

Initial Applicant Interview and Acknowledgement

Home And Community Based Services Medicaid Waiver
Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)

Referral # _____

NHTD Waiver

Applicant Name _____

Date of Interview _____

TBI Waiver

CIN _____

Regional Resource Development Specialist (RRDS) _____

The following has been provided to me and/or my legal guardian:

1. The philosophy and mission of the Home and Community Based Medicaid Services(HCBS) provided by the Nursing Home Transition and Diversion Waiver or the Traumatic Brain Injury Waiver.
2. Information about HCBS waivers and other Medicaid services to support people in the community and my right to choose whether or not to apply at this time.
3. The Nursing Home Transition and Diversion Medicaid Waiver Initiative or the Traumatic Brain Injury Waiver Initiative document have been provided, explained and reviewed.
4. The steps necessary to complete the application process including the roles and responsibilities of the participant, the Regional Resource Development Specialist, the Quality Management Specialist or Clinical Consultant, Service Coordinator and Service Providers.
5. The process of interviewing and choosing an approved Service Coordination agency and Provider agencies of my choice.
6. The process of changing waiver service providers at any time once I am approved as a participant in this waiver.
7. The process for the development and implementation of the Service Plan, the Revised Service Plan and subsequent addenda, change of providers and revisions, that will provide services to support me in the community if I am approved as a participant.
8. The process of receiving Notices of Decision forms including requesting an Informal Conference and /or a Fair Hearing.

Applicant and/or Legal Guardian or Authorized Representative (as applicable) Signature _____

Date _____

Regional Resource Development Specialist (RRDS) Signature _____

Date _____