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: ________