

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

UNDERSTANDING THE BRIDGES TO HEALTH MEDICAID WAIVER PROGRAM

BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

CHILD'S NAME (LAST, FIRST, MI.):			
DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAID CIN #:	DATE OF INTERVIEW:
B2H WAIVER TYPE (Check one only) <input type="checkbox"/> B2H Serious Emotional Disturbance (SED) Waiver <input type="checkbox"/> B2H Developmental Disabilities (DD) Waiver <input type="checkbox"/> B2H Medically Fragile (MedF) Waiver			

INSTRUCTION: To be completed by the child/medical consentor at the initial interview with a representative of the Health Care Integration Agency (HCIA).

The following has been reviewed with me by a representative of the HCIA:

- The basic philosophy and mission of the B2H Medicaid Waiver Program. I have received written information regarding the services available under the B2H Medicaid Waiver Program.
- The eligibility criteria for acceptance into the B2H Medicaid Waiver Program and the steps necessary to become enrolled.
- The right to interview and choose my HCIA; Health Care Integrator (HCI); and each of the B2H Waiver Service Provider(s) (WSP) available through the HCIA. The Local Department of Social Services (LDSS) or Division of Juvenile Justice and Opportunities for Youth (DJJOY) has provided me with a list of approved HCIAS.
- The right to change the HCIA, HCI and/or B2H WSPs at any time without disruption in services.
- In the event I have a question or concern that the HCIA Representative cannot address, I have the right to contact:
 - Local Department of Social Services (LDSS) at () - .
(for children in the care and custody of LDSS).
 - Division of Juvenile Justice and Opportunities for Youth (DJJOY) at (518) 486 - 6300.
(for children in the care and custody of OCFS).
 - New York State Office of Children and Family Services (NYS OCFS) at 1-888-250-1832.
 - New York State Department of Health (NYS DOH) at (518) 486-9057 **OR** toll free at 1-800-541-2831.

Your signature confirms that the B2H Medicaid Waiver Program has been explained to your satisfaction and your questions have been answered.

MEDICAL CONSENTER NAME:	MEDICAL CONSENTER SIGNATURE: X	DATE:
HCIA REPRESENTATIVE NAME:	HCIA REPRESENTATIVE SIGNATURE: X	DATE:
NAME OF HCIA:		