



West Virginia (WV) Children with Serious Emotional Disorders (CSED) Waiver Freedom of Choice Form

Completed annually or as chosen by the child/adolescent receiving services.

Member Information

First Name, MI, Last Name			
Phone Number		Date of Birth	
Street Address (City, State, Zip Code) <small>*Proof of residency must be attached</small>			

Home and Community Based (HCBS), Assertive Community Treatment (ACT), or Psychiatric Residential Treatment Facility (PRTF) Level of Care Choice

If you qualify for the level of care provided in a PRTF, you have the right to choose between receiving services/supports in a 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:

Initial	I choose to receive support in my home and community through the WV CSED Waiver Program. I understand that I have the following rights: <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 a choice.
Initial	I choose to receive support in an ACT program. (Only if criteria are met).
Initial	I choose to receive support in a PRTF and not in my home and community.
Initial	I choose to not participate at this time and acknowledge I can reapply at any time. I understand that I meet HCBS criteria,

Agency Choice

You have the right to choose from among qualified providers in your area.

	All enrolled providers in my catchment area have been discussed with me. I understand that I may choose any qualified provider in my area for each of my services.		
Initial	The agency that I choose to provide my Wraparound Facilitator is:		
	The First Available	Other	
Initial	The agency that I choose to provide all other CSEDW Services is:		
	The First Available	Other	

Signature of Participant	Date	Legal Representative Signature	Date
Acentra or Aetna Representative Name	Date	WF Agency Representative Name	Date