E-Mod Provider Contact

Agreement of Final Determination

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Nursing Home Transition and Diversion Waiver (NHTD)

	☐ Environmental Modification ☐ Vehicle Modification			
Partic	ipant:	CIN:		
ackno		vironmental modification (E-mod) or ve e final determination of the proposed r llowing provisions:		l
•		workmanlike manner, and all materials and/or suitable for the modification pu		
•		I building and zoning codes, be bondenge for the duration of the project.	ed, and maintain appropriate and	
•	result in a cost difference approval of the changes f	k are found necessary while completer from the original projected cost, the from the Regional Resource Development for such changes. This contempt approval.	his contractor <u>must</u> obtain opment Specialist before	
•	the: ☐ ACCES-VR approved	until the modification has been evaluated Certified Driver Rehabilitation Special Modification evaluation agency	·	у
Appro	oved Contractor	Authorized Signature	Date	
Addre	ess of Contractor		Telephone	
E-Mod	d Provider	Provider ID #	Telephone	

Authorized Signature

Date

Participant Name

Homeowner/Vehicle Owner (if other than participant)

Participant/Owner Agreement

I agree to the final determination of the proposed modification plans provided to me in writing by the contractor and the Environmental Modification provider.

I understand that I am responsible for the maintenance of and repairs to the environmental modification or vehicle modification.

I understand that I must retain a copy of any warranties and be familiar with their content.

I understand that I am responsible for upgrading my homeowner's and/or car owner's insurance to include the modification.

I understand that the New York State Department of Health is not (financially) responsible for contractor failure.

I understand that it is my responsibility to resolve any problems that might arise directly with the contractor.

Signature

Date

Date

Legal Guardian (if applicable)	Signature	Date
Authorized Representative Name (if applicable)	Signature	Date
Upon Completion of the Modification:		
I agree that the work has been satisfactorily	completed.	
Participant Name	Signature	Date

Signature