

LONG TERM CARE ADMINISTRATION

Living Choice

Medically Fragile

PARTICIPANT CONSENTS & RIGHTS

Participant Name				SoonerCare ID	
	<i>Last</i>	<i>First</i>	<i>MI</i>		

A. SERVICE SETTING

I have decided to pursue participation in the Living Choice Demonstration or Waiver Program to receive services in my own home. I understand that I may change my mind at any time during the process and decide not to continue with this service. (Proceed to Section B)

I have decided **NOT** to pursue participation in the Living Choice Demonstration or Waiver Program and to continue to receive services in the nursing facility. I understand that I may reapply at any time. (Proceed to Section D)

B. INFORMED CHOICE

The verbal selection of TC/CM agency has been obtained from the Participant. Please confirm or revise the following selections during Participant visit.

I choose _____ as my TC/CM agency.

I have no preference. Please select a provider for me.

I choose to keep the previously chosen/assigned selection of TC/CM agency.

I choose to select another TC/CM agency.

I choose _____ (first choice) or _____ (second choice) as my in-home provider agency.

I have no preference. Please select an in-home provider agency for me.

C. LEGAL GUARDIAN OR MEDICAL POWER OF ATTORNEY

I have a: Legal Guardian Medical Power of Attorney Neither (Proceed to Section D)

Name of Guardian/MPOA			
<i>Last</i>		<i>First</i>	
Address		Phone	
<i>Street</i>	<i>City</i>	<i>Zip</i>	

D. RIGHT TO A FAIR HEARING

I have been informed of my right to a fair hearing. I understand that I have the right to appeal any action of the Oklahoma Health Care Authority that I consider improper by sending my complaint, in writing, to:

Oklahoma Health Care Authority
4345 Lincoln Blvd.
Oklahoma City, OK 73105

E. SIGNATURES

Signature of Participant or Legal Agent <i>(If Participant signs with a mark, two witnesses are required.)</i>	Signature of TC/CM
Date	Date
Signature of Witness	Signature of Witness
Date	Date