

**WEST VIRGINIA I/DD WAIVER  
FREEDOM OF CHOICE**

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

|   |  |  |                  |  |
|---|--|--|------------------|--|
| <b>Demo</b>                                   | <b>Person Who Receives Services</b>  |  | <b>Birthdate</b> |  |
|   | <b>Address</b>   |  | <b>Phone</b>     |  |
| <b>Home/Community-Based or ICF/IID Choice</b> | <p><b>If you qualify for the level of care provided in an Intermediate Care Facility for Persons with Intellectual/Developmental Disabilities (ICF/IID) you have the right to choose between receiving service/support in an ICF/IID or your home and/or community. The West Virginia I/DD Waiver Program provides services/supports in your home/community. Please initial your choice for services/supports:</b></p> <p>_____ <b>I choose to receive support in my home and community through the WV I/DD Waiver Program.</b><br/>(Initial) <b>I understand my services must be within my assigned Individualized Waiver budget and that I have the following rights:</b></p> <ul style="list-style-type: none"> <li>• The right to choose among qualified providers,</li> <li>• The right to choose a different provider if I prefer,</li> <li>• The right to a fair hearing through the Bureau for Medical Services if I am not given choice.</li> </ul> <p>_____ <b>I choose to receive support in an ICF/IID.</b><br/>(Initial)</p>  |  |                  |  |
| <b>Agency/Service Choice</b>                  | <p><b>You have the right to choose among qualified providers in your area. Your selected agencies must also inform you, at least annually, of the services and supports that are available to you via the IDD Waiver Program.</b></p> <p>_____ All enrolled providers in my catchment area have been discussed with me via a review of the Provider<br/>(Initial) Reference Guide or other means. Further, I understand that I may choose any qualified provider in my area for each of my services, and may change my selection(s) any time.</p> <p align="center"><b>The agency that I choose to provide my Case Management is:</b></p> <hr/> <p align="center"><b>The agency that I choose to provide my Residential Services is:</b></p> <hr/> <p align="center"><b>The agency that I choose to provide my Day Services is:</b></p> <hr/> <p>_____ My providers have informed me of the services and supports that are available to me.<br/>(Initial)</p>  |  |                  |  |
| <b>Service Delivery Model Choice</b>          | <p><b>West Virginia has two service delivery model options available for the delivery of services: Traditional Options and Traditional with Personal Options.</b> The following services may be participant-directed: Person-Centered Support, Unlicensed Residential Person-Centered Support, Goods and Services, Environmental Accessibility Adaptations, In-Home Respite, Out-of-Home Respite, Transportation, and Extended Professional Services. Personal Options allows you to determine the level of budget and employer authority you wish to exercise. You may choose to receive your services through the Traditional Option or through a combination of Traditional and Participant-Directed Option.</p> <p>_____ <b>These options have been discussed with me and I understand that all other I/DD Waiver services must be delivered through Traditional Options.</b><br/>(Initial)</p> <p><b>I choose to receive supports through the following service delivery model (select only one):</b></p> <p>_____ <b>Traditional:</b> Traditional Services are provided through an agency (The Agency employs/manages my<br/>(Initial) support staff).</p> <p>_____ <b>Traditional &amp; Personal Options:</b> I (or my representative) am responsible for managing/employing<br/>(Initial) my Personal Option support staff. My Traditional service provider(s) will be responsible for employing/managing my Traditional Options support staff.</p> <p>_____ <b>I am unable to choose at this time.</b> I understand that I will continue to receive services through<br/>(Initial) my current service delivery model.</p> <p>_____ <b>Anticipated Effective Date of Chosen Service Delivery Model</b> (date of new selection)</p> <p>*I may make this decision at any time and will notify my Case Manager if I wish to access a different model.</p> |  |                  |  |

\_\_\_\_\_  
Signature of Person Who Receives Services and Date

\_\_\_\_\_  
Legal Representative Name, Signature and Date

\_\_\_\_\_  
KEPRO Representative Name, Signature and Date

\_\_\_\_\_  
CM Agency Representative Name, Signature and Date