OFFICE OF LONG TERM CARE

Traumatic Brain Injury Initiatives

Home and Community-Based Services

NEW YORK STATE DEPARTMENT OF HEALTH

Medicaid Waiver for Individuals with

Traumatic Brain Injury

Appendices

July 31, 2009

NOTE: Full implementation of the Program Manual and all TBI waiver forms is required by OCTOBER 1, 2009.
Appendices for TBI Program Manual
Provider Forms
July 2009

Appendix A – Provider Forms for Enrollment
A-1.1 Provider Agreement – Revised June 2008
A-1.2 E-MedNY Enrollment for Providers – available through RRDS
A-1.3 Disclosure of Ownership and Control – available through RRDS
A-1.4 Employee Verification of Qualifications
A-1.5 OHSM Provider Survey Instrument (12/2008)
A-1.6 Employee Training (Documentation)

Appendix B – Regional Resource Development specialist (RRDS)
Participant Interview
B-1.1 Applicant Interview Acknowledgement
B-1.2 Application for Participation
B-1.3 Freedom of Choice
B-1.4 Service Coordinator Selection
B-1.5 Provider Selection form (NEW)

Appendix C – Service Plan Forms
Initial Service Plan
C-1.1 Application Packet (List of contents)
C-1.2 Initial Service Plan
C-1.3 Plan of Protective Oversight (PPO)
C-1.4 PRI (dated 12/05) and SCREEN (dated 04/04)
C 1.4(a) PRI and SCREEN Corrections and Instructions
C-1.5 Waiver Services Contact List
C-1.6 Waiver Participant Rights and Responsibilities (June 2008)

Emods, Assistive Technology, Community Transition Services
C-2.1 Environmental Modification (E-Mod) Project Description and Cost Projection
C-2.2 Waiver Services Final Cost (NEW)
C-2.3 Vehicle Identification and Information (not available)
C-2.4 Assistive Technology (AT) - Project Description and Cost Projection
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C-2.5 Assistive Technology Final Cost - *Discontinued* -use C 2.2
C-2.6 Community Transition Service (CTS) Project Description and Cost Projection
C-2.7 Community Transition Services Final Cost -*Discontinued* - use C 2.2

Revised Service Plans
C-4.1 Revised Service Plan (NEW March 2009)
C-4.2 Individual Service Report (ISR)
C-4.3 Addendum
C-4.4 Change of Provider Request
C-4.5 Change of Service Coordinator Request (NEW)
C-4.6 Team Meeting Summary (NEW)

Appendix D – Serious Reportable Incident (SRI) forms

D-1 SRI Provider Initial Report
D-2 SRI Provider 24 Hour Report
D-2 (a) SRI Service Coordination 24 Hour Notification
D-3 SRI Provider Follow-up Report(s)

Appendix E - Other Forms

E 1 Home Assessment Abstract - DSS- 3139
E 2 Home Assessment Abstract- Instructions