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OFFICE OF LONG TERM CARE

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**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

# **Appendices for TBI Program Manual Provider Forms July 2009**

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