

**INITIAL APPLICANT INTERVIEW
AND ACKNOWLEDGEMENT**

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

Referral #

Applicant Name

Date of Interview

CIN

Regional Resource Development Specialist (RRDS)

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, the Quality Management Specialist or Clinical Consultant, 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 and/or Legal Guardian or Authorized Representative (as applicable) Signature

Date

Regional Resource Development Specialist (RRDS) Signature

Date