



ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Waiver Request Form: Health Home Serving Children Care Manager Qualifications

Health Homes and Health Home Care Management Agencies may request a waiver of the established Health Home Serving Children Care Manager qualifications through the NYS Department of Health, Division of Program Development and Management, Health Home Serving Children on a case-by-case basis.

Health Home/CMA Name: _____ Date: _____

Name of Candidate: _____

HH Position being considered: _____

Request is for: **Existing Employee** – Complete Section 1 **New Hire** – Complete Section 1 & 2

Section 1: Existing Employee and New Hire

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

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

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

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

Section 2: New Hire



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

[Empty text box for rationale]

Describe any specialized skills the candidate is meeting that can otherwise not be obtained from a candidate that meets the standards qualification:

[Empty text box for specialized skills]

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

[Empty text box for supervision and training]

**** Attach a copy of candidate’s resumé and a list of verified relevant degrees and certificates****

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Request is: **Approved** **Denied**

Reason for waiver approval or denial:

[Empty text box for reason for waiver]

Approved By and Agency Title: _____ Date

Signature: _____ Date