

Virginia Informed Choice Form

Date: _____ Name: _____ SDM: _____ Waiver Type: _____

I received the Service Selection Guide. I completed a review of service options, providers, and alternative options available in my community with my Support Coordinator (SC) and select the following services and providers of all DD Waiver services I choose to receive, including any changes from earlier choices:

- | | | | |
|---|----------------------------------|----|---|
| 1. For <u>support coordination</u> , I select: | Name of selected SC: | | 7. Are any desired services unavailable in current waiver? |
| 2. Did you request assistance with contacting Family-to-Family or Peer Mentoring? | Yes | No | Yes No |
| 2a. If yes, did your SC provide support? | Yes | No | 7a. If yes, <u>briefly</u> describe steps taken or planned to resolve any related concerns: |
| 3. For support <u>where I live</u> , I select: | Agency selected (as applicable): | | |

4. For support with work, I select:

5. For support in my community, I select
:

6. For other services, I select:

8. My support coordinator has discussed these services, and any alternatives available within my community, with me and I select these knowing the associated benefits and risks.

Yes, I confirm.

9. The reason for completing this form is:

I may contact my Support Coordinator/Case Manager (SC/CM) to seek assistance with resolving provider-related issues. I have the option of changing providers, including my SC/CM. I have the right to a fair hearing and appeal process. I may be responsible for some service cost (patient pay), based on my income. If I chose Consumer-Directed Services, I am responsible for employing my own personal assistants. I know there are services in the BI/FIS/CL Waivers that require a backup plan if there is a lapse in services. I will actively participate in the development of my Person-Centered Individual Support Plan. My SC/CM discussed the above information with me.

Individual Signature/Date

SDM Signature (if applicable)/Date

SC/CM Signature/Date

Virginia Informed Choice Form

Date completed:

Name:

SDM:

Waiver Type:

I received the Service Selection Guide. I completed a review of service options and providers available to me and select the following services and providers of all DD Waiver services I currently receive including the changes I make today:

1. For support coordination, I select:

Name of selected SC:

CSB Name _____ SC Name _____

2. For support where I live, I select:

Agencies selected:

Independent Living Supports (BI) _____

Shared Living _____

Supported Living _____

In-home Support Services _____

Sponsored Residential _____

Group Home 4 beds or less _____

Group Home 5 beds or more _____

RST required, worksheet available prior to WaMS entry

3. For support with work, I select:

Individual Supported Employment _____

Group Supported Employment _____

Workplace Assistance Services _____

4. For support in my community, I select:

Community Engagement _____

Community Coaching _____

Group Day Services _____

5. For other services, I select:

Community Guide _____

Skilled Nursing (FIS & CL) _____

Private Duty Nursing (FIS & CL) _____

Therapeutic Consultation (FIS & CL) _____

Personal Emergency Response System _____

Community-Based Crisis Supports _____

Center-Based Crisis Supports _____

Crisis Support Services _____

Peer Mentoring _____

Assistive Technology _____

Benefits Planning _____

CD Service Facilitation (FIS/CL only) _____

CD Personal Assistance (FIS/CL only)

CD Respite (FIS/CL only)

CD Companion (FIS/CL only)

Environmental Modifications _____

Electronic Home-based Services _____

Indv. and Family Caregiver Training _____

AD PA (FIS/CL only) _____

AD Respite (FIS/CL only) _____

AD Companion (FIS/CL only) _____

Transition Services

8. My support coordinator has discussed these services, and any alternatives available within my community, with me and I select these knowing the associated benefits and risks.

Yes, I confirm.

9. The reason for completing this form is (select one):

Annual Review

New service request

RST Referral

Changing Provider(s)

Dissatisfied

Enrollment

I may contact my Support Coordinator (SC) to seek assistance with resolving provider-related issues. I have the option of changing providers, including my SC. I have the right to a fair hearing and appeal process. I may be responsible for some service cost (patient pay), based on my income. If I chose Consumer-Directed Services, I am responsible for employing my own personal assistants. I know there are services in the BI/FIS/CL Waivers that require a backup plan if there is a lapse in services. I will actively participate in the development of my Person-Centered Individual Support Plan. My SC discussed the above information with me.

Individual Signature/Date

SDM Signature (if applicable)/Date

SC/CM Signature/Date

Virginia Informed Choice Form Protocol

The Support Coordinator will assist with informed decision-making by providing the individual/SDM with the Service Selection Guide for the DD Waivers in advance of completing the Virginia Informed Choice Form (VIC) to assist individuals and families seek services and providers prior to signing the VIC with the individual/SDM.

The Support Coordinator will assist with referrals to the Family-to-Family and/or Peer Mentoring agencies at the request of the individual and family.

The Support Coordinator will document all decisions on the DMAS 460a or DMAS 460b.

The Support Coordinator will complete the VIC with the individual and/or substitute decision-maker (SDM) at the following times

: - **Annually**- This means no more than 12 months from the last Informed Choice Form

- **At Enrollment into the Developmental Disability (DD) Waivers:**

- Building Independence (BI)
- Family and Individual Supports (FIS)
- Community Living (CL)

All available Home and Community Based services should be discussed with the individual prior to assisting the individual with identifying the waiver services options, for the services they have chosen. If a service is not offered there should be a note explaining why.

- **When there is a request for a change in waiver provider(s)** – any time the individual and/or the substitute decision maker ask for a change in providers. This could be multiple times within the PC-ISP year.

- **When new services are requested**- anytime the individual and/or the substitute decision maker ask for a new service, this could be multiple times a year

- **When the individual wants to move to a new location** - if the individual and/or the substitute decision maker are wanting to move to a new location, even within the same provider.

- **When the individual is dissatisfied with the current provider** - if the individual and/or substitute decision maker are not satisfied with services, the support coordinator should have a discussion regarding what is causing the dissatisfaction, and if it cannot be resolved then all services should be reviewed and a VIC completed.

- **When making a Regional Support Team (RST) referral for individuals with a DD Waiver.**

For anyone needing a Regional Support Team Referral, submit the VIC with the RST Referral through the Waiver Management System at <https://www.wamsvirginia.org/>.

Note:

SDM = Substitute Decision-Maker (e.g. Legal Guardian or Authorized Representative)

BI = Building Independence Waiver

FIS = Family and Individual Supports Waiver

CL = Community Living Waiver

PA = Personal Assistance

Fully completing this form with requested information satisfies regulation 12VAC35-105-660.D. under the DBHDS Office of Licensing and meets informed choice expectations under DD Medicaid waiver requirements.

Note: There are two options included one for keyboard entry and one written version. Choose one of the two options when completing the form.