

Application for Participation, Initial Interview and Acknowledgement

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

NHTD TBI

Applicant Name _____ CIN _____ Date of Birth _____

Current Residence _____

Telephone _____ Date of Interview _____ Not enrolled in Medicaid Medicaid application is pending

I am requesting participation in a Home and Community Based Services Medicaid Waiver.
I understand that approval to participate in the waiver is based on documentation of the following:

- Nursing home level of care
- Eligibility and authorization for Medicaid coverage of Community Based Long Term Care Services
- Being able to live in the community with the needed assistance of available informal supports; or non Medicaid supports; or Medicaid State Plan Services; and at least one waiver service(s)
- Age of at least eighteen (18) years at the time of approval for the waiver

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 and 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 steps necessary to complete the application process including the roles and responsibilities of the participant, the Regional Resource Development Specialist, Service Coordinator and Service Providers.
4. The process of interviewing and choosing an approved Service Coordination agency and Provider agencies of my choice.
5. The process of changing waiver service providers at any time once I am approved as a participant in this waiver.
6. The process for the development and implementation of the Service Plan, the Revised Service Plan and subsequent addendums, change of providers and revisions, that will provide services to support me in the community if I am approved as a participant.
7. The process of receiving Notices of Decision forms including requesting an Informal Conference and/or a Fair Hearing.

Applicant Signature _____ Date _____

Legal Guardian Name (as applicable) _____ Signature _____ Date _____

Authorized Representative Name (as applicable) _____ Signature _____ Date _____

Regional Resource Development Specialist Name _____ Signature _____ Date _____

Dear Nursing Home Transition and Diversion (NHTD) waiver applicant/participant,

The following information is provided to tell you about the NHTD waiver complaint process. Please review this information with your Service Coordinator.

When to Make a Complaint:

- If you have any complaints about a specific service provider
- If you have any complaints about a waiver service you are or are not receiving
- If you have any complaints about a waiver service staff
- If you have any complaints regarding your Regional Resource Development Center (RRDC)
- If you have any concerns about your person-centered plan, provider selection and/or freedom of choice

Who to Contact:

- You may provide a **written, phone or in-person complaint** to any NHTD waiver program staff.

If you want to file a complaint **about a service provider, staff person and/or your waiver services:**

- Identify your RRDC from the NHTD Complaint Contact Sheet and call the number provided. The number should be posted in your home along with other important contact information.
- If you require an accommodation due to a hearing loss, please call your RRDC using the listed TTY number under each RRDC, or call the NYS TTY Relay Service at **711** or **1-800-662-1220**, and an operator will assist you in contacting the RRDC or New York State Department of Health (NYSDOH) NHTD Waiver staff.
 - Some regions have Video Relay and those numbers are also listed on the NHTD Complaint Contact Sheet.
- The RRDC will review and/or investigate all complaints received.
- The NHTD Complaint Contact Sheet also contains the mailing address of each of the RRDCs in New York should you choose to send a written complaint via mail. Identify your RRDC from the NHTD Complaint Contact Sheet and address the letter to the address provided.

If you want to file a complaint **about the RRDC and/or other Medicaid waiver services:**

- You may contact NYSDOH at **518-474-5271** to report your issue to NHTD waiver staff or via email or letter at:

NHTD Email: nhtdwaiver@health.ny.gov
Address: **New York State Department of Health
Office of Health Insurance Programs
NHTD Waiver Program
Commerce Plaza Room 1620
Albany, NY 12210**

- If you are unable to make a call to the NYSDOH phone line because it is a long- distance call, you may call the RRDC or your Service Coordinator and they will contact NYSDOH on your behalf.

Remember! You can always seek the assistance of a service provider, specific staff person, service coordinator, informal support, or family member when filing a complaint.

What happens next?

- Your complaint will be reviewed and/or investigated by the RRDC.
- Upon making your complaint you will be contacted within 2 days to notify you that the RRDC/NYSDOH has received your complaint and a review is initiated.
- The RRDC will contact you to discuss the findings and outcome of the complaint. You will receive a letter confirming the date and issues discussed in this conversation.
- Once the investigation or review is completed, you will be notified via mail that the investigation findings are either “substantiated,” “unsubstantiated,” or “inconclusive.” This letter will advise you of any remedial action.
- If your complaint results in revisions to your Service Plan, your RRDC and Service Coordinator will make sure these changes are implemented in a timely manner by your waiver providers.

Special Considerations:

- If the RRDC determines that your complaint is a Serious Reportable Incident (SRI), then it will be investigated as an SRI. The RRDC will assign the SRI to an investigating agency (such as your Service Coordination agency) within 48 hours to review the incident. An initial report will be received by the RRDC within 7 days and they will send you a letter letting you know that your complaint, turned SRI, is being investigated as an SRI.

Important Information to Note:

- Filing a grievance or complaint is not required nor does it substitute for a Conference or Fair Hearing.
- If you file a complaint, you will not be jeopardizing the services in your current Service Plan; however, changes may be made to your Service Plan in order to ensure you are receiving the appropriate services for your needs.
- All complaints are reported to NYSDOH and the review outcome(s) is tracked.
- All investigations are confidential and are not distributed. Copies of investigations are not provided, but you may request a summary of the investigation process and findings.

Nursing Home Transition and Diversion Program Complaint Process

Do you have a complaint about the Nursing Home Transition and Diversion (NHTD) 1915(c) Medicaid Waiver Program?

