

The DBHDS Waitlist Portal

Using the Waitlist Portal to Complete “Individual Choice” and “Needed Services” Forms

A Guide for Individuals and their Caregivers



Virginia Department of
Behavioral Health &
Developmental Services

DBHDS Vision: A life of possibilities for all Virginians

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ABOUT THE WAITLIST PORTAL

The Department of Behavioral Health and Developmental Services (DBHDS) **Waitlist Portal** (the Waitlist Portal) is a website that can be used by a person (or their caregiver(s)) currently on the *Virginia DD Waiver Waiting List* (the Wait List) who want to remain on the Wait List.

The Waitlist Portal is used to complete the “**Individual Choice**” and the “**Needed Services**” forms, which are available in both English and Spanish (the Forms). **The Forms must be completed annually to remain on the Wait List.**

Individual Choice Form:

Use this form to confirm you or your family member wish to remain on the Wait List.

Needed Services Form:

Use this form to select all services/supports that are needed by you or a family member and would be used within the next 90 days.

Note: If you have any questions about completing the choice form or needed services form, call **804-840-5951** for assistance; or send an email to: **waiverwaitlist@dbhds.virginia.gov**.

Login Requirements

The following is needed to log in to the Waitlist Portal:

- The Person must **be on the Virginia DD Waiver Waiting List** in the Waiver Management System (WaMS)
- Be able to provide the **Last 6 digits** of the Person’s **Social Security Number**
- Be able to provide the Person’s **current Medicaid ID**
 - Or check the option that the Person “*does not have a current Medicaid ID*”

GETTING STARTED

How to Log In

The person on the Waitlist (or their caregiver) can log in to the Waitlist Portal using the appropriate credentials by going to <https://dbhds.virginia.gov/waitlistforms> in their browser. *The Waitlist Portal Login window appears.*

1. Type in the **last 6 digits** of the person's **Social Security Number**. (**Do not use dashes**).
2. Type in the person's **birth date**.
3. Type in the person's current 12-digit **Medicaid ID**.
4. Click on **Login**.

The Portal Landing Page will appear.

Waitlist Portal Login

IMPORTANT: If incorrect information is entered, you will be unable to log in. If you need assistance, please contact 804-840-5951.

Last 6 digits of SSN
123456

Date Of Birth
09/15/2001

Current Medicaid ID
12345678900

I do not have a Current Medicaid ID

Login

Note: If the person does not have a current Medicaid ID, click the checkbox.

The Landing Page

The **Landing Page / Welcome** page is where the Forms are located (on the left menu). In addition, this is where to find general information about completing the Forms and other essential information and reminders.

- To view the Landing Page in Spanish, click on the **Español** button (top right)

My Life, My Community Virginia Waiver Management System (WaMS) Account

Waitlist Forms Menu

Complete Individual Choice Form

Complete Needed Services Form

Waitlist Forms

Español

Welcome to the Developmental Disabilities (DD) Waiver Waiting List Annual Contact Page for Individuals/Caregivers

This site is for use ONLY by individuals/caregivers of individuals who are currently on the Virginia DD Waiver Waiting List and who want to remain on the Waiting List.

If you want to stay on the DD Waiver Waiting list, please click on "Complete Individual Choice Form" and "Complete Needed Services Form" located on the upper left side of your screen to fill out and submit the requested information. We estimate that completion of both forms will take no more than 5 minutes. These forms must be completed annually to remain on the DD Waiver Waiting List.

