**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:**

________________________________________

**Lead HH(s) Names:**

________________________________________  ______________________

**Date:**

**Name of Candidate:**

________________________________________

**HH CMA Position being considered:**

________________________________________

**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:

________________________________________

List relevant trainings in the last 5 years the candidate participated in, and year they were 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 special 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 or Potential Hire

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

<table>
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<tr>
<th>Rationale</th>
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Describe any specialized skills the candidate may hold that cannot be obtained from a candidate that meets the standards qualification:

<table>
<thead>
<tr>
<th>Specialized Skills</th>
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Describe the specialized supervision, support and training that the candidate will receive within the first 6 months to a year of hire:

<table>
<thead>
<tr>
<th>Supervision, Support, and Training</th>
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** 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