

New Freedom Participant Responsibility Agreement

In addition to the Rights and Responsibilities form, DSHS 16-172, the following are added responsibilities for Participants and Care Consultants. For the purposes of the New Freedom Program, consider the Social Service Worker, referenced in DSHS 16-172, your Care Consultant.

Participant's Responsibilities

- Direct and participate in the development of your spending plan.
- Make sure your spending plan addresses your identified needs in CARE in a reasonable and cost effective manner.
- Purchase only what is listed in the approved spending plan.
- Communicate clearly with your Care Consultant (CC) and Financial Management Services (FMS).
- Complete and send all paperwork required for purchases to the FMS and/or CC in a timely manner, including receipts.
- Notify your CC of admission to a hospital or nursing facility in a timely manner.
- Report and return any monies not fully utilized related to purchases made through New Freedom.
- Notify your CC of personal care hours you wish to purchase prior to the first of the month.

Care Consultant's Responsibilities

- Assist and advise you in the development of your spending plan.
- Help you ensure that your spending plan addresses your assessed needs in a reasonable and cost effective manner, and provide you with assistance to adjust the plan if necessary.
- Periodically review your spending plan with you to determine if modifications are necessary.
- Maintain records of interactions with you.
- Be available to answer questions about issues related to your spending plan.
- Assist you in making modifications to your spending plan.
- Assist you in identifying qualified service providers.
- Inform you about community resources.
- Complete your CARE assessment for functional eligibility.

What the Care Consultant will not do:

- Interview, hire, train, supervise, or fire your personal care workers.
- Maintain your personal financial records.
- Make purchases for you without your authorization.
- Write your spending plan without your direction.
- Take over your New Freedom responsibilities listed in "Participant's Responsibilities."

Participant's Agreement and Signature

I understand and accept the responsibilities listed in this agreement and know I may be involuntarily disenrolled from the New Freedom Program if I do not follow the rules of the program.

PARTICIPANT'S SIGNATURE

DATE

PRINTED NAME