

**Care Coordination Organization (CCO) Consent for Participation in
Basic Home and Community Based (HCBS) Plan Support**

Name of the Person:

Medicaid Number (CIN#):

TABS ID:

CCO Name:

By signing this form, you agree to enroll in the Basic HCBS Plan Support care management service offered by the CCO named above. The Basic HCBS Plan Support care management service provides activities and assistance necessary to assist you in coordinating your developmental disability Home and Community Based Waiver Services and assuring necessary safeguards have been identified to protect your health and welfare. You, your care manager, HCBS waiver service providers, and others you feel are necessary will meet to develop the Life Plan annually and conduct a bi-annual review to maintain documentation supporting your HCBS waiver level of care eligibility determination. A person-centered planning process will be used to identify your valued outcomes and necessary supports and services. Your care manager will complete your annual Level of Care HCBS redetermination.

Your Life Plan will be reviewed at least twice in a twelve-month period. Both reviews must be face-to-face with you, your care manager, and others you feel are necessary. These review meetings can be held at your residence or at an alternate site mutually agreed to by you and your care manager. At least one of your Life Plan meetings must include all of your HCBS Waiver service providers and others as necessary or agreed upon. Additionally, two more contacts can be billed for Basic HCBS Plan Support if needed.

I understand that the Basic HCBS Plan Support care management service only coordinates my developmental disability services and is different from the Health Home Service. Your Care Manager will discuss and educate you about the benefits of Health Home Care Management, which is a more robust Care Management option available to coordinate care, combining developmental disability services and supports with health and wellness services.

This consent must be reviewed with you and others as necessary or as agreed upon at the time of enrollment in CCO Basic HCBS Plan Support service and once annually.

Signatures - By signing this form, I, my family member and/or advocate and Care Manager affirm that CCO Basic HCBS Plan Support service responsibilities were discussed. I also affirm I have made an informed choice and I was provided a copy of the Person-Centered Planning notice. By signing this form, I consent to enroll in the CCO's Basic HCBS Plan Support service.

Individual _____ **Date** _____

Family Member/Advocate _____ **Date** _____

CCO Care Manager _____ **Date** _____

Care Manager Supervisor _____ **Date** _____

Details about the Basic Home & Community Based Service (HCBS) Plan Support Service

1. Free choice of a Care Coordination Organization (CCO):

You have the right to make an informed choice about which CCO you would like to join from the available CCO's in your area. If you think you can be better served by another CCO, you can contact your care manager or you may contact your local Developmental Disability Regional Office (DDRO) to provide you with information about the CCOs in your area.

2. Can I change my Care Manager if I'm not satisfied?

If you think you can be better served by another care manager within your CCO, you can ask to change your care manager. You may contact the CCO directly or discuss this with your care manager.

3. Can I change my HCBS waiver provider?

Yes, you have the freedom of choice and the right to select any available qualified provider for the HCBS waiver services you are approved to receive. You can contact your care manager to discuss your request to change HCBS waiver service providers and learn more about the available providers in your area.

4. What if I change my mind and want CCO Health Home care management services, can I enroll in the Health Home program?

Yes, your care manager will provide you with information on the Health Home program and provide the necessary forms to enroll in the Health Home program.