

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**QUALIFICATION FORM**

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

**INSTRUCTION:** Complete one OCFS-8034 Form for the Health Care Integration Agency (HCIA) and each Waiver Service Provider Agency (WSP).

**1. IDENTIFICATION OF APPLICANT/HCIA:**

AGENCY NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

AGENCY CONTACT PERSON:

PHONE #:

**2. PROPOSED WAIVER SERVICE PROVIDER:**

NAME OF APPLICANT/HCIA OR WAIVER SERVICE PROVIDER UNDER SUBCONTRACT WITH APPLICANT/HCIA:

AGENCY ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE #:

NAME OF WAIVER SERVICE PROVIDER CONTACT:

**3. B2H SERVICES TO BE PROVIDED BY APPLICANT/HCIA OR PROPOSED WSP: (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Health Care Integration                      | <input type="checkbox"/> Family/Caregiver Supports and Services    |
| <input type="checkbox"/> Skill Building                               | <input type="checkbox"/> Crisis Avoidance, Management and Training |
| <input type="checkbox"/> Day Habilitation                             | <input type="checkbox"/> Immediate Crisis Response Services        |
| <input type="checkbox"/> Prevocational Services                       | <input type="checkbox"/> Intensive In-Home Supports and Services   |
| <input type="checkbox"/> Special Needs Community Advocacy and Support | <input type="checkbox"/> Crisis Respite                            |
| <input type="checkbox"/> Planned Respite                              | <input type="checkbox"/> Adaptive and Assistive Equipment          |
| <input type="checkbox"/> Supported Employment Services                | <input type="checkbox"/> Accessibility Modifications               |

**4. LIST ALL CURRENT MEDICAID LICENSES, CONTRACTS, APPROVED PROGRAMS, AND CERTIFICATIONS (INCLUDE MEDICAID NUMBERS WHERE APPROPRIATE)**

**5. BRIEFLY DESCRIBE OTHER AFFILIATIONS DEMONSTRATING AGENCY EFFECTIVENESS IN INTERAGENCY COOPERATIVE VENTURES:**

**6. BRIEFLY DESCRIBE THE AGENCY'S ABILITY TO PROVIDE THE SELECTED B2H SERVICES TO CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE (SED), INCLUDING CHILDREN IN FOSTER CARE:**

**7. BRIEFLY DESCRIBE THE AGENCY'S ABILITY TO PROVIDE THE SELECTED B2H SERVICES TO CHILDREN WITH DEVELOPMENTAL DISABILITIES (DD), INCLUDING CHILDREN IN FOSTER CARE:**

**8. BRIEFLY DESCRIBE THE AGENCY'S ABILITY TO PROVIDE THE SELECTED B2H SERVICES TO CHILDREN WITH MEDICAL FRAGILITY (MED F), INCLUDING CHILDREN IN FOSTER CARE:**

CHIEF EXECUTIVE OFFICER DESIGNEE:	DATE:
<b>X</b>	