Important Reminders:

- If you have any questions about completing this form, please call 804-840-5951 for assistance or email waiverwaitlist@dbhds.virginia.gov
- If you or your loved one experiences a behavioral or mental health crisis and are in need of support, please contact your local REACH program. Learn more about Crisis Services at www.dbhds.virginia.gov/developmental-services/Crisis-services
- Individuals on the DD Waiver Waiting List are eligible for supports offered through the Individual and Family Support Program (IFSP). To learn more about IFSP and related resources/supports that may be available to you, go to My Life My Community on the web at www.mylifemycommunityvirginia.org or call 844-603-9248 to speak with a live operator by phone
- Promptly contact your support coordinator/local Community Services Board if
 - your mailing or email address changes
 - your (or your family's) situation has changed significantly, so your DD Waiver Waiting List Priority Need level can be updated

THE INDIVIDUAL CHOICE FORM

The **Individual Choice Form** (the Choice Form) must be completed annually to remain on the Wait List. The Choice Form can be completed in five easy steps:

1. Add name of the Person on the Wait List.
2. Check to confirm the Person wishes to stay on the Wait List.
3. Sign the Form.
4. Provide a current Email Address (if applicable).
5. Submit the Form.

Note: Fields with red asterisks (*) and/or yellow highlighting are required.

To Complete the Individual Choice Form

Waitlist Forms Menu

Complete Individual Choice Form

Complete Needed Services Form

Once logged in to the Waitlist Portal (see "How to Login" steps on page 3 above), click on **Complete Individual Choice Form** (located on the left under Waitlist Forms Menu).

The form opens on the right portion of the screen.

ANNUAL ATTESTATION DOCUMENTATION OF INDIVIDUAL CHOICE FOR HOME AND COMMUNITY-BASED SERVICES

Name of Individual on the DD Waivers Waiting List:

First Name: *

Last Name: *

At the initial screening, with your Community Service Board (CSB) for the Developmental Disability (DD) waiver Statewide DD Waiting List.

Please check this box to confirm you would like to remain on the Statewide Waiting List. *

Last Choice Form Verified Date:

It is important that you contact your support coordinator/local Community Services Board at any time for any records:

- Your mailing or email address changes
- You or your family's situation has changed significantly, so your DD Waiver Waiting List Priority Need never can be reassessed
- You or your family desire to receive services in an Intermediate Care Facility for Individuals with Developmental Disabilities (ICF-IID) and/or be placed on an ICF-IID waiting list as you remain on the waiting list for DD waiver services

Depending on your needs and eligibility, you might also be eligible for Targeted Case Management services while on the DD Waiver Waiting List to assist with planning and locating additional supports. Contact your CSB to learn more about the options available to you including case management services.

Signature of Individual: *

Signature of Parent, Legal Guardian, Authorized Rep.:

Your current email address: *

Name of your local CSB:

Note: To display the form in Spanish, click on the **Español** button located in the top right corner of the website.

*Be sure to click the **Español** button before completing the form. Any previously added information will be cleared from the form when the button is clicked.*

1. Click in the **First Name** field and type the *first name* of the person to stay on the Wait List.
2. Click in the **Last Name** field and type the *last name* of the person to stay on the Wait List.
3. Click in the check box to select: **Please check this box to confirm you would like to remain on the Statewide Waiting List.***

Note: To remain on the Waitlist, it is required to select checkbox.

ANNUAL ATTESTATION DOCUMENTATION OF INDIVIDUAL CHOICE FOR HOME AND COMMUNITY-BASED SERVICES

Name of Individual on the DD Waivers Waiting List:

First Name: * ①

Last Name: * ②

At the initial screening, with your Community Service Board (CSB) for the Developmental Disability (DD) waivers, you agreed to be added to the Statewide DD Waiting List.

Please check this box to confirm you would like to remain on the Statewide Waiting List. * ③

Last Choice Form Verified Date:

Sign the form (Written)

4. Click the drop-down arrow for **Signature of Individual** to select **Written**.

-please select- ▼

-please select-

Written

E-Signature

Note: Select **Written** when the person is a minor or unable to sign and then add their name.

5. Add the Person's *first* and *last* name in the **Name** field.
6. The **current day's date** is auto-populated.

Signature of Individual: * ▼

Name: *

Date:

Sign the form (E-Signature)

- If E-Signature is selected:
 - A signature box appears to sign using the mouse or touch screen
 - The **current day's date** is auto-populated

Signature of Individual: * E-Signature Clear

Sue Flay

Date: 12/22/2020

- Use the **Clear** button to remove the signature and sign again if necessary.

