

NEW YORK STATE
OFFICE AND CHILDREN AND FAMILY SERVICES

DETAILED SERVICE PLAN

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

CHILD'S NAME, (LAST, FIRST, MI.):			PLAN DATE: / /
DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAID CIN #:	DATE OF ENROLLMENT:
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 Health Care Integrator (HCI) or Waiver Service Provider (WSP) for each B2H service prior to the submission of the Initial Individualized Health Plan (IHP)(OCFS-8017) and every 6 months thereafter or as needed. If service is not currently available, explain why it is not available and the steps being taken to secure the service. (See Chapter 9 of the B2H Program Manual for instructions). (attach additional sheets if needed)

B2H WAIVER SERVICES (Check one only):	
1. <input type="checkbox"/> Health Care Integration	7. <input type="checkbox"/> Supported Employment Services
2. <input type="checkbox"/> Family/Caregiver Supports and Services	8. <input type="checkbox"/> Planned Respite
3. <input type="checkbox"/> Skill Building	9. <input type="checkbox"/> Crisis Avoidance, Management and Training
4. <input type="checkbox"/> Day Habilitation	10. <input type="checkbox"/> Immediate Crisis Response Services
5. <input type="checkbox"/> Special Needs Community Advocacy and Support	11. <input type="checkbox"/> Intensive In-home Supports and Services
6. <input type="checkbox"/> Prevocational Services	12. <input type="checkbox"/> Crisis Respite

PART 1

1. Goals: List the goal(s) for the B2H Waiver Service checked above that can be defined and attained, for the next 6 months.

Goal(s)	Status E=Established New, A=Attained, C=Continued, R=Revised, OR D=Discontinued	Date Goal was established
1.		
2.		
3.		
4.		

INSTRUCTION: For each Goal listed on Page 1 describe intervention strategies next to the corresponding goal number.

Intervention Strategy:

a. What interventions will help achieve goal(s)? Describe the frequency and length of each intervention anticipated to reach each goal.

Goal 1:

Goal 2:

Goal 3:

Goal 4:

b. Describe what the B2H Service Provider Staff will do to plan for the accomplishment of goal(s)? (if different for each goal referenced on page 1, please list individually.)

PART 2

Individual Service Report

For each Goal listed in Part 1 explain why the goal was established, attained, should be continued, be revised, or discontinued.

GOAL 1

GOAL 2

GOAL 3

GOAL 4

HCI /WSP NAME:		HCI/WSP SIGNATURE: X		DATE:	
HCI SUPERVISOR/ WSP SUPERVISOR NAME:		HCI SUPERVISOR/WSP SUPERVISOR SIGNATURE: X		DATE:	
HEALTH CARE INTEGRATION AGENCY NAME:					
HEALTH CARE INTEGRATION AGENCY ADDRESS:			CITY:	STATE:	ZIP CODE: