

ENVIRONMENTAL MODIFICATION (E-Mod) DESCRIPTION AND COST PROJECTION

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

Applicant/Participant

Address of Proposed E-Mod

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

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

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

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

Participant Signature: _____ Date: _____

E-Mod Provider: _____ Provider ID#: _____

Contact Person: _____

Signature: _____

Service Coordinator: _____

Signature: _____ Date: _____

Regional Resource Development Specialist (RRDS): _____

Signature: _____ Date: _____

Approved

Denied

Reason for denial: _____

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

Signature: _____ Date: _____