Application Packet

The initial Application Packet to become a waiver participant consists of several documents including but not limited to:

1. Initial Service Plan (ISP) (form C1.2) completed and signed by applicant, service coordinator, court appointed guardian (if applicable) and anyone designated by the applicant to participate in the development of the service;

2. PRI/SCREEN- completed within 90 calendar days prior to the effective date of the initial Notice of Decision/Authorization or notice date of the Notice of Denial of the Waiver. The PRI and SCREEN must be completed, signed and dated by a certified PRI screener using PRI form dated 12/05 and SCREEN form dated 04/04;

3. Medical documentation of Traumatic Brain Injury (TBI); Supporting documentation must be provided from a hospital, rehabilitation facility, neuropsychologist, neurologist or other qualified professional;

4. Current E-MedNY report documenting proof of Medicaid eligibility for community based long term care services;

5. Completed Application for Participation (form B1.2);

6. Completed Freedom of Choice (form B1.3);

7. Completed Service Coordinator Selection (form B1.4);

8. Completed Provider Selection form (form B1.5)

9. Signed and dated Waiver Participants Rights and Responsibilities (form C1.6 Revised June 2008);

10. Completed Plan of Protective Oversight (PPO) (form C 1.3);

11. Waiver Service Contact List (C1.5);

12. Application and assessments for Environmental Modifications (form C 2.1), Assistive Technology (form C 2.4) and Community Transition Services (form C 2.6) if appropriate;

13. Completed Home Assessment Abstract (form E1) if Home and Community Support Services (HCSS) are requested

14. Any additional documentation requested by the RRDS;

15. For individuals applying for assistance with a housing subsidy the appropriate paperwork must be completed and submitted.