Signature of Individual: * E-Signature Clear

Add Representative's Signature (only if required)

When signing as the Person's **Parent, Legal Guardian, or Authorized Representative,**

7. Click the drop-down arrow for **Signature of Parent, Legal Guardian, Authorized Rep** to select the representative type:

-please select-
-please select-
Parent
Legal Guardian
Authorized Representative

The **-please select-** drop-down arrow appears to choose either **Written** or **E-signature**.

Signature of Parent, Legal Guardian, Authorized Rep.: Parent -please select-

- If **Written** is selected:
 - Add the representative's first and last name in the **Name** field
 - The **current day's date** is auto-populated

Signature of Parent, Legal Guardian, Authorized Rep.: Parent Written

Parent Name: Edith Flay

Date: 12/22/2020

- If E-Signature for the representative is selected:
 - A signature box appears for the representative to sign using the mouse
 - The **current day's date** is auto-populated



Signature of Parent, Legal Guardian, Authorized Rep.: Parent E-Signature Clear

Edith Flay

Date: 12/22/2020

- Use the **Clear** button to remove the representative's signature and sign again if necessary

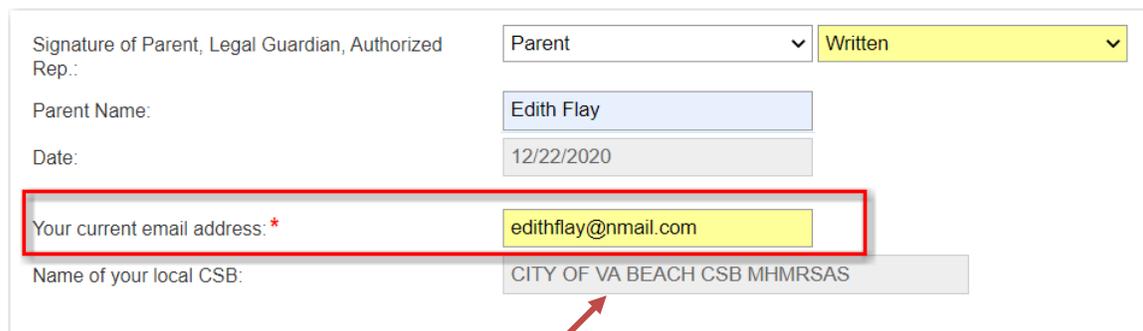
Add Current Email address

8. Type in the Person's (or their representative's) current email address in the **Your current email address field**.



Signature of Parent, Legal Guardian, Authorized Rep.: Parent E-Signature Clear

- If you do not have a current email address, enter NoCurrentEmailNow@gmail.com
- To change or update your email address to a different email address, simply login and complete the Choice Form again



Signature of Parent, Legal Guardian, Authorized Rep.: Parent Written

Parent Name: Edith Flay

Date: 12/22/2020

Your current email address: * edithflay@nmail.com

Name of your local CSB: CITY OF VA BEACH CSB MHMRSAS

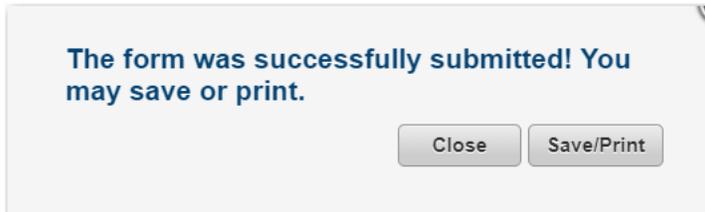
Note: The Community Services Board (CSB) that the Person is assigned to in WaMS is automatically populated in the "Name of your local CSB" field.

Submit the Form

9. Click on the **Submit** button (top right).



The form is submitted! A dialog box appears stating that the choice form has been successfully submitted with the opportunity to save and print the form.



