

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**ACCESSIBILITY MODIFICATIONS AND/OR ADAPTIVE AND ASSISTIVE
EQUIPMENT DESCRIPTION, COST PROJECTION & FINAL COST**
BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

CHILD'S NAME, (LAST, FIRST, MI):

DATE OF BIRTH:

SEX:

 Male Female

MEDICAID CIN #:

B2H WAIVER TYPE (Check one only) B2H Serious Emotional Disturbance (SED) Waiver B2H Developmental Disabilities (DD) Waiver B2H Medically Fragile (MedF) Waiver

To be completed by Health Care Integration Agency (HCIA) Representative for Initial and Amended contracts.
(Check one only)

 INITIAL AMENDED

If Accessibility Modifications or Adaptive/Assistive Equipment will be installed in a vehicle, provide the following:

VIN # OF VEHICLE:

VEHICLE MODEL:

YEAR OF VEHICLE:

If Accessibility Modifications will be installed in a dwelling, provide address.

ADDRESS

CITY:

STATE:

ZIP CODE:

Is dwelling: (Check one only): Rental Property Owned Property

NOTE: If this is a rental property, a signed authorization from the landlord must be attached. There is a \$5,000 maximum per address, per child, for permanent home modifications for rented homes.

PROJECTED

1. Describe the Accessibility Modifications and/or Adaptive and Assistive Equipment that is being requested.

2. Explain how the Accessibility Modifications and/or Adaptive and Assistive Equipment will help contribute toward the child's health and welfare.

3. Attach all initial assessments and bids. Identify the selected bid.

INSTRUCTION: For projects that exceed \$1,000, Office of Children and Family Services requires that 3 bids be obtained and the most reasonable bid must be accepted (*not necessarily the lowest bid*). **When a job exceeds the amount of the accepted bid, by less than 10%, the costs will be automatically allowed.**

4. If estimate is amended, provide justification and cost difference for amended bid.

NAME OF SELECTED ACCESSIBILITY MODIFICATIONS/ADAPTIVE AND ASSISTIVE EQUIPMENT PROVIDER:			
CONTACT NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:

FINAL

1. <input type="checkbox"/> Original Approved Cost \$ _____
2. <input type="checkbox"/> Final Approved Cost \$ _____

Describe the Accessibility Modifications and/or Adaptive and Assistive Equipment that was completed:

Justify any differences between the projected and final costs:

I, _____, certify that the above Accessibility Modifications And/or Adaptive and Assistive Equipment was provided in accordance with the specified contract and meets the New York State uniform Fire Prevention and Building Code Act as well as all local building codes, if applicable.

NAME OF SELECTED ACCESSIBILITY MODIFICATIONS AND ASSISTIVE EQUIPMENT PROVIDER:	NAME OF SELECTED ACCESSIBILITY MODIFICATIONS AND ASSISTIVE EQUIPMENT PROVIDER: X	DATE:
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MEDICAL CONSENTER NAME:	MEDICAL CONSENTER SIGNATURE: X	DATE:
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HEALTH CARE INTEGRATION AGENCY REPRESENTATIVE NAME:	HEALTH CARE INTEGRATION AGENCY REPRESENTATIVE SIGNATURE: X	DATE:
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LOCAL DEPARTMENT OF SOCIAL SERVICES or DIVISION OF JUVENILE JUSTICE AND OPPORTUNITIES FOR YOUTH STAFF NAME:	LOCAL DEPARTMENT OF SOCIAL SERVICES or DIVISION OF JUVENILE JUSTICE AND OPPORTUNITIES FOR YOUTH STAFF SIGNATURE: X	DATE:
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OCFS Quality Management Specialist must also approve expenditures that exceed a total of \$5,000 in a combined five-year period.

OCFS QUALITY MANAGEMENT CONTACT NAME:	OCFS QUALITY MANAGEMENT CONTACT SIGNATURE: X	DATE:
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OCFS Bureau of Waiver Management (BWM) must also approve planned expenditures that exceed the five-year, combined \$15,000 limit.

OCFS BUREAU OF WAIVER MANAGEMENT CONTACT NAME:	OCFS BUREAU OF WAIVER MANAGEMENT CONTACT SIGNATURE: X	DATE:
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In certain circumstances, Office of Children and Family Services may approve amounts exceeding the above stated limits. Any changes in cost require prior approval by the Local Department of Social Services or Division of Juvenile Justice and Opportunities for Youth through a revision to the Individualized Health Plan (IHP).

Original – Health Care Integration Agency; **Copy** – Local Department of Social Services or Division of Juvenile Justice and Opportunities for Youth, Child/Medical Consenter, OCFS Bureau of Waiver Management, OCFS Quality Management Specialist