



Medical Day Care Services Waiver (MDCSW) Freedom of Choice Consent Form

I. Applicant/ Participant Consent (Check selection, sign and date):

When enrolled in the MDCSW, Participants have the right to:

- I choose to receive home and community- based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service:

- 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.
- I choose neither option.

II. Client's Printed Name: _____

Client's Signature: _____

Client's Signature Date: _____

Representative's Printed Name: _____

Representative's Signature: _____

Representative's Signature Date: _____

III. ATTESTATION:

- I do hereby attest that the information is true, accurate, and complete to the best of my knowledge. I also attest that this form was completed in the presence of the participant and/ or their authorized representative, who, by their attached signature, agrees with the content.

Case Manager's Printed name: _____

Case Manager's Signature: _____

Case Manager's Signature Date: _____

"Notice: All Maryland Medicaid Enrolled MDC providers must operate under federal and State requirements which prohibits Medicaid providers from paying or receiving kickbacks, remuneration, or anything of value in an attempt to entice a participant to transfer to their facility by offering monetary gifts or favors."