NEW YORK STATE DEPARTMENT OF HEALTH
Office of Medicaid Management
Bureau of Long Term Care

REGIONAL RESOURCE DEVELOPMENT SPECIALIST (RRDS) APPROVAL of FINAL COST

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVERS

☐ Nursing Home Transition and Diversion (NHTD) **NOT YET AVAILABLE**

☐ Traumatic Brain Injury (TBI)

_____
Service Coordinator Date

The final cost for: (Check one)

☐ Environmental Modifications ☐ Assistive Technology ☐ Community Transition Services

☐ Moving Assistance (NHTD only)

submitted for _____
Applicant/Participant Medicaid #

has been reviewed and is:

☐ Approved for the amount of $_____

_____
RRDS Signature Date

_____