Human Services. DHHS will explain the appeal procedure and assist you in completing the appeal form. The appeal request must be in writing.

Once you've filed the appeal, arrangements for a hearing will be made and you will be notified of the time and place. You may represent yourself at the hearing or be represented.

RIGHT TO BE FREE FROM ABUSE, NEGLECT, OR EXPLOITATION

You have the right to be free from situations which may endanger your life, physical health, or mental health. If you believe you are being abused, neglected, or exploited, report your concerns to the proper authorities. This may include the Nebraska Hotline for reporting abuse and neglect 1-800-652-1999.

RIGHT TO RECEIVE THE INFORMATION YOU NEED TO MAKE SERVICE CHOICES

Contact your services coordinator with any questions you have about receiving waiver services or about other resources which may be available to meet your needs.

Client Responsibilities

RESPONSIBILITY TO REPORT

You must tell your services coordinator if you-

- Move to a new residence; or someone moves in with you; or someone leaves your household.
- Have a health change or hospital stay.
- Are not receiving services you are supposed to receive.
- Are not treated with dignity and respect by a waiver provider. This includes having your privacy and confidentiality protected and being free from discrimination.

RESPONSIBILITY TO PARTICIPATE IN PLANNING

You must work with your services coordinator to schedule and keep appointments; to develop a Plan of Services and Supports which safely addresses your needs with services and providers of your choice; and to share information with your services coordinator when your situation changes so that the Plan can be reviewed and revised.