

## CONSUMER DIRECTED OPTION RIGHTS, RESPONSIBILITIES AND RISKS STATEMENTS

As a participant of the Consumer Directed Option, a service delivery option offered under a 1915 (c) Medicaid waiver program, I understand I have certain rights, responsibilities and risks including, but not limited to, those described in the following statement:

I understand that I have the **RIGHT** to:

- Choose whether an authorized service will be provided by a traditional waiver provider or through the consumer directed option;
- Have a monthly face-to-face visit with my support broker and be informed of the balance remaining in my approved consumer directed option budget; and
- Work with my support broker in developing my plan of care and support spending plan
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I understand that I have the **RESPONSIBILITY** to:

- Pay my monthly patient liability on time;
- Work with my support broker to determine my natural supports (family and friends) who can assist me when my consumer directed option services are not being provided;
- Identify, hire and train my employees to perform the services outlined in my plan of care and if needed terminate employees who fail to meet my standard of care;
- Determine appropriate rates of pay within the Medicaid guidelines and determine work schedules for my employees;
- Work with my support broker to ensure my employees are cleared through the criminal background check, Kentucky Nurse Aide Registry and the Home Health Aide Registry prior to starting services;
- Track my employees time and the services provided and ensure timesheets and service notes are documented correctly;
- Stay within my approved consumer directed option monthly budget;
- Maintain my eligibility for Medicaid as long as I continue to meet eligibility requirements;
- Be trained to coordinate my care and manage my budget prior to beginning consumer directed option services;
- Use my Medicaid Waiver budget responsibly and be a good custodian of public money;
- Make purchases based on need and that will help me to remain at home and in my community and out of a nursing home or institution; and
- Make informed decisions about the best way to meet my needs, receive services, make changes as needed and stay within my budget.

I understand that I have the **RISK** of:

- Being terminated from consumer directed option if I fail to pay my monthly patient liability;
- Being terminated from consumer directed option if I do not use my consumer directed option services within sixty (60) consecutive days;
- Being terminated from consumer directed option if I do not make appropriate decisions concerning my consumer directed option services and place my health, safety and welfare in jeopardy; and
- Being terminated from consumer directed option if I over-spend or mismanage my approved consumer directed option budget.

*As the consumer or designated representative choosing consumer directed option I have read the above Rights, Responsibilities and Risks statements. I have had all my questions answered by my support broker and I have received a copy of these statements from my support broker.*

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Consumer's or Representative's Signature

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Date

\_\_\_\_\_  
Support Broker's Initials

