NEW YORK STATE DEPARTMENT OF HEALTH
Division of Long Term Care

Home and Community-based Services Medicaid Waiver
for Traumatic Brain Injury (TBI) and Nursing Home Transition and Diversion (NHTD)

Notification of Death of a Waiver Participant
to Local Department of Social Services

Name of Waiver Participant

Address

Client Identification Number (CIN)

Notice Date

This is to inform you that the individual name above is discontinued from the

☐ Nursing Home Transition and Diversion

☐ Traumatic Brain Injury

waiver due to the death of the waiver participant on _____ .
Date

Regional Resource Development Specialist (Print)

Regional Resource Development Specialist (Signature)

Name of Regional Resource Development Center (RRDC)

Address

Telephone

cc: Service Coordinator
NYS DOH NHTD and TBI Waiver Program
Social Services District with fiscal responsibility
Social Services District in county of residence (If different from county of fiscal responsibility)