

- 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](mailto:RST.Referrals@DBHDS.virginia.gov)*

Date Completed: 4/19/2018    Individual's Name: Sam Smith    Substitute Decision Maker: Sandy Smith    **Choose Waiver:** Community Living Waiver (CL)

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

Checking N/A indicates that you did not discuss any of these options

Residential Option <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	Employment and Day Options <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Additional Options <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Independent Living Supports (BI Waiver Only)		Individual Supported Employment		Peer Mentoring	Community Guide
Shared Living	<b>Checking this box indicates discussion of residential options</b>	Group Supported Employment		Assistive Technology	Benefits Planning
Supported Living		Workplace Assistance Services		Transition Services	Support Coordination
In-home Support Services		Community Engagement		Environmental Modifications	
Sponsored Residential				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 required)		Group Day Services		Individual and Family/Caregiver Training (FIS Waiver Only)	
<b>Medical and Behavioral Support Options <input type="checkbox"/></b>	<b>N/A <input checked="" type="checkbox"/></b>	<b>Crisis Support Options <input checked="" type="checkbox"/></b>	<b>N/A <input type="checkbox"/></b>	<b>Agency-Directed <input type="checkbox"/></b>	<b>Consumer Directed <input type="checkbox"/></b>
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		CD Personal Assistance Services* (FIS & CL Waivers Only)	
Therapeutic Consultation (FIS & CL Waivers Only)		Crisis Support Services		CD Respite* (FIS & CL Waivers Only)	
Personal Emergency Response System (PERS)				CD 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 checked="" 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 <a href="http://lpss.dbhds.virginia.gov/LPSS/LPSS.aspx">http://lpss.dbhds.virginia.gov/LPSS/LPSS.aspx</a> <a href="http://ejuiju0.wixsite.com/providersurvey">http://ejuiju0.wixsite.com/providersurvey</a>	

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) Be specific.
<b>Support Coordination</b>	Virginia CSB	Sally Coordinator	Individual choice.
Sponsored Home	The Sponsor Agency – Richmond, VA (2) Sponsors for You – Chesterfield, VA (1) Dedicated Sponsors – Henrico, VA (1)	Dedicated Sponsors – Jane Brown	Home was located closest to family.
Group Home Residential 5 or more beds	Homes for You – Chesterfield, VA (5) Dedicated Homes – Henrico, VA (6)	None	Homes were nice but Sam preferred sponsor home.
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 Svcs	Services In-Home – Henrico, VA Support Options – Henrico, VA	Support Options	Individual choice.
Other	Enter provider information	Provider	Enter reason
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 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  
Center: Select one

Community: Moving to a group home of five or more individuals    Training