

VIRGINIA INFORMED CHOICE

- 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: <u>RST.Referrals@DBHDS.virginia.gov</u>

Date Completed: 6/17/2020 Individual's Name: S		Sam Smith Substitute Decision Maker: N/A		•	Choose Waiver: Community Living Waiver (CL)	
• •		ing the individual with identifying Waiver service ptions by checking the options listed below		options Checking N/A indicates that you not discuss any of these options		• ,
Residential Options	N/A □	Employment and Day Options	N/A □	Additional Options		N/A □
	BI Waiver Only)	Individual Supported Employm	nent	☐ Peer Mentoring		☐ Community Guide
	Check Box for each		t	☐ Assistive Technology	у	☐ Benefits Planning
	service discussed	☐ Workplace Assistance Services		☐ Transition Services		
☑ In-home Support Services		☐ Community Engagement		☐ Environmental Modifications		
				☐ Electronic Home-Based Services		
☑ Group Home Residential 4 beds or less		☐ Community Coaching		☐ Employment and Community Transportation		
☑ Group Home Residential 5 beds or more (RST req'd)		☐ Group Day Services		☐ Individual and Family/Caregiver Training (FIS Waiver Only)		
Medical and Behavioral Support	Options N/A 🛭	Crisis Support Options	N/A □	Agency-Directed 🛭 Co	nsumer-	-Directed ☐ N/A Ø
☐ Skilled Nursing (FIS & CL Waivers Only)		☐ Community-Based Crisis Supports		☐ Consumer-Directed Services Facilitation (FIS & CL Only)		
☐ Private Duty Nursing (FIS & CL	Waivers Only)	☐ Center-Based Crisis Supports		☐ Personal Assistance Services (FIS & CL Waivers Only)		
☐ Therapeutic Consultation (FIS	& CL Waivers Only)			☐ Respite (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

No

No

☐ Personal Emergency Response System (PERS)

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.

If you have questions about **Peer Mentoring** contact: The Arc of Virginia at 804-649-8481 <u>thearcofva.org</u>

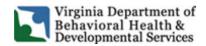
Provider options are available on the DBHDS
Licensing and the My Life My Community website
http://www.dbhds.virqinia.qov/qualitymanaqement/Licensed-Provider-Location-Search
http://www.mylifemycommunityvirginia.org/tax
onomy/mlmc-menu-zone/find-provider

☐ Companion (FIS & CL Waivers Only)

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

Options	Provider Agency, Location (City) and Bed Capacity	Option Selected	Reason(s) Selected/Denied (Be specific)		
Support Coordination	Virginia CSB	Sally Coordinator, VACSB	Individual choice due to location		
Sponsored Home	The Sponsor Agency- Richmond, VA (2) Sponsors for You- Chesterfield, VA (1) Dedicated Sponsors- Henrico, VA (1)	None	Sam preferred more peers and a home closer to his family		
Group Home Residential 5 or more beds	Homes for You- Chesterfield, VA (5) Dedicated Homes- Henrico, VA (6)	Dedicated Homes	Home was located clo	sest to family	
Own Home or Apartment	Your Supportive Living- Richmond, VA (3) Services in-Home- Henrico, VA (in-home)	None	Individual didn't like either setting		
Crisis Support Services	Services In-Home- Henrico, VA Support Options- Henrico, VA	Support Options	Individual choice	Type in name of unlisted service in "other" text boxes	
Other	Enter provider information	Provider	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



Individual's Name: Sam Smith

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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 F Center: Select one	REQUIRED if any of the following criteria apply:	Community: Moving to a group home of five or more individuals	Training							