

**Developmental Disabilities Administration  
Home and Community-Based Services Waiver  
Freedom of Choice**

Individual's Name \_\_\_\_\_  
(FIRST, MIDDLE, LAST)

I understand that there are various services that I may be eligible for, including services:

1. In the community through a home and community-based services waiver;
2. In an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);  
and
3. In a licensed nursing/rehabilitation facility.

**Please check your choice in services to be received:**

- I choose to receive home and community-based services under the Maryland DDA-operated Medicaid Waiver program.
- I choose to receive services in an institution (ICF/IID).
- I choose to receive services in a licensed nursing/rehabilitation facility.
- I choose to not receive services at this time.
- I choose to remain in the following home and community-based services program at this time - \_\_\_\_\_.

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**Acknowledgement of the choice of waiver service delivery model:**

The DDA-operated Medicaid Waivers offer two service delivery models including self-directed and traditional/provider managed.

**Please check your choice in services to be received:**

- Traditional/Provider Managed Services
- Self-Directed Services

**Acknowledgement of the various waiver services and providers:**

- I understand that I have the right to choose who provides my services, and how and where my services are delivered.
- I have been informed of the different waiver services available and the various providers licensed by the DDA, and have been informed of how each service model operates and the benefits that each model can provide.
- I have been informed of my right to choose the services and providers that meet my needs and preferences.

- I understand that in order to receive and continue to receive home and community-based waiver services, I must meet all the eligibility criteria of the Maryland Medical Assistance program and DDA Waiver program.

Signature: \_\_\_\_\_  
Individual \_\_\_\_\_ Date

Or

Signature: \_\_\_\_\_  
Legally Authorized Representative or \_\_\_\_\_ Date  
Guardian/Parent (if applicable)

Signature: \_\_\_\_\_  
Coordinator of Community Service \_\_\_\_\_ Date

Freedom of Choice  
Revised January 17, 2023