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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  HOME AND COMMUNITY SERVICES (HCS)  **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 | |