

VIRGINIA HOME AND COMMUNITY BASED WAIVER CHOICE OF PROVIDERS

Individual: _____

Medicaid #: _____

Choice must be documented when MR/ID or DS Waiver services are initiated, when there is a request for a change in provider(s), when additional services are initiated, or when the individual is dissatisfied with the current provider.

DBHDS licensed providers can be found at <http://www.dbhds.virginia.gov/LPSS/LPSS.aspx>. The CSB will also have on file a listing of Medicaid enrolled providers who have notified them of their approval to provide services.

SELECTED PROVIDER NAME

TYPE OF WAIVER SERVICE

SELECTED PROVIDER NAME	TYPE OF WAIVER SERVICE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have been provided information and assistance (e.g., scheduling visits or interviews) on identifying available providers and have freely chosen providers under the

MR/ID Waiver

Day Support Waiver

I have selected the above provider(s).

I am aware of the fact that I may contact my case manager/support coordinator at any point in the future to seek assistance with resolving provider-related issues. If, after meeting with my provider, these issues cannot be resolved, I have the option of changing Waiver providers.

Individual Signature & Date

Case Manager/Support Coordinator Signature & Date

Legal Guardian/Authorized Representative Signature & Date