

TO: _____
Name/Address of Local Social Services County

Date _____

Re: _____
Waiver Child's Name (LN, FN, MI)

FROM: _____
Name/Address Receiving ICC Agency

SSN

DOB

Dear Medical Assistance Eligibility Examiner:

The above referenced child was previously enrolled in the Office of Mental Health (OMH) Home and Community Based Services (HCBS) Waiver for children and adolescents with serious emotional disturbance in _____ County. Effective _____, the child/family moved to _____ county. In order for the child to remain enrolled in the OMH children's Waiver, s/he must be determined Medicaid eligible by your county. It is important to note that under the OMH Waiver there is no parental deeming (i.e. the child is treated as a family of one) and application of excess income and/or resource policy is not applicable.

Attached are the following documents:

- Application for Medical Assistance for: Child only Child/Family Members

Please determine using: ADC Related Category SSI Related Category (Disabled)

For Coverage Effective: _____

- Documentation
 - Proof of age Proof of Social Security number Proof of legal residence
 - Proof of HI coverage Verification of Income/Resources Proof of Shelter Costs
 - _____

Request to be Considered for Enrollment in a Medicaid Managed Care Plan

Disability Documentation Package

If you need additional information or verification in order to process this application, please contact the undersigned at the above listed address/phone number. Also, Once Medicaid eligibility has been determined, please ensure that you send a copy of the Medicaid Notice of Decision to the following OMH Unit:

NYS Office of Mental Health
Operations Support Unit
Finance, First Floor
44 Holland Avenue
Albany, NY 12229
Attention: HBCS Waiver

When the results of both the LGU's determination of waiver eligibility and the LDSS' determination of Medicaid eligibility are received, Operations Support Unit (OSU) will issue the final Notice of Decision re. Waiver enrollment to the applicant. You will receive a copy of this final Notice of Decision.

Please refer any questions regarding the attached materials or this letter to my attention.

Respectfully,

Enclosures

(Individualized Care Coordinator)

CC. OMH Operations Support Unit (w/ copy of enclosures)