

**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, ACT 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>			
	_____ (Initial)	<p>I choose to receive support in my home and community through the WV CSED Waiver Program.</p>		
	_____ (Initial)	<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. 		
	_____ (Initial)	<p>I choose to receive support in an Assertive Community Action program. (Only if criteria is met)</p>		
Agency Choice	_____ (Initial)	<p>I choose to receive support in a PRTF and not in my home and community.</p>		
	<p>You have the right to choose among qualified providers in your area.</p>			
	_____ (Initial)	<p>All enrolled providers in my catchment area have been discussed with me. Further, I understand that I may choose any qualified provider in my area for each of my services.</p> <p>The agency that I choose to provide my Wraparound Facilitation is: ___ first available or :</p>		
<p>The agency that I choose to provide all other CSEDW Services is: _____ first available or:</p>				

Signature of Person Who Receives Services and Date

Legal Representative Name, Signature and Date

KEPRO or Aetna Representative Name, Signature and Date

WF Agency Representative Name, Signature and Date