

OTHER ELIGIBILITY REQUIREMENTS**WAIVERS****NURSING HOME TRANSITION AND DIVERSION WAIVER**

Description: Section 366 (6-a) of the Social Services Law authorizes the Nursing Home Transition and Diversion Waiver (NHTD). The NHTD waiver is overseen on a daily basis by 9 Regional Resource Development Centers (RRDCs) under contract with the New York State Department of Health.

The NHTD is a 1915 (c) Medicaid Home and Community Based Services Waiver (HCBS) authorized by the federal government. This waiver provides a community based alternative for providing care to seniors and persons with physical disabilities who are at least 18 years of age and require nursing home level of care. The waiver allows individuals to access Medicaid for medically necessary State Plan services as well as NHTD waiver services.

Policy: An individual participating in the NHTD waiver must be:

- Assessed to be eligible for nursing home level of care, using the Patient Review Instrument (PRI) (DOH-694) and SCREEN (DOH-695), which must be performed by a certified assessor who can conduct a PRI/SCREEN;
- In receipt of Medicaid coverage for Community Based Long Term Care services OR Outpatient Coverage for Community-Based Long Term Care;
- Capable of living in the community with the assistance of available informal supports, Medicaid State Plan services and one or more waiver service;
- At least eighteen years of age with a physical disability or aged 65 and older; and
- Part of an aggregate group that can be cared for at less cost in the community than in a nursing home.

An individual cannot be enrolled in the NHTD waiver and any of the other HCBS waivers at the same time (i.e. the Long Term Home Health Care Program waiver, the Traumatic Brain Injury waiver, and the Office of Mental Retardation and Developmental Disabilities HCBS waiver). Nor can an individual be enrolled in NHTD and Program of All Inclusive Care of the Elderly (PACE). If an individual is determined to be eligible for more than one waiver, a choice between the NHTD waiver and other HCBS waivers must be made by the applicant and/or legal guardian.

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Due to the many roles the LDSS has in the NHTD waiver, it is important for all staff in the LDSS to be aware of the NHTD program. The Regional Resource Development Specialist (RRDS) and Service Coordinator must collaborate with LDSS staff to have an understanding of the applicant's history, if any, of participation in Medicaid State Plan community-based services or adult protective services. This collaboration furthers the RRDS and Service Coordinator's understanding of the strengths and needs of the applicant, as well as the availability of informal and formal supports. This knowledge and understanding will enhance the development of the waiver Service Plan and support the applicant's health and welfare if s/he is approved for the NHTD waiver.

The LDSS and/or State DOH retain responsibility for all prior authorizations/approvals of Medicaid State Plan services such as the Personal Care Services Program (PCSP), the Consumer Directed Personal Assistance Program (CDPAP), Personal Emergency Response Services (PERS) or private duty nursing (PDN). It is anticipated the RRDS/Service Coordinator will be in contact with LDSS home care staff when applicants require referrals for assessment and authorization of these services. LDSS home care staff may be asked to participate in team meetings, convened by waiver Service Coordinators, related to development or reassessment of the participant's waiver Service Plan.

In addition, the LDSS is responsible for determining financial eligibility for NHTD A/Rs.

References:

SSL SECT. 366 (6-a)

ADMs 08 OLTC-1

GISs 08 OLTC-03

Interpretation: Individuals interested in participating in the NHTD waiver will be applying for Medicaid coverage for Community-Based Long-Term Care. The RRDS will send a Letter of Introduction to the LDSS for such individuals and will also give a copy of the letter to the individual to bring with him/her when he/she meets with the LDSS to file the application. The LDSS will determine financial eligibility and return the letter, along with the appropriate form(s) and notices, to the applicant and RRDS.

Individuals who request Medicaid coverage of NHTD waiver services must provide proof of current income and resources and be otherwise eligible for Medicaid. See **INCOME PERSONS IN MEDICAL FACILITIES**

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BUDGETING FOR INSTITUTIONALIZED SPOUSES IN SPECIFIED HOME AND COMMUNITY BASED WAIVERS (HCBS) and **INCOME** SSI-RELATED BUDGETING METHODOLOGY and **RESOURCES** PERSONS IN MEDICAL FACILITIES BUDGETING FOR INSTITUTIONALIZED SPOUSES IN HOME AND COMMUNITY BASED WAIVERS (HCBS).