There are a number of ways in which you may file a complaint or seek information about waiver services. These methods include, but are not limited to: phone call, email, letter, or face to face/in person contact. Each Regional Resource Development Center (RRDC) maintains a designated phone line to accept inquiries or complaints on behalf of NHTD Medicaid waiver applicants/participants. To file a complaint or request information, call the specific RRDC complaint number noted in the contact list below. If you require an accommodation due to a hearing loss, you may use the TTY numbers listed for each region or call the New York State TTY Relay Service at 711 or 1-800-662- 1220, and an operator will assist you in contacting the RRDC or New York State Department of Health (NYSDOH).

If you do not want to make a phone call, you may also provide a written complaint via letter or email to any staff person associated with the NHTD Waiver program.

You can always seek someone's assistance such as your Service Coordinator, service provider, informal support or family member when filing a complaint. Your concerns will remain confidential. Contact information is noted on the contact sheet.

If you have a complaint about the RRDC or a Medicaid service, you may contact NYSDOH directly. NHTD waiver staff will accept the complaint and initiate a review of the matter. For such complaints, please call NYSDOH at 518-474-5271. If you cannot make this call because it is a long-distance call, you may call your RRDC or your Service Coordinator and ask them to assist you. They will contact NYSDOH on your behalf.

Staff responsible for the complaint follow-up will contact the complainant within two business days to acknowledge receipt of the complaint and to advise that the matter is under review. Once a resolution is reached, the RRDC/NYSDOH will telephone the complainant to discuss the outcome of the investigation, pursuant to HIPAA confidentiality regulations, and will send a letter confirming the date of the call and provide a brief summary of the discussion.

Once the complaint investigation/review is completed, the complainant will be notified via mail that the investigation findings are either "substantiated", "unsubstantiated", or "inconclusive." This letter will also notify the complainant of any actions required to remedy the problem. Due to confidentiality requirements, copies of investigations are not distributed, but the complainant may request a summary of the investigation process and findings.

If the matter is determined by the RRDC to be a Serious Reportable Incident (SRI), the complaint will be reclassified as an SRI. The RRDC will send a letter to the complainant advising them of the reclassification of the complaint as an SRI. The protocol for SRIs will be implemented.

The RRDC will assign the investigation to the most appropriate organization to conduct the investigation, such as the Service Coordination agency or other service provider (ILST, CIC). The RRDC and NYSDOH have the discretion to assign the responsibility for an investigation to any organization associated with the applicant/participant or conduct its own investigation.

NYSDOH and the RRDC seek to address all applicant/participant concerns and issues in an impartial and timely manner.

NHTD Complaint Contact Numbers

<p>Adirondack 518-744-9395 TTY: 518-792-0505 Email: jenniferS@sailhelps.org Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren and Washington Counties</p>	<p>Southern Adirondack Independent Living (SAIL) 71 Glenwood Avenue Queensbury, NY 12804</p>
<p>Binghamton 833-289-1280 Video Relay: 607-724-2111 TTY: 711 Email: laurao@stic-cil.org Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Otsego, Steuben, Schuyler, Tioga and Tompkins Counties</p>	<p>Southern Tier Independence Center (STIC)ss 135 East Frederick St. Binghamton, NY 13904</p>
<p>Buffalo 716-408-3112 TTY: 711 Email: nhtdwaiver@headwayofwny.org Cattaraugus, Chautauqua, Erie, Niagara, Orleans and Wyoming Counties</p>	<p>Headway of Western New York, Inc. 2635 Delaware Avenue Suite E Buffalo, NY 14216</p>
<p>Capital Region 518-386-3570 TTY: 711 Email: wendy.tracy@sphp.com Albany, Columbia, Greene, Rensselaer, Schenectady and Schoharie Counties</p>	<p>Sunnyview Rehabilitation Hospital 1270 Belmont Avenue Schenectady, NY 12308</p>
<p>Long Island 631-846-3940 TTY: 711 Email: balbano@siloinc.org Nassau and Suffolk Counties</p>	<p>Self Initiated Living Options (Suffolk Independent Living Organization: SILO) 755 Waverly Avenue Holtsville, New York 11742</p>
<p>Lower Hudson Valley 914-589-6080 Video Relay: 914-259-8036 TTY: 711 Email: ktorrisi@wilc.org Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties</p>	<p>Westchester Independent Living Center (WILC) 10 County Center Road, 2nd fl. White Plains, NY 10607</p>
<p>New York City 718-816-3555 TTY: 711 Email: mdattilo@wilc.org Bronx, Kings (Brooklyn), New York (Manhattan), Queens and Staten Island</p>	<p>Westchester Independent Living Center (WILC) 10 County Center Road, 2nd fl. White Plains, NY 10607</p>
<p>Rochester 585-368-3835 TTY: 711 Email: arlyne.euchi@rochesterregional.org Genesee, Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties</p>	<p>Rochester Regional Health Unity St. Mary's Campus 89 Genesee Street Rochester, NY 14611</p>
<p>Syracuse 315-671-4650 TTY: 315-479-6363 Email: bohara@ariseinc.org Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego and St.</p>	<p>ARISE, Inc. 635 James Street Syracuse, NY 13203</p>
<p>NYSDOH NHTD Program 518-474-5271 Email: nhtdwaiver@health.ny.gov</p>	<p>New York State Department of Health Office of Health Insurance Programs 1 Commerce Plaza Room 1620 Albany, NY 12210</p>