

NC Innovations Waiver Freedom of Choice Acknowledgement

I understand that enrollment in the NC Medicaid 1915(c) Innovations Waiver (“Waiver”) is strictly voluntary. I also understand that if I am determined to be eligible for services in an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF-IID), I will be receiving Waiver services instead of services in an ICF-IID. I understand that in order to be determined to need Waiver services, an individual must require the provision of at least one Waiver service monthly and that failure to use a Waiver service monthly will jeopardize my continued eligibility for the Innovations Waiver.

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I have chosen NC Innovations Waiver Services

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I have not chosen NC Innovations Waiver Services

Signature of Individual or Legally Responsible Person

Date