



Waiver Request Form Updated August 2021: Health Home Serving Children Care Manager Qualifications

Health Homes Care Management Agencies may request a waiver of the established Health Home Serving Children Care Manager qualifications through their Lead Health Home(s) on a case-by-case basis.

HH CMA Name: [text box]

Lead HH(s) Names: [text box]

Date: [text box]

Name of Candidate: [text box]

HH CMA Position being considered: [text box]

Request is for: Existing Employee – Complete Section 1 New Hire or Potential Hire, – Complete Section 1 & 2

Section 1: Existing Employee, New Hire, Potential Hire

Summarize the candidate’s years of experience, qualities, skills and positions held with number of years that qualifies her/him to perform the required job duties for Health Home Serving Children:

[text box]

List relevant trainings in the last 5 years the candidate participated in, and year they were completed relevant for HHSC:

[text box]

List demonstrated case management knowledge, skills or abilities which prepared the candidate for Health Home Services: (Other outside work experience can be documented here)

[text box]

List the special supervisory support including training and assistance in case management duties that will be provided to the candidate on an on-going basis:

[text box]



Section 2: New Hire or Potential Hire

Provide a rationale to consider a candidate that does not meet the HH standard qualifications:

Describe any specialized skills the candidate may hold that cannot be obtained from a candidate that meets the standards qualification:

Describe the specialized supervision, support and training that the candidate will receive within the first 6 months to a year of hire:



**** At the time of the submission of the Waiver Request Form- attach a copy of the candidate's updated/current resume and a list of verified relevant degrees and certificates.**

Contact Information

Lead Health Home Contact Person: _____

Title: _____

Phone: _____ Email: _____

Health Home CMA Contact Person: _____

Title: _____

Phone: _____ Email: _____

To be completed by the Lead Health Home Serving Children and/or NYS DOH:
Request is: Approved Denied

Reason for waiver approval or denial:

Any Conditions for the approval or denial:

If approved, the date sent to NYS Department of Health at: HHSC@health.ny.gov

Signature:

Date

Decision by lead HHSC Name of HH: _____

Decision by NYS DOH