IMPORTANT: Clicking on **Save/Print** here will be the only opportunity to save and print the form. Once the **Close** button is clicked, you will not be able to save or print the form.

- Click on the **Save/Print** button to save the completed form as a .pdf for your records
- Click on the **Close** button to close the dialog box and return to the Landing Page.

Note: The last date that the Choice Form was submitted in the system will automatically display in the *Last Choice Form Verified Date* field. The field will display N/A if the choice has never been verified.

Last Choice Form Verified Date:	12/29/2020
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THE NEEDED SERVICES FORM

The **Needed Services Form** should be used to select services and supports that are needed by the Person and would be used in the next 90 days if available. The Needed Services Form can be completed in four easy steps:

1. Add name of the Person on the Wait List
2. Add the name of the Person completing the form
3. Select the services and/or supports
4. Submit the Form

Note: Fields with red asterisks (*) and/or yellow highlighting are required.

IF NO SERVICES ARE NEEDED, THE FORM DOES NOT NEED TO BE COMPLETED

To Complete the Needed Services Form

Waitlist Forms Menu

Complete Individual Choice Form

Complete Needed Services Form

Once logged in to the Waitlist Portal (see "How to Login" steps on page 3 above), click on **Complete Needed Services Form** (located on the left under Waitlist Forms Menu).

The form opens on the right of the screen.

NEEDED SERVICES

Name of Individual on the DD Waivers Waiting List:

First Name: *

Last Name: *

Name of Person Completing the Form:

First Name: *

Last Name: *

Relationship of the above to the Individual on the waiting List: *

Community Services Board:

Date:

Directions: Please check all of the services/supports that are needed **now** by you or your family member and **would be used in the next 90 days** if available (clicking on the box will allow you to indicate "checked"). Check all that apply, but only those that apply.

Supports for the individual within the family home, such as

- Help with activities of daily living
- Help to learn new things in the home and community
- Respite for the primary caregiver
- Supports for the individual in his/her own apartment or home
- Residential services outside the family home in a licensed group home or family home
- Services to help the individual obtain and/or keep a job
- Services to help the individual to explore his/her community and have meaningful activities during the day

Note: To display the form in Spanish, click on the **Español** button located in the top right corner of the website.

*Be sure to click the **Español** button before completing the form. Any previously added information will be cleared from the form when the button is clicked.*

1. Click in the **First Name** field and type the first name of the person on the Wait List.
2. Click in the **Last Name** field and type the last name of the person on the Wait List.

Name of Individual on the DD Waivers Waiting List:

First Name: *

Last Name: *

3. Click in the **First Name** field and type the first name of the person completing the form.
4. Click in the **Last Name** field and type the last name of the person completing the form.

Name of Person Completing the Form:

First Name: *

Last Name: *

5. Click in the **Relationship of the above to the Individual on the Waiting List** drop down arrow and select the appropriate relationship from the list.

- Self
- Mother
- Father
- Grandfather
- Grandmother
- Sister
- Brother
- Other family member
- Friend

Note: Select "Self" if the person completing the form is the same as the Person on the Waitlist.

NEEDED SERVICES

Name of Individual on the DD Waivers Waiting List:

First Name: *

Last Name: *

Name of Person Completing the Form:

First Name: *

Last Name: *

Relationship of the above to the Individual on the waiting List: *

Community Services Board:

Date:

Directions: Please check all of the services/supports that are needed now by you or your family member and would be used in the next 90 days if making the "checked" choice. Use the "no" choice only if you are not currently using the service and do not expect to use it in the next 90 days.

Note: The CSB that the Person is assigned to in WaMS is automatically populated in the "Community Services Board" field along with the current day's date.

6. Click in the **check box** to choose one or more service(s) / support(s) needed.

Directions: Please check all of the services/supports that are needed **now** by you or your family member and **would be used in the next 90 days** if available (clicking on the box will allow you to indicate "checked"). Check all that apply, but only those that apply.

