



**IDAHO DEPARTMENT OF HEALTH AND WELFARE
IDAHO HOME CHOICE INFORMED CONSENT FORM- GUARDIAN**

I, _____, as the court-appointed guardian for _____
("participant"), understand and agree to the following:

SECTION I: AGREEMENT TO PARTICIPATE

Yes ___ No ___ : I agree to allow the Idaho Department of Health and Welfare's Medicaid program to screen the participant for eligibility for the Idaho Home Choice program.

Yes ___ No ___ : If eligible, I agree that the participant can receive the services of transition management and transition services under the Idaho Home Choice Program.

Yes ___ No ___ : I agree the participant may be discharged from the participant's current facility and moved to a qualified community residence, defined as the home or apartment of the participant, the home or apartment of a family member, adult foster care, a Certified Family Home, or Qualified Residential Assisted Living Facility.

Yes ___ No ___ : I agree that information about the participant should be kept confidential, but may be released to individuals or providers as necessary to complete the transition; to the Centers for Medicare and Medicaid Services, the federal agency providing funding for the Idaho Home Choice Program; and as required by law.

Yes ___ No ___ : I agree to complete or assist the participant in completing three (3) Quality of Life surveys regarding the Idaho Home Choice Program.

Yes ___ No ___ : I agree to ensure the Idaho Home Choice program application requirements are met; to conduct reasonable visitations with the participant; to comply with reasonable requests for information; and to participate in the transition process as necessary to meet the program's goals.

SECTION II: RIGHTS AND RESPONSIBILITIES

I understand that the Idaho Home Choice program only provides access to transition management services and limited funding for transition services.

I understand that any funds received from the Idaho Home Choice program must be used solely for expenses related to the transition to a qualified community residence and that the transition manager is responsible for documenting the use of these funds.

I understand that I should encourage the participation of the participant in decisions related to placement and should abide by the participant's choices if possible.

I understand that I can request copies of all relevant documents and records regarding the Idaho Home Choice Program and I should share these documents with the participant if requested.

I understand that participation in the Idaho Home Choice program does not affect the eligibility of the participant for Medicaid.

I understand that I can pursue a community placement for the participant through Medicaid without agreeing to participate in the Idaho Home Choice program.

I understand that participation in the Idaho Home Choice program is dependent upon the participant's Medicaid eligibility; therefore, I will cooperate with Medicaid to ensure the participant remains eligible.

I understand that I can revoke my consent for participation in the Idaho Home Choice program or for placement in a qualified community residence at any time.

By signing below, I agree to the above statements and that I have had the Idaho Home Choice program and my obligations explained to me adequately at this time.

COURT-APPOINTED GUARDIAN'S NAME: _____

GUARDIAN'S SIGNATURE: _____

GUARDIAN'S ADDRESS: _____

GUARDIAN'S TELEPHONE: _____

GUARDIAN'S EMAIL: _____

DATE: _____

By signing below, I agree I have had my guardian's choices explained to me. I understand that if I do not agree with the decisions of the guardian, I may contact the attorney appointed for me in the guardianship, file papers with the court to ask that the decision be changed, or contact any agency for assistance.

I _____agree OR _____do not agree with the above decisions of my guardian.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

If participant is unable to sign the document, explain why: _____

Please return form to:

Idaho Home Choice Fax: (208)332-7283
3232 Elder St E-mail: IHCMFP@dhw.idaho.gov
Boise, ID 83705