



Iowa Department of Human Services
**Home- and Community-Based Services
Consumer Choices Option
Informed Consent and Risk Agreement**

I, _____, choose to participate in the Consumer Choices Option.
Consumer

I understand that my participation in the Consumer Choices Option is completely voluntary. If I decide that the Consumer Choices Option is not right for me, I understand that I may withdraw from the Consumer Choices Option and receive the services for which I am eligible for under the traditional home- and community-based waiver services. I will not be penalized in any way. I will not lose any benefits to which I am entitled and I will not have to be placed on a waiting list.

(Initial to show you have read and understood the above information.)

I will receive a monthly budget in the amount \$_____ to buy services and make other purchases related to my long-term care needs.

I understand that I will choose personal care services, community and employment supports and services, and other goods and services that will best meet my needs and are cost effective. I understand that there is an approved list of services and supports that I may purchase from and that if I choose a service or support not on the approved list, I will have to seek approval from the Iowa Medicaid Enterprise before purchasing it.

I understand that I will be required to work with an independent support broker of my choosing. I will develop an individual budget with my independent support broker. I understand that if I overspend my budget and no longer have funds in my Individual budget, I am personally responsible to pay my employees and to pay for my purchases.

I understand that I will choose who provides my services, the employee does not need to be a Medicaid provider, and I will be the employer of record for employees I hire. I understand that by hiring my own employees I accept the risk associated with being an employer. I understand that I am legally required to pay employer-related taxes for the employees I hire. My individual budget must be used to pay for the employer-related taxes.

I understand that I will also be required to work with a Financial Management Services provider that will be responsible for issuing payment to my employees and for my purchases from my individual budget funds. My individual budget must be used to pay for the Financial Management Services fees and the independent support broker's fees. The Financial Management Services will pay for the employer-related taxes, the Financial Management Service fees, and independent support broker fees from my individual budget on my behalf.

I will get help from my independent support broker in making sure the budget is being used correctly. I understand that if I misuse my individual budget, I may be transferred back to the traditional home- and community-based Medicaid services for which I am eligible. I understand that I cannot purchase room and board, childcare, and personal entertainment items with my budget.

(Initial to show you have read and understood the above information.)

I understand that I will be responsible for signing all my employees' time cards and by doing so I am verifying that my employees did work the hours claimed on the time card to provide services for me. I understand that signing an employee time card that contains false information about hours worked may make me a party to Medicaid fraud and legal action could occur.

(Initial to show you have read and understood the above information.)

I understand that I may be legally responsible for providing worker's compensation insurance. I understand that I may use my individual budget to pay for my worker's compensation insurance. The Iowa Medicaid Enterprise has arranged for purchase worker's compensation through an insurance risk pool. I understand that I may make other arrangements to pay for worker's compensation or I can access the risk pool. I understand that neither the Iowa Medicaid Enterprise nor the Financial Management Service is responsible for providing worker's compensation for my employees.

(Initial to show you have read and understood the above information.)

Please indicate the option you have chosen to provide worker's compensation:

- Self insurance
- Homeowner's personal liability insurance
- Renter's personal liability insurance
- Insurance risk pool arranged by the Iowa Medicaid Enterprise
- Not applicable. I do not plan to hire my own workers.
- I have no insurance or other protections against work-related injuries for my employees.

I have read and understood this consent form. I understand that I get to keep a copy of this consent form.

Consumer's Signature

Date Signed

If applicable, Guardian's Signature

Date Signed