

- 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 Options   | N/A <input type="checkbox"/>                | Employment and Day Options   | N/A <input checked="" 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 checked="" type="checkbox"/> Supported Living  | <b>Check box for each service discussed</b> | <input type="checkbox"/> Workplace Assistance Services   |   | <input type="checkbox"/> Transition Services  | <input checked="" type="checkbox"/> Support Coordination |   |
| <input checked="" type="checkbox"/> In-home Support Services  |   | <input type="checkbox"/> Community Engagement  |   | <input type="checkbox"/> Environmental Modifications  |  |   |
| <input checked="" 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 checked="" 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 checked="" type="checkbox"/>     | Crisis Support Options   | N/A <input checked="" type="checkbox"/> | Agency-Directed <input type="checkbox"/>  | Consumer-Directed <input type="checkbox"/>               | N/A <input checked="" 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 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:

Type in name of unlisted service in "other" text boxes

| Options                               | Provider Agency, Location (City) and Bed Capacity  | Option Selected                 | Reason(s) Selected/Denied (Be specific)         |
|---------------------------------------|--|---------------------------------|---|
| <b>Support Coordination</b>           | Virginia CSB – Richmond, VA  | Sally Coordinator, VACSB        | Individual choice due to location.              |
| Sponsored Home                        | The Sponsor Agency – Richmond, VA (2)<br>Sponsors for You – Chesterfield, VA (1)<br>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)<br>Dedicated Homes – Henrico, VA (6)  | None                            | Homes were nice but Sam preferred sponsor home. |
| Own Home or Apartment                 | Your Supportive Living – Richmond, VA (3)<br>Services In-Home – Henrico, VA (in-home)                                    | None                            | Individual didn't like either setting.          |
| Crisis Support Svcs                   | Services In-Home – Henrico, VA<br>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 choose 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