OHCA Waivers & Demonstration
Attestation of Conflict Free Case Management

☐**New** ☐**Reassessment**

Member Information			
Last Name	First Name	M.I.	SoonerCare ID
Street Address	City/County /	State	Zip

Member Rights

Member choice is an OHCA program philosophy whereby members make informed choices about program participation, services they receive and providers of those services. Members must be advised of the Conflict Free Case Management guidelines, and advised of all of their options to select the provider of services of their choice based of these CMS (Center for Medicare and Medicaid Services) rules.

Case Manager Responsibilities

By signing this form, the Case Manager and Case Management supervisor are stating they have verified there is no conflict of interest with any providers of Home and Community Based Services and Case Management.

Acknowledgement

I have read and understand CMS rule 42CFR§441.301(c)(1)(vi). I hereby confirm this service plan is in compliance with CMS rule 42CFR§441.301(c)(1)(vi) regarding Conflict Free Case Management, which states in part, that "Providers of HCBS for the individual or those that have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person centered service plan……"

Signature of Participant or Legal Agent **Date**	**Signature of TC/CM** **Date**
Signature of Witness **Date**	**Signature of TC/CM Supervisor** **Date**