STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Medical Day Care Transmittal No. 82
April 17, 2013

TO: Medical Day Care Centers
Local Health Department AERS

FROM: Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

RE: Revised Freedom of Choice Consent Form
List of Enrolled Medical Day Care Providers

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The Department of Health and Mental Hygiene must ensure that Medical Day Care Waiver participants are informed of their right to choose community-based services in lieu of institutional care services in a nursing facility, and also to choose, the provider delivering the community-based service. To ensure that participants are making an informed decision with regard to provider choice, the Freedom of Choice Consent Form has been revised to include an attestation that they have received a list of enrolled medical day care providers. When acting as a witness to the signing of the Freedom of Choice Consent Form, both upon initial enrollment and at the time of continued stay review, please provide the participant with a list of enrolled providers. A list of current medical day care providers can be found at: http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Home.aspx.

Effective April 15, 2013, please discontinue using the Freedom of Choice Consent Form that was issued with Medical Day Care Transmittal No. 79, dated September 21, 2011, and begin utilizing the attached revised form. Please note that Transmittal No. 79, which outlines the process for completing and submitting the form to the Department, is still in effect.

Questions regarding the Freedom of Choice Consent Form should be directed to the Medical Day Care Program staff at (410) 767-1444.

MARYLAND MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL DAY CARE SERVICES WAIVER
FREEDOM OF CHOICE CONSENT FORM

Applicant/Participant Consent (Check one and sign and date):

____ I choose to receive home and community-based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I may change medical day care centers if I decide to do so and understand that there are alternative services for which I am eligible including services in a nursing facility.

____ I choose to receive institutional long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for the nursing facility services.

_____ I choose neither option. Explanation (optional):

I have received a copy of the "Summary of Procedures for the Fair Hearings" explaining the appeal process that I may follow in the event that I am denied access to the Medical Day Care Services Waiver or denied access to any other services.

Print Name: _____ MA#: _____
Applicant/ Participant

Signature: _____ Date: _____
Applicant/Participant/Authorized Representative

Witness: _____ Date: _____
(Circle One) Hospital Staff/AERS Staff/Center Staff