

From Waiver Provider Agency:

To Parent/Guardian:

Child's Name:

Your child has applied for enrollment in the Office of Mental Health (OMH) Home and Community Based Services (HCBS) Waiver for children and adolescents with serious emotional disturbance. In order to be enrolled in the OMH HCBS Waiver your child must be determined Medicaid eligible by the Local Department of Social Services.

If your child is enrolled in Child Health Plus you need to be aware of the following:

- Your child must apply for Medicaid to receive HCBS Waiver services.
- Your child will be dis-enrolled from Child Health Plus when the Medicaid case is open.
- Upon discharge from HCBS Waiver: You must re-apply for Child Health Plus. It will NOT open automatically when the Medicaid case closes.
- Upon discharge from HCBS Waiver there may be a gap in coverage between when the Medicaid closes and the Child Health Plus starts.
- There is usually a one month gap in coverage, but it may be more, depending on when the Medicaid case closes and the Child Health Plus case opens.
- You may need to follow-up to ensure that the Child Health Plus becomes active.
- It is your decision to enroll in HCBS Waiver and discontinue Child Health Plus.
- After this form is discussed with you, the signed and dated original is given to you and a copy is placed in the providers file.

Signatures:

Parent/Guardian:

Date: _____

ICC:

Date: _____