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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.
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| **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.”
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| **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 |