



PARTICIPANT CHOICE STATEMENT (RESIDENTIAL CARE FACILITY/ASSISTED LIVING FACILITY)

The Participant Choice Statement (Residential Care Facility/Assisted Living Facility) shall be completed at each initial and subsequent (re)assessment used to determine eligibility for Home and Community Based Services (HCBS). Upon completion of the assessment and authorization of HCBS, the Participant Choice Statement shall be uploaded to the participant's case in the HCBS Web Tool. The Participant Choice Statement provides documentation of the participant's involvement in the selection of services and provider, and development of the Person Centered Care Plan (PCCP), as well as reporting abuse, neglect, or exploitation.

INSTRUCTIONS

Division of Senior and Disability Services (DSDS) staff or their designee shall explain each section and have the participant initial, indicating they have reviewed and understood the information. If the participant is unable to initial, DSDS staff or their designee, shall explain the participant's inability to initial on the Participant Choice Statement or in Case Notes in the HCBS Web Tool.

PARTICIPANT NAME: Enter the participant's name.

DCN: Enter the participant's Departmental Client Number (DCN).

COUNTY NAME: Enter the participant's county of residence.

DSDS staff or their designee shall utilize the guidance below for the associated sections of the Participant Choice Statement to assist in guiding discussion with participants. Sections within the Participant Choice Statement which are self-explanatory are not included.

Services and Providers

#3 Review the RCF/ALF Rights and Responsibilities document with participant.

#4 Notify the participant that a copy of [DHSS' Notice of Privacy Practices](#) is available and will be provided to them upon request. They can request a copy of the privacy practices at their annual assessment or by contacting the Person Centered Care Planning (PCCP) team.

Person Centered Care Plan

#1 Explain suggested tasks times and frequencies and the restrictions of only utilizing tasks which have been authorized. Additionally, explain the total authorized units are the maximum the participant may receive.

#2 Ensure the appropriate Person Centered Care Planning (PCCP) phone number has been entered.

PARTICIPANT CHOICE STATEMENT (RESIDENTIAL CARE FACILITY/ASSISTED LIVING FACILITY)**Wellness**

#1 Explain abuse, neglect, and exploitation as defined below.

Abuse: infliction of physical, sexual, or emotional injury or harm including financial exploitation by any person, firm, or corporation and bullying (192.2400, RSMo).

Neglect: The failure to provide services to an eligible adult by any person, firm or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result (192.2400, RSMo).

Exploitation: The Crime of Financial Exploitation involves allegations that a person (whether a family member, joint tenant, caregiver/attendant, or someone who has assumed fiduciary responsibility) has knowingly by deception, intimidation, undue influence, or force obtained control over an eligible adult's property with the intent to permanently deprive the eligible adult benefit or possession of his or her property as directed in 570.145, RSMo.

ASSESSOR SIGNATURE AND DATE: The individual completing the assessment shall sign and date the Participant Choice Statement reflecting when the assessment was completed.

ASSESSOR NAME (PRINTED): Print the name of the Assessor.

EMPLOYED BY: Enter the name of the Assessor's employer.

PARTICIPANT SIGNATURE AND DATE: Obtain the participant's/responsible person's signature and date. When participant is unable to or refuses to sign the form, DSDS staff or their designee, shall document this information in the Case Notes section of the HCBS Web Tool or on the Participant Choice Statement itself.

DISTRIBUTION:

The original copy shall be provided to the participant. A copy shall be uploaded and maintained in HCBS Web Tool. If the participant does not meet eligibility and therefore, is not authorized for HCBS, it is not necessary to obtain a signature from the participant or upload the form.

RIGHTS AND RESPONSIBILITIES

Staff shall review and leave the participant with the RCF/ALF Rights and Responsibilities. See [Policy 4.00 Appendix 2f](#).