

MONTHLY FACE-TO-FACE VISIT FORM

HOME AND COMMUNITY BASED SERVICES
MEDICAID WAIVER NURSING
HOME TRANSITION AND DIVERSION (NHTD) &
TRAUMATIC BRAIN INJURY (TBI)

☒ NHTD Waiver ☐ TBI Waiver

Name: Manuel Ramirez	CIN: PA40189U	Date: 12:13:2023			
Name of parent/legal guardian (if applicable): Manuel (Manny) Ramirez / Evelyn (Guardian)					
Location of Visit: 255, West 108th Street, 3A Manhattan, New York, Manhattan, New York County, 10025 (Telephonic)	In home*:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

*One in-home visit must be conducted quarterly

The Service Coordinator should ensure that the participant has a copy of each of these documents in an easily accessible location and review each document with the participant during their face-to-face meeting:

- ☒ Participant Rights and Responsibilities
- ☒ Plan of Protective Oversight
- ☒