

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:
 - <u>Annually</u>
 - 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:		Individual's Name:				
DD Waiver Type:		Substitute Decision Maker:				
		prior to assisting the individual with ic		-	ions	
Residential Options N/A □		Employment and Day Options N/A	Addition	Additional Options N/		
☐ Independent Living Supports (BI Waiver Only)		☐ Individual Supported Employment	☐ Peer Mentoring		☐ Community Guide	
☐ Shared Living		☐ Group Supported Employment	☐ Assist	ive Technology	☐ Benefits Planning	
☐ Supported Living		☐ Workplace Assistance Services	☐ Transi	tion Services	☐ Support Coordination	
☐ In-home Support Services		☐ Community Engagement	☐ Enviro	☐ Environmental Modifications		
☐ Sponsored Residential			☐ Electronic Home-Based Services			
☐ Group Home Residential 4 beds or less		☐ Community Coaching	☐ Emplo	arDelta Employment and Community Transportation		
☐ Group Home Residential 5 beds or more (RST reg'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-D	Agency-Directed ☐ Consumer-Directed ☐ N/A ☐		
☐ Skilled Nursing (FIS & CL Waivers Only)		☐ Community-Based Crisis Supports	☐ Consu	☐ Consumer-Directed Services Facilitation (FIS & CL Only)		
☐ Private Duty Nursing (FIS & CL Waivers Only)		☐ Center-Based Crisis Supports	☐ Perso	☐ Personal Assistance Services (FIS & CL Waivers Only)		
☐ Therapeutic Consultation (FIS & CL Waivers Only)		☐ Crisis Support Services	☐ Respit	☐ Respite (FIS & CL Waivers Only)		
☐ Personal Emergency Response System (PERS)			☐ Comp	☐ 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	or visit https://network/ to co services. If you have que	tract VCU's Center for Family Involvement at (877)://centerforfamilyinvolvement.vcu.edu/family-to-jconnect with individuals and families who have we truestions about Peer Mentoring contact: The Arc 68481 thearcofva.org		willy_ Licensing and the My Life My Community website http://www.dbhds.virginia.qov/quality- management/Licensed-Provider-Location-Search		
3. List multiple providers		n if applicable and indicate option sele				

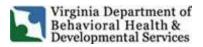
List multiple providers in each section if applicable and indicate option selected In making a decision, I/we considered the following Options:

Options	Provider Agency, Location (City) and Bed Capacity	Option Selected	Reason(s) Selected/Denied (Be specific)
Support Coordination			

ndividual's Name:	Page 1 of 2	Informed Choice DMAS-460 rev. 6/17/20
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Virginia Department of
Behavioral Health & Developmental Services
Developmental Services

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Individual's Name: _

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List multiple providers in each section if applicable and indicate optionselected 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)	
I may contact my Support	Coordinator/Case Manager (SC/CM) to seek assista	nce with resolving pro	vider-related issues. I have the	
	ers, including my SC/CM. I have the right to a fair he			
	based on my income. If I chose Consumer-Directed	The state of the s		
	e are services in the BI/FIS/CL Waivers that require a ment of my Person-Centered Individual Support Pla		s a lapse in services. I will actively	
	,	in.		
My SC/CM discussed the	above information with me.			
Individual Signature/Date	SDM Signature (if applicable)/Date	SC/CM Signature/Date		
marvidudi Signature/ Date	SDM Signature (ii applicable)/ Date	Se, civi signature, bute		
	eferral 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				
□ Nowing to a nursing nome of ref				
Training Center:				
☐ Moving to a nursing home, ICF/ID or group home with five or more individuals				
\square 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 				
 ☐ Hash t moved within three months of selecting a provider ☐ Recommendation to remain in a Training Center 				
_ Accommendation to re	a in a reasoning octrice			

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