

- The *Virginia Informed Choice (VIC)* is required for individuals who are newly enrolled or currently have a DD Waiver
- Retain a copy of the signed document in the individual's file
- Review and complete the VIC with the individual and/or substitute decision-maker (SDM) at the following times:
 - **Annually**
 - *At Enrollment into the Developmental Disability (DD) Waivers:*
 - *Building Independence (BI)*
 - *Family and Individual Supports (FIS)*
 - *Community Living (CL)*
 - *When there is a request for a change in waiver provider(s)*
 - *When new services are requested*
 - *When the individual wants to move to a new location and/or is dissatisfied with the current provider*
 - *When making a Regional Support Team (RST) referral for individuals with a DD Waiver*
 - *Submit the VIC with the RST Referral to the secure RST mailbox: RST.Referrals@DBHDS.virginia.gov*

Date Completed: _____ Individual's Name: _____

DD Waiver Type: _____ Substitute Decision Maker: _____

1. Discuss each applicable HCBS service **prior to** assisting the individual with identifying Waiver service options
2. Confirm discussion of all applicable waiver service options by checking the options listed below

Residential Options	N/A <input type="checkbox"/>	Employment and Day Options	N/A <input type="checkbox"/>	Additional Options	N/A <input type="checkbox"/>
<input type="checkbox"/> Independent Living Supports (BI Waiver Only)		<input type="checkbox"/> Individual Supported Employment		<input type="checkbox"/> Peer Mentoring	<input type="checkbox"/> Community Guide
<input type="checkbox"/> Shared Living		<input type="checkbox"/> Group Supported Employment		<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Benefits Planning
<input type="checkbox"/> Supported Living		<input type="checkbox"/> Workplace Assistance Services		<input type="checkbox"/> Transition Services	<input type="checkbox"/> Support Coordination
<input type="checkbox"/> In-home Support Services		<input type="checkbox"/> Community Engagement		<input type="checkbox"/> Environmental Modifications	
<input type="checkbox"/> Sponsored Residential				<input type="checkbox"/> Electronic Home-Based Services	
<input type="checkbox"/> Group Home Residential 4 beds or less		<input type="checkbox"/> Community Coaching		<input type="checkbox"/> Employment and Community Transportation	
<input type="checkbox"/> Group Home Residential 5 beds or more (RST req'd)		<input type="checkbox"/> Group Day Services		<input type="checkbox"/> Individual and Family/Caregiver Training (FIS Waiver Only)	
Medical and Behavioral Support Options	N/A <input type="checkbox"/>	Crisis Support Options	N/A <input type="checkbox"/>	Agency-Directed <input type="checkbox"/>	Consumer-Directed <input type="checkbox"/>
<input type="checkbox"/> Skilled Nursing (FIS & CL Waivers Only)		<input type="checkbox"/> Community-Based Crisis Supports		<input type="checkbox"/> Consumer-Directed Services Facilitation (FIS & CL Only)	
<input type="checkbox"/> Private Duty Nursing (FIS & CL Waivers Only)		<input type="checkbox"/> Center-Based Crisis Supports		<input type="checkbox"/> Personal Assistance Services (FIS & CL Waivers Only)	
<input type="checkbox"/> Therapeutic Consultation (FIS & CL Waivers Only)		<input type="checkbox"/> Crisis Support Services		<input type="checkbox"/> Respite (FIS & CL Waivers Only)	
<input type="checkbox"/> Personal Emergency Response System (PERS)				<input type="checkbox"/> Companion (FIS & CL Waivers Only)	
SC has provided the opportunity to talk with other individuals receiving BI/FIS/CL Waiver services who live and work successfully in the community or with their family members Yes <input type="checkbox"/> No <input type="checkbox"/>		You may contact a DBHDS Family Resource Consultant at (804) 894-0928 or (804) 201-3833 to connect with individuals and families who have waiver services		Provider options are available on the DBHDS Licensing website and the DBHDS Provider Survey http://lpss.dbhds.virginia.gov/LPSS/LPSS.aspx http://ejiuiu0.wixsite.com/providersurvey	

3. List multiple providers in each section if applicable and indicate option selected
In making a decision, I/we considered the following Options:

Options	Provider Agency, Location (City) and Bed Capacity	Option Selected	Reason(s) Selected/Denied (Be specific)
Support Coordination			

3. List multiple providers in each section if applicable and indicate option selected

In making a decision, I/we considered the following Options:

Options	Provider Agency, Location (City) and Bed Capacity	Option Selected	Reason(s) Selected/Denied (Be specific)

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 and 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

Regional Support Team referral is REQUIRED if any of the following criteria apply:

Community:

- Difficulty finding services in the community within 3 months of receiving a slot
- Moving to a group home of five or more individuals
- Moving to a nursing home or ICF
- Pattern of repeatedly being removed from home

Training Center:

- Moving to a nursing home, ICF/ID or group home with five or more individuals
- Difficulty finding particular type of community supports within 30 days of discharge plan
- PST cannot agree on a discharge plan outcome within 15 days of the annual PST meeting, or within 30 days after the admission to the Training Center
- Individual or AR opposes moving despite PST recommendation
- Individual or AR refuses to participate in the discharge planning process
- Hasn't moved within three months of selecting a provider
- Recommendation to remain in a Training Center