

**OMH HCBS Children's Waiver
Transmittal Form - New Enrollments with
Instructions to Complete/Submit**

OVERVIEW: In order to determine the effective date of enrollment and issue the Notice of Acceptance, Operations Support Unit must receive copies of all of the following completed/signed/approved/dated documents:

- ! Application/Freedom of Choice;
- ! *Financial Information Form*
- ! Level of Care Form (907 MED);
- ! Medicaid Application (if one is necessary);
- ! Initial Service Plan; and
- ! Initial Budget

These forms are sent to OSU using the "**Transmittal Form - New Enrollments**". The required completed forms and the Transmittal form should be sent to OSU as soon as possible after completion. It is anticipated that for most cases materials will be sent to OSU in two groups using the Transmittal Form each time. For Transmittal Group 2, copy the completed Transmittal 1 for the child and complete the portion designated for Transmittal 2.

***Note:** If everything is completed and signed during the initial meeting with the family, then all forms can be sent to OSU at the same time. **DO NOT** delay sending the application/referral/LOC forms while you are waiting for approval of the service plan and budget. However, this situation is believed to be the exception rather than the rule.*

WHO/HOW COMPLETE: The ICC Supervisor is responsible for completing, signing and dating the Transmittal form and sending all required forms to OSU. If the transmittal is not fully and legibly completed and all required documents are not enclosed and/or are not properly dated and signed, OSU will return the Transmittal to the ICC Supervisor to obtain the missing or incomplete information. The case will not be processed until the missing/incomplete information, including missing signatures, is received by OSU.

Header of Form: Should be self-explanatory.

Body of Form: ● Complete the box on left hand side of form. ● Enter the date specified in box next to each form. ● Print **and** sign Supervisor's name. ● Supervisor must be on OSU list of approved Supervisors. ● Box on right hand side of form (Header is shaded) is for OSU use to request missing /incomplete information from ICC Supervisor.

WHEN TO SEND:

Transmittal Group 1 - send immediately after the child/family signs the Application/ Freedom of Choice form

Transmittal Group 2 - send as soon as the Service Plan and Budget have been approved/signed by the SPOA or LGU.

***Note:** If Medicaid Application is necessary, it can be forwarded to OSU in Transmittal 1 or 2. Will depend on when MA application is completed and filed with the LDSS/HRA.*

SEND TO: Attach **copies** of required documents to **original*** Transmittal form and send to:

NYS Office of Mental Health
Finance Group, Operation Support Unit
44 Holland Avenue, First Floor
Albany, NY 12229
Attention: Stephanie Wollman (HCBS Waiver)

**OMH HCBS Children's Waiver
Transmittal Form - New Enrollments**

To: Operations Support Unit (Waiver Staff)
OMH Finance Group, 1st Floor, 44 Holland Avenue, Albany, NY 12229

From: _____
HCBS Agency Name _____ County _____

Re: _____
Child's Name (LN, FN, MI) _____ Medicaid ID # _____

Directions: ICC Supervisor completes/dates/signs transmittal form. Attaches **copies** of required documents to **original** of transmittal form and sends to address shown above. Transmittal will be returned to ICC Supervisor if all required documents are not enclosed and/or are not properly dated and signed.

Transmittal 1 Required Documents		Date	Returned to ICC Supervisor by OSU to obtain missing/incomplete information
1	Application/Freedom of Choice Note: Requires Witness	Date signed: _____	Date returned to ICC supervisor: _____ <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed _____ Transmittal 1 or 2 will not be processed until all requested information is received by OSU Please correct and return to OSU: <input type="checkbox"/> Signature(s) Missing _____ <input type="checkbox"/> Form(s): Date missing/not dated properly _____ <input type="checkbox"/> Forms not included with Transmittal _____ <input type="checkbox"/> Medicaid Application needs to be filed _____ <input type="checkbox"/> Other _____
2	Financial Information Form	Completed & Date signed: _____	
3	Level of Care Note: Needs 2 Signatures	Date signed: _____	
4	Medicaid Application*	Date filed with county: _____	
Name of ICC Supervisor Sign: _____ Print: _____		Date signed: _____	
Transmittal 2 Required Documents		Date	
4	Medicaid Application*	Date filed with county: _____	
5	Initial Service Plan	Date signed: _____	
6	Budget	Completed (No date required)	
Name of ICC Supervisor Sign: _____ Print: _____		Date signed: _____	

*Medicaid (MA) Application is not necessary if child is already eligible for Medicaid at time s/he applies for Waiver. If no MA application is necessary, write N/A in date box. If MA application is necessary, it can be sent with either transmittal 1 or 2 depending on when MA application is completed and delivered to county LDSS.