Supports for the individual within the family home, such as

- Help with activities of daily living
- Help to learn new things in the home and community
- Respite for the primary caregiver
- Supports for the individual in his/her own apartment or home
- Residential services outside the family home in a licensed group home or family home
- Services to help the individual obtain and/or keep a job
- Services to help the individual to explore his/her community and have meaningful activities during the day
- Nursing services to support the individual's medical needs
- Training for the family or individual about the individual's disability(ies) and the best ways to handle related challenges
- Technology, devices, and modifications to the home to make it more accessible or safe
- Services to help support the individual through mental health or behavioral crises

3/16/18

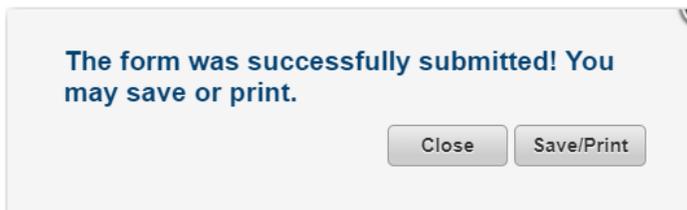
Note: At least one service/support is required to be selected to submit the form.

Submit the Form

7. Click on the **Submit** button (top right).



The form is submitted! A dialog box appears stating that the needed services form has been successfully submitted with the opportunity to save and print the form.



IMPORTANT: Clicking on **Save/Print** here will be the only opportunity to save and print the form. Once the **Close** button is clicked, you will not be able to save or print the form.

- Click on the **Save/Print** button to save the completed form as a .pdf for your records
- Click on the **Close** button to close the dialog box and display the Landing Page.

To Update the Needed Services Form

If new services and supports need to be added, or if previously selected services and supports need to be updated for the Person, simply complete the Needed Services Form again.

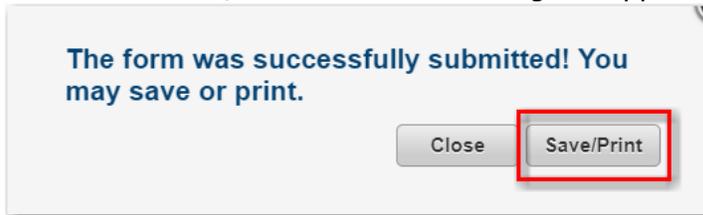
1. **Log in** to the Waitlist Portal (Follow "How to Login" steps on page 3 above).
2. **Follow steps 1-7** above to select appropriate services and supports.
 - Be sure to select ALL services and supports needed (including previously selected if still needed). Do not select services and supports no longer needed. Services and supports selected in the updated form will overwrite all that were previously submitted.
3. **Submit** the form.
4. **Save/Print** the form (or click the **Close** button) to return to the Landing Page.

SAVE/PRINT FORMS

Each time the *Choice Form* or *Needed Services Form* is completed and submitted, it can be saved as a .pdf to a specific location and/or printed.

After clicking on the **Submit** button in either of the Forms, the *dialog box appears stating that the form has been successfully submitted*. To **save and/or print** what has been submitted:

1. Click on the **Save/Print** button. *The dialog box appears:*



IMPORTANT: Clicking on **Save/Print** here will be the only opportunity to save and print what was submitted. If the **Close** button is clicked, you will not be able to save or print the form.

The submitted form opens as a .pdf and can be saved and/or printed (see examples below).

Individual Choice Form Example:

ANNUAL ATTESTATION DOCUMENTATION OF INDIVIDUAL CHOICE FOR HOME AND COMMUNITY-BASED SERVICES

Name of Individual on the DD Waivers Waiting List:
First Name: Sue
Last Name: Flay

At the initial screening, with your Community Service Board (CSB) for the Developmental Disability (DD) waivers, you agreed to be added to the Statewide DD Waiting List.

Please check this box to confirm you would like to remain on the Statewide Waiting List.

