

- 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: 6/17/2020 Individual's Name: Sam Smith Substitute Decision Maker: N/A **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 type="checkbox"/>	Additional Options	N/A <input type="checkbox"/>
<input checked="" type="checkbox"/> Independent Living Supports (BI Waiver Only)		<input checked="" type="checkbox"/> Individual Supported Employment		<input type="checkbox"/> Peer Mentoring	<input type="checkbox"/> Community Guide
<input checked="" type="checkbox"/> Shared Living	<input checked="" type="checkbox"/> Check Box for each service discussed	<input checked="" type="checkbox"/> Group Supported Employment		<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Benefits Planning
<input checked="" type="checkbox"/> Supported Living		<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 checked="" 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 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 checked="" 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](http://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)
<b>Support Coordination</b>	Virginia CSB	Sally Coordinator, VACSB	Individual choice due to location
Sponsored Home	The Sponsor Agency- Richmond, VA (2) Sponsors for You- Chesterfield, VA (1) Dedicated Sponsors- Henrico, VA (1)	None	Sam preferred more peers and a home closer to his family
Group Home Residential 5 or more beds	Homes for You- Chesterfield, VA (5) Dedicated Homes- Henrico, VA (6)	Dedicated Homes	Home was located closest to family
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 Services	Services In-Home- Henrico, VA Support Options- Henrico, VA	Support Options	Individual choice <b>Type in name of unlisted service in "other" text boxes</b>
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:**

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

Center: Select one