



HCBS Waiver Approved Signatures for Level of Care (LOC) and Initial Service Plan (SP) Forms

OMH maintains a state-wide list of names of LGU designated staff approved to sign the Level of Care (LOC) and initial Service Plan (SP) forms. Please enter below any changes or additions to approved signatories for your county.

One of the Level of Care signatories must be the LGU or his/her designee. Both Level of Care signatories must meet the following qualifications: The signatory must be a psychiatrist, psychologist, registered nurse or nurse practitioner licensed in NYS, Licensed Master Social Worker, Clinical Social Worker or Certified Social Worker with a minimum of three years experience serving children or adolescents with serious emotional disturbances. Both signatories must meet the above criteria; however, if there are extenuating circumstances whereby one member does not meet the above criteria, the LGU must make a request to OMH central office in writing and an exemption may be granted by OMH. Copies of such exemptions are maintained at the OMH Central Office. An example of a situation which could be approved for exemption would be a social worker with a master's in social work who is not licensed but has the prerequisite years of experience. Another example would be an individual who does not meet the above academic criteria but who does have a bachelor's degree in human services and five years serving children or adolescents with serious emotional disturbances.

Please note that **two signatures** are required for the **LOC** form and **one signature** is required for the **initial SP**.

Name of Person and title of person completing this form:

Name of County: _____

Signature of LGU: _____

Name(s) and disciplines of LGU staff designated to sign the LOC and SP forms:

Name(s) to add to List

Discipline(s)

Name(s) to remove from list
