

**Home and Community Based Services Waiver
Nursing Home Transition and Diversion (NHTD) Waiver**

Letter of Introduction to Social Services District

Date: _____
LDSS Name: _____
Address: _____

Dear Social Services District:

This is to notify you that _____ is an applicant for the Home and Community Based Services Waiver for Nursing Home Transition and Diversion (HCBS/NHTD Waiver).

Participation in the NHTD Waiver is contingent, in part, upon the applicant being eligible for Medical Assistance (MA) and certified as disabled. In order to participate in the HCBS/NHTD Waiver, Medicaid eligibility must be determined for coverage of community-based long-term care services (which includes coverage for waiver services).

A Waiver participant is only required to provide documentation of his/her current resources. These individuals are not subject to a transfer of assets "look-back" period nor to a transfer penalty period. This applicant has not yet been determined to be MA eligible and/or certified as disabled. Please (check all that apply):

- Determine MA eligibility for this applicant and send us a copy of your decision.
- Determine MA eligibility for this applicant and the applicant's family and send us a copy of your decision. Spousal budgeting rules may be used.
- Determine disability for this applicant and send us a copy of your decision.

A prompt response to this request would be appreciated. If you have any questions about the applicant, you may call _____ at _____.

Thank you for your cooperation.

Sincerely,

(Signature)

(Title)

(Telephone)