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

Describe any specialized skills the candidate is meeting that can otherwise not 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 and within the next year of hire:

**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:

____________________________________________________  __________________________
Approved By and Agency Title: Date

____________________________________________________  __________________________
Signature: Date