

**Instructions on how to complete and submit the West Virginia CSED Waiver Freedom of Choice Form.**

The Freedom of Choice Form is completed annually.

**Section 1 - Demo Section:**

In the Demo section complete the following demographic fields for the person who receives services:

- Person Who Receives Services = name of person receiving the services
- Address of person
- Their birthday and phone number

Demo	Person Who Receives Services		Birthdate	
	Address		Phone	

**Section 2 - Home/Community-Based or PRTF Level of Care Choice section:**

You have a choice to receive support and therapy services within your home through the CSED waiver **or** in an inpatient facility.

- Initial the first box if you have chosen to have CSED services in your home through the waiver program.
- Initial the second box if you chose to receive services as an inpatient in a facility.

**Please note this selection mean you are declining services in your home.**

Home/Community-Based or PRTF Level of Care Choice	<p>If you qualify for the right to choose Virginia CSED Waiver services/supports:</p> <p><input type="checkbox"/> I choose to receive services in my home and community through the WV CSED Waiver Program.</p> <p><input type="checkbox"/> I understand that I am declining services in my home and community through the WV CSED Waiver Program. This section means you are declining services in your home.</p> <p><input type="checkbox"/> I choose to receive support in an PRTF.</p>	<p>provided in a Psychiatric Residential Treatment Facility (PRTF). You have the right to choose service/support in an PRTF or your home and/or community. The West Virginia CSED Waiver provides services/supports in your home and community. Please initial your choice for services/supports:</p> <p>Initial this box if you have chosen to have CSED services in your home.</p> <p>Initial this box if you choose to receive services as an inpatient in a facility. This section means you are declining services in your home.</p>
	<p>following rights:</p> <ul style="list-style-type: none"> <li>• long qualified providers,</li> <li>• different provider if I prefer,</li> </ul> <p>the right to a fair hearing through the Bureau for Medical Services if I am not given choice.</p>	

**Section 3 - Agency Choice**

If you are choosing to have CSED services in your home, please choose two **different** agencies to provide services. The first line is for the agency that will provide wrap facilitation services. This will

be the agency that will setup meetings and do weekly check ins to help with needs and resources. The second line is for the agency that will provide therapy services and supports.

You have been given a list of agencies in your area that details the services provided and their contact information should you have any questions related to their services.

- Initial the box stating you’ve been given agency choices.
- Write in the agency you choose for wrap facilitation on line 1.
- Write in the agency you choose to provide therapy/supports on line 2.

The form section is titled "Agency Choice" on the left side. It contains the following text: "You have [initial] to choose among qualified providers in your area." Below this is a line for initials: "[Initial] All enrolled providers in my catchment area have been discussed with me. Full [initial] that I may choose any qualified provider in my area for each of my services." A callout box points to the "initial" text with the instruction "complete the information below." Below the text are two large blue input boxes. The first is labeled "The agency that I choose to provide my Independent Wraparound Facilitation Agency is:" and the second is labeled "The agency that I choose to provide all other CSEDW Services is:".

**Section 4 - Signature:**

- Please sign on the line stating Legal Representative and mark the date.

The signature section contains four lines for signatures and dates. The first line is "Signature of Person Who Received Services and Date". The second line is "Legal Representative Name, Signature and Date". The third line is "KEPRO Representative Name, Signature and Date". The fourth line is "WF Agency Representative Name, Signature and Date". A callout box points to the "Legal Representative Name, Signature and Date" line with the instruction "Sign and date The form can be electronically signed and submitted."

**Submitting the form:**

After the form is filled out, please return to Aetna at the following physical address or email.

You can electronically submit the form or print and,

Mail to: Aetna- 500 Virginia Street East,  
Suite 400, Charleston, WV 25301

Email to: [ABHWVCSED@Aetna.com](mailto:ABHWVCSED@Aetna.com)



## Aetna Better Health® of West Virginia

### Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
4500 East Cotton Center Boulevard  
Phoenix, AZ 85040

Telephone: **1-888-234-7358 (TTY 711)**

Email: [MedicaidCRCoordinator@aetna.com](mailto:MedicaidCRCoordinator@aetna.com)

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Aetna Better Health<sup>®</sup>  
of West Virginia

## Multi-language Interpreter Services

**ENGLISH:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

**SPANISH:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

**CHINESE:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

**FRENCH:** ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : **711**).

**GERMAN:** ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

### ARABIC:

ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **711**).

**VIETNAMESE:** CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

**JAPANESE:** 注意事項: 日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または **1-800-385-4104** (TTY: **711**) までご連絡ください。

**TAGALOG:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

**ITALIAN:** ATTENZIONE: Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: **711**).



Aetna Better Health®  
of West Virginia

**THAI:** ข้อควรระวัง: ถ้าคุณพูดภาษาไทย  
คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี  
โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข **1-800-385-4104** (TTY: **711**).

**NEPALI:** ध्यान दिनुहोस्: ुदि तपयाई नेपाली भाषाको लनुहुन्छ भने  
तपयाईकया लागि गनःशुलक रूपमया भाषया सहायातया  
सेवयाहरू उपलब्ध ुछन्। तपयाईको आइडी कयाडको  
पुछयागड रहको नमबर वया **1-800-385-4104** (TTY: **711**) मया  
फोन  
िनुडहोस्।

**PERSIAN:**

اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته  
باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

**RUSSIAN:** ВНИМАНИЕ: если вы говорите на русском языке, вам могут  
предоставить бесплатные услуги перевода. Позвоните по номеру,  
указанному на обратной стороне вашей идентификационной карточки,  
или по номеру **1-800-385-4104** (TTY: **711**).

**URDU:**

توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب  
ہیں۔ اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

Aetna complies with applicable Federal civil rights laws and does not discriminate on  
the basis of race, color, national origin, age, disability, or sex.

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asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de  
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的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

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

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

Demo	<b>Person Who Receives Services</b>		<b>Birthdate</b>	
	<b>Address</b>		<b>Phone</b>	
Home/Community-Based or PRTF Level of Care Choice	<p><b>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:</b></p> <p>_____ <b>I choose to receive support in my home and community through the WV CSED Waiver Program.</b> (Initial)</p> <p><b>I understand 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 PRTF.</b> (Initial)</p>			
	Agency Choice	<p><b>You have the right to choose among qualified providers in your area.</b></p> <p>_____ 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.</p> <p><b>The agency that I choose to provide my Independent Wraparound Facilitation Agency is:</b></p> <hr/> <p align="center"><b>The agency that I choose to provide all other CSEDW Services is:</b></p>		

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

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

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

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

Submit to: [ABHWVCSED@AETNA.COM](mailto:ABHWVCSED@AETNA.COM)  
or mail to: 500 Virginia St. East Charleston, WV 25301