

Request for Funding

The request for funding form (formerly the Request for Special NHT Funding form) has been revised. The new form will now be used to request both Community Transition Services (waiver) and/or SNHTF funding. Please refer to the following guidelines for assistance in filling out the submission request.

Please note that all sections marked with an *asterisk* are required fields for completion

Page 1 - Instructions and Pertinent Information

Information has been added regarding Community Transition Services (CTS). Please read this section carefully.

Important: Please note that there is a new e-mail address for submission of the funding request: ra-transitionfunding@pa.gov. Both CTS and/or SNHTF requests should be sent to this e-mail address. Indicate **Funding Request** in the subject line. **Note:** Indicate **Expedited Request** on the subject line for emergency requests. All submitted requests will be forwarded to the appropriate program office for review.

Page 2 - Type of Request, Consumer, Agency and Financial Information

Please note that the gray boxes will expand to accommodate your responses. To advance to the next box, use the tab key. A **bold black line** has been placed between each section as a separator.

Type of Request* - This section is new. Please indicate the type of request – **SNHTF** or **CTS** or **BOTH SNHTF and CTS**. If the consumer is enrolling into an OLTL waiver, indicate the name of the waiver using the dropdown box.

Consumer Information* - A new line has been added for the consumer's MA ID number (if applicable). If the consumer is non-MA, leave this box blank or indicate N/A. If you do not have the consumer's MA ID number, indicate unknown.

Agency Enrollment Information* - A new line has been added for the agency contact person's telephone extension number. If there is no extension number, leave this box blank or indicate N/A.

Other Agencies* - The other agencies section is unchanged; however, it has been relocated under Agency Enrollment Information. Indicate all other agencies that are working with the consumer.

Financial Information* - This section is new. Indicate the Resources/Assets and Income Source using the dropdown boxes. If the response to Income Source is other, please specify. Indicated the consumer's Monthly Income.

Page 3 - Status of Eligibility, Request for Funding

Status of Eligibility for Services in the Community* - This section has been revised. Please read the instructions carefully. Check all boxes that apply and give a brief description.

Request for CTS or SNHTF funding - This section has been revised. Please read the instructions carefully. Check all boxes that apply and indicate the estimated cost under the corresponding header

for requested funds (Waiver or SNHTF). Also describe the item or service being requested. Please be specific. Indicate the Total Cost.

Note: The waiver billing codes have been listed for the specific CTS category.

Important: SNHTF may be requested for services that exceed the \$4,000.00 limit. Refer to instructions for further direction.

Page 4 - Other Types of Services, Other Resources

SNHTF Funding Only - This section is for SNHTF requests only. Please read the instructions carefully as this section has been revised. Description of item/services is new. Check all boxes that apply and indicate the estimated cost. Give a brief description. Please be specific. Indicate the Total Cost.

Other Resources* - Check all boxes that apply. A new box has been added for "Other – Not specified above". Please be specific.

Page 5 - Additional Information

Additional Information - Please provide any facts or information that was not stated previously on the form and would be helpful in documenting the need for funding. This is not a required field; however, it may reduce questions from the NHT Team.

Page 6 - For State Use Only – Do Not Complete This Section

This section has been revised to respond to both types of requests – CTS and SNHTF. To be completed by State staff after the request review is completed and a decision is made (approval or denial). Please refer to the important information in the decision box that applies to your type of request.

An e-mail notification will be sent to your agency after a decision has been made.

**If you have any questions regarding the completion of this form,
please forward them to: ra-nht@pa.gov or contact a member of the NHT Team below.**

Thank you!

NHT Program Team

Jennifer Mikos	717-346-9782
Rachel Sink	717-783-7378
Angela Smoyer	717-787-8097
Nicole White	717-346-1385
Lynn Zinicola	717-214-7507