Last Choice Form Verified Date: N/A

It is important that you contact your support coordinator/local Community Services Board at any time for any of the following reasons to update your records:

- Your mailing or email address changes
- You or your family's situation has changed significantly, so your DD Waiver Waiting List Priority Need level can be reassessed
- You or your family desire to receive services in an Intermediate Care Facility for Individuals with Developmental Disabilities (ICF-IID) and/or be placed on an ICF-IID waiting list as you remain on the waiting list for DD waiver services

Depending on your needs and eligibility, you might also be eligible for Targeted Case Management services while on the DD Waiver Waiting List to assist with planning and locating additional supports. Contact your CSB to learn more about the options available to you including case management services.

Signature of Individual: Written
Date: 12/22/2020
Name: Sue Flay

Signature of Parent, Legal Guardian, Authorized Rep.: Parent - Written
Date: 12/22/2020
Name: Edith Flay

Your current email address: Sueflay@nmail.com
Name of your local CSB: CITY OF VA BEACH CSB MHMRSAS

Needed Services Form Example:

NEEDED SERVICES

Name of Individual on the DD Waivers Waiting List:
First Name: Sue
Last Name: Flay

Name of Person Completing the Form:
First Name: Edith
Last Name: Flay

Relationship of the above to the Individual on the waiting List: Mother

Community Services Board: CITY OF VA BEACH CSB MHMRSAS

Date: 12/29/2020

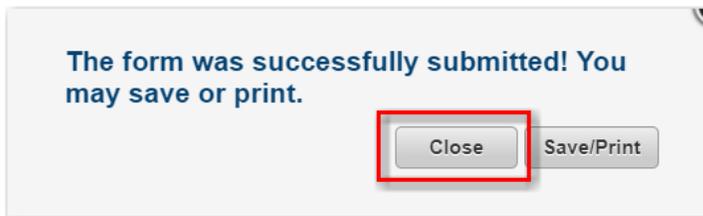
Directions: Please check all of the services/supports that are needed **now** by you or your family member and **would be used in the next 9 days** if available (clicking on the box will allow you to indicate "checked"). Check all that apply, but only those that apply.

Supports for the individual within the family home, such as

- Help with activities of daily living
- Help to learn new things in the home and community
- Respite for the primary caregiver
- Supports for the individual in his/her own apartment or home
- Residential services outside the family home in a licensed group home or family home
- Services to help the individual obtain and/or keep a job
- Services to help the individual to explore his/her community and have meaningful activities during the day
- Nursing services to support the individual's medical needs
- Training for the family or individual about the individual's disability(ies) and the best ways to handle related challenges
- Technology, devices, and modifications to the home to make it more accessible or safe
- Services to help support the individual through mental health or behavioral crises

OR

2. Click on the **Close** button.



IMPORTANT: If the **Close** button is clicked, you will not be able to save or print the form.

The Landing Page is displayed.

GETTING HELP

Wait List Help

If you have any questions or need assistance with completing the Forms:

- **DBHDS Waitlist Telephone Number:** 804-840-5951
- **DBHDS Waitlist Email:** waiverwaitlist@dbhds.virginia.gov

WaMS Help Desk

Contact the **WaMS Help Desk** for all technical problems or errors:

- **WaMS Telephone Number:** 844-4-VA-WaMS / (844-482-9267)
- **WaMS Help Desk Email:** helpdesk@wamsvirginia.org
- **Hours of Operation:** 7:00 AM – 7:00 PM EST

The Waitlist Portal URL

Go to <https://dbhds.virginia.gov/waitlistforms> to login to the Waitlist Portal. The person on the Waitlist or their caregiver can log in to the Waitlist Portal with the appropriate credentials.

ACRONYMS AND ABBREVIATIONS

Acronym / Abbreviation	Definition / Name
CSB	Community Services Board
DBHDS	Department of Behavioral Health & Developmental Services
DD	Developmental Disabilities
WaMS	Waiver Management System

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