Print Form

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

ENVIRONMENTAL MODIFICATIONS (E-Mods) FINAL COST

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVERS

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

☐ Traumatic Brain Injury (TBI)

Applicant/Participant Medicaid #

1. Original Projected Cost $ _____ Final Cost $_____

2. Describe the completed E-Mod.

3. Justify any difference between the projected and final costs.

I certify that the above E-Mod was provided in accordance with the specified contract and meets the New York State Uniform Fire Prevention and Building Code Act as well as all local building codes, if applicable.

E-Mod Provider Agency Provider Medicaid ID #

Provider Agency Address Telephone

Provider Contact Signature Date

I acknowledge that the E-Mod was provided in accordance with the Service Plan.

Service Coordinator Signature Date

NOTE: E-Mods must have final approval by the Regional Resource Development Specialist (RRDS) before billing may occur.