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

**FREEDOM OF CHOICE**

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

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| --- | --- | --- | --- | --- |
| Demo | **Person Who Receives Services** |  | **Birthdate** |  |
| **Address** |  | **Phone** |  |
| Home/Community-Based or PRTF Level of Care Choice | **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:**        **I choose to receive support in my home and community through the WV CSED Waiver Program.**  (Initial) **I understand that I have the following rights:**   * 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.         **I choose to receive support in an PRTF.**  (Initial) | | | |
| Agency Choice | **You have the right to choose among qualified providers in your area**.          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.  **The agency that I choose to provide my Independent Case Management is:**  **The agency that I choose to provide all other CSEDW Services is:** | | | |

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Signature of Person Who Receives Services and Date Legal Representative Name, Signature and Date

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KEPRO Representative Name, Signature and Date CM Agency Representative Name, Signature and Date

Copy to: [WVCSEDW@kepro.com](mailto:WVCSEDW@kepro.com)

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