The above child has been assessed for services under the Children’s Waiver using the Home and Community-Based Services (HCBS)/Level of Care (LOC) eligibility determination. Please take the appropriate action.

1. Medicaid Status
   - Child has active Medicaid.
   - Child does not have Medicaid (application is enclosed).

2. Children’s Waiver Status
   - Child is approved for the Children’s Waiver, and waiver capacity is available.
   - Child is approved for the Children’s Waiver, but waiver capacity is not available.

3. Change in Children’s Waiver Status
   - Child was previously approved for the Children’s Waiver, and capacity is now available.
   - Child is disenrolled from the Children’s Waiver effective _/_/_/_/_
   - Child reassigned from ___________________________ Diagnostic Group on _/_/_/_/_ to ___________________________ Diagnostic Group effective _/_/_/_/_.

4. HCBS Waiver Diagnostic Group
   - K1: HCBS Level of Care
   - K3: HCBS Diagnostic Group - Serious Emotional Disturbance
   - K4: HCBS Diagnostic Group - Medically Fragile
   - K5: HCBS Diagnostic Group - Developmentally Disabled and in Foster Care
   - K6: HCBS Diagnostic Group - Developmentally Disabled and Medically Fragile

5. Authorization

   ____________________________________________  ________________
   Signature of Representative                        Date

   ____________________________________________  ________________________
   Printed Name                                      Telephone Number and E-Mail Address

   - NYS DOH Capacity Management Team
   - Children and Youth Evaluation Service (C-YES)