

**WEST VIRGINIA CHILDREN WITH SERIOUS EMOTIONAL DISORDER (CSED) WAIVER
FREEDOM OF CHOICE**

(Completed annually and as chosen by person who receives services.)

Demo	Person Who Receives Services		Birthdate	
	Address		Phone	
Home/Community-Based or PRTF Level of Care Choice	<p>If you qualify for the level of care provided in a Psychiatric Residential Treatment Facility (PRTF). You have the right to choose between receiving service/support in an PRTF or your home and/or community. The West Virginia CSED Waiver Program provides services/supports in your home and community. Please initial your choice for services/supports:</p> <p>_____ I choose to receive support in my home and community through the WV CSED Waiver Program. (Initial)</p> <p>I understand that I have the following rights:</p> <ul style="list-style-type: none"> • The right to choose among qualified providers, • The right to choose a different provider if I prefer, • The right to a fair hearing through the Bureau for Medical Services if I am not given choice. <p>_____ I choose to receive support in an PRTF. (Initial)</p>			
	<p>You have the right to choose among qualified providers in your area.</p> <p>_____ All enrolled providers in my catchment area have been discussed with me. Further, I understand that (Initial) I may choose any qualified provider in my area for each of my services.</p> <p>The agency that I choose to provide my Independent Wraparound Facilitation Agency is:</p> <hr/> <p align="center">The agency that I choose to provide all other CSEDW Services is:</p>			
Agency Choice				

Signature of Person Who Receives Services and Date

Legal Representative Name, Signature and Date

KEPRO Representative Name, Signature and Date

WF Agency Representative Name, Signature and Date

Copy to: WVCSEDW@kepro.com
ABHWVCSED@AETNA.COM