

Regional Resource Development Specialist (RRDS)
Final Cost for Environmental Modifications/vehicle Modifications
Home And Community Based Services Medicaid Waiver
Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)

Check one: NHTD TBI

Participant Name _____ CIN _____

Service Coordinator _____ Date _____

Please note this service is subject to service limits as designated in the 1915c Medicaid application approved by CMS.

Final cost for (Check one): Environmental Modifications Vehicle Modifications

Note: A final cost form must be completed for each phase of the project.

Initial payment: \$ _____ Mid-Project Payment: \$ _____ Final Payment: \$ _____

Description of work completed:

Date(s) of inspection: _____

Describe any changes between the initial and final project:

Explain any changes in costs between the initial and final payment requests:

Cc: Waiver Service Provider
Service Coordinator

I acknowledge that the above Service was provided in accordance with the Service request.

E-Mod/Vehicle Mod Provider	Signature	Date
Applicant/Participant	Signature	Date
Legal Guardian /Representative (if applicable)	Signature	Date
Service Coordinator	Signature	Date

- Approved
- Denied

Reason for denial:

RRDS	Signature	Date
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FOR DOH USE ONLY (to be completed only if DOH approval is required)

Note: DOH approval is required if the service exceeds the service cap.

- Approved for the amount of \$ _____
- Denied, reason for denial _____

DOH Staff	Signature	Date
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