

- 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: Enter date Individual's Name: Enter name Substitute Decision Maker: Enter name **Choose Waiver:** Select one

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"/>	N/A <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 VCU's Center for Family Involvement at (877) 567-1122 or visit https://centerforfamilyinvolvement.vcu.edu/family-to-family-network/ to connect with individuals and families who have waiver services. The individual/family would like assistance with this referral? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have questions about Peer Mentoring contact: The Arc of Virginia at 804-649-8481 thearcofva.org The individual/family would like assistance with this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider options are available on the DBHDS Licensing and the My Life My Community website http://www.dbhds.virginia.gov/quality-management/Licensed-Provider-Location-Search http://www.mylifemycommunityvirginia.org/taxonomy/mlmc-menu-zone/find-provider
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3. List multiple providers in each section if applicable and indicate option selected
In making a decision, I/we considered the following Options:

Options	Agency, City, and Bed Capacity Considered	Option Selected	Reason(s) Selected/Denied (Be specific)
Support Coordination	Enter agencies considered	Enter SC's first and last name and agency name	Enter reason
Sponsored Home	Enter agencies considered (names, cities, sizes)	Enter agency chosen	Enter reason
Select service	Enter agencies considered (names, cities, sizes)	Enter agency chosen	Enter reason
Select service	Enter agencies considered (names, cities, sizes)	Enter agency chosen	Enter reason
Other	Enter agencies considered (names, cities, sizes)	Enter agency chosen	Enter reason
Other	Enter agencies considered (names, cities, sizes)	Enter agency chosen	Enter reason

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: Select one Training Center: Select one

The following is a guidance on when and how to complete the Virginia Informed Choice form.

The **Virginia Informed Choice Form (VIC)** is required for individuals who are newly enrolled or currently have a DD Waiver. A copy of the signed document should be retained in the individual's file.

It is the Support Coordinators **responsibility to inform/discuss** with the individual and/or substitute decision-maker **all** Home and Community Based services available to them. There should also be a discussion about the services that are available within the waiver received by the individual. All services should be discussed whether or not there are providers for the services in your area and there should be a note documenting the conversation took place. The Virginia Informed Choice form should reflect the conversation. The SC must provide confirmation that information has been provided to the individual and family regarding the opportunity to speak with other individuals receiving BI/FIS/CL Waiver services who live and work successfully in the community or with their family members. To accomplish this, the SC should confirm that the information included on the form for VCU's Center for Family Involvement, and the Arc of Virginia has been provided. The SC must offer to assist with these referrals and document the individual/families desire for this assistance where indicated.

Review and 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/>.