

Environmental Modification (E-Mod) Description and Initial Cost Projection

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

Check one: NHTD TBI

Check one modification: Environmental Vehicle

Applicant/Participant _____ CIN _____

Address of Proposed E-Mod/Vehicle Mod _____

1. Describe the E-Mod/Vehicle Mod that is being requested.

2. Explain how the E-Mod/Vehicle Mod will help contribute toward the applicant/participant's health and welfare.

3. Attach all assessments and bids. Identify the selected bid.

NOTE: a. If this is a rental property, a signed authorization from the landlord must be attached.

b. Other potential payment sources for the identified Assistive Technology including private insurance, community resources and other State/federal programs must be explored before a request for payment will be considered.

Applicant/Participant Signature _____ Date _____

Legal Guardian/Representative (if applicable) _____ Signature _____ Date _____

E-Mod/Vehicle Mod Provider _____ Provider ID _____

Contact Person _____

E-mod/Vehicle Mod Contractor/Supplier _____ Telephone Number _____

Service Coordinator _____

To be completed by the Regional Resource Development Specialist

Approved Denied, Reason for denial _____

Regional Resource Development Specialist (RRDS) _____

RRDS Signature _____ Date _____

To be completed by DOH Waiver Staff

Approved Denied, Reason for denial _____

DOH Waiver Staff (if over \$15,000): _____

Signature _____ Date _____

NOTE: Cost projection form must be attached to the participant's Service Plan and/or Addendum