NEW YORK STATE DEPARTMENT OF HEALTH
Division of Long Term Care

Change of Provider Request

Home And Community Based Services Medicaid Waiver
Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)

Check one: ☐ NHTD ☐ TBI

I, (Participant Name) ______________________________ (CIN) ______________
request to make the following change in waiver service provider agency and/or the agency staff currently providing this service to me.

I have been informed of my right to remain with this current waiver service provider agency or select a new agency from a list of all available Waiver Service Providers for this service.

Waiver Service	Current Provider Agency Name or Provider Agency Staff Name and Telephone	Requested Provider Agency Name or Provider Agency Staff Name and Telephone

Participant Signature ______________________________ Date ____________

Legal Guardian Signature (if applicable) ______________________________ Date ____________

Authorized Representative Signature (if applicable) ______________________________ Date ____________

NOTE: Service Coordinator must notify Current and Requested Provider of this Request.

Current Service Coordinator Signature ______________________________ Date ____________

Agency Name ______________________________

Transition Meeting to be held on (mm/dd/yyyy): ______________ at ________ AM/PM

To be completed by the Requested Provider:

____
Provider/Provider Agency

☐ **will provide** service(s) to the above named participant

☐ **will not provide** service(s) to the above named participant

Reason: ______________________________

____

______________________________ ____________
Provider Contact Signature/Title Date

To be completed by the the Regional Resource Development Specialist:

This request for change in waiver Provider and/or waiver Provider Agency has been reviewed and:

☐ Approved, services to begin effective: ______________

☐ Denied (explanation) ______________________________

____

______________________________ ____________
Regional Resource Development Specialist Signature Date

cc: Participant
Legal Guardian (if applicable)
Current Waiver Service Provider
New Waiver Service Provider
All current Provider Agencies