

- 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"/> 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 No

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 thearcofva.org

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>

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			

VIRGINIA INFORMED CHOICE

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