

GIS 08 OLTC/004

**TO:** All Local District Commissioners, Medicaid Directors, Care At Home Coordinators

**FROM:** Mark Kissinger, Deputy Commissioner  
Office of Long Term Care

**SUBJECT:** New CAH I/II Case Management Agency Selection Forms and Application Cover Sheet Amendment (Attachments)

**EFFECTIVE DATE:** Immediate

**CONTACT PERSON:** Office of Long Term Care  
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The purpose of this GIS is to notify local department of social services (LDSS) staff of two new forms related to certification of participant provider choice for Care at Home I and II (CAH I/II) Medicaid waiver case management services: Case Management Agency Selection form and Change of Case Management Agency Request form. These forms are for immediate use. Other forms developed and utilized by Case Management agencies will no longer be accepted.

Completion of Case Management Agency Selection form will be required at the time of a child's enrollment in the waiver program. The form is to be signed by the participant's parent or guardian to certify choice in the selection of the participant's case manager. The case management agency and the LDSS CAH Coordinator must also sign the form and maintain a copy as part of the child's permanent CAH case record. The form must be submitted by the LDSS CAH Coordinator to the State Department of Health (NYSDOH) CAH program staff along with the CAH request for enrollment application documentation. The CAH I/II Application Cover Sheet was updated to reflect the new Case Management Selection Form.

The Change of Case Management Agency Request form is to be completed whenever there is a change in a child's case management agency. The change may occur when requested by a parent or guardian, the family is moving to a new county of residence and the current CAH case management agency does not have service locations in the new location, or the case management agency is no longer rendering services. This form is to be signed by the participant's parent or guardian, current and requested CAH case management agencies, and the LDSS CAH Coordinator. A copy is then forwarded to the NYSDOH Care At Home Program. It is the responsibility of the current case management agency to share the Plan of Care documents with the new case management agency.

## CARE AT HOME CHANGE OF CASE MANAGEMENT AGENCY REQUEST

Care at Home I

Care at Home II

On behalf of my child, I, \_\_\_\_\_ am requesting to change his/her case  
(Parent/Legal Guardian Name)  
management agency as follows:

**Current Case Management Agency** \_\_\_\_\_

**Requested Case Management Agency** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Current Case Management Agency**

**Representative Signature** \_\_\_\_\_

**To be completed by the Requested Case Management Agency:**

\_\_\_\_\_ will provide Case Management to the above-named applicant  
**(Case Management Agency)** \_\_\_\_\_ will not provide Case Management to the above-named applicant.

**Explanation:** \_\_\_\_\_

I understand it is our responsibility to obtain all necessary medical  
and social information from the previous case management agency.

**Case Management Agency Representative Signature**

**Date**

**LDSS CAH Coordinator Signature**

**Date**

cc: Participant Family/Guardian  
Case Management Agency  
Requested Case Management Agency  
New York State Department of Health – CAH Program



## CARE AT HOME CASE MANAGEMENT AGENCY REQUEST

\_\_\_\_\_ Care at Home I

\_\_\_\_\_ Care at Home II

**NOTE: This form must be submitted along with the application to the Care at Home I/II waiver.**

I understand that as a applicant for the Care at Home I/II Waiver for my child, I must select a Case Management Agency from the attached list of approved Case Management Agencies. I have been encouraged to interview these providers prior to making my selection.

I understand that this Case Management Agency will assist me in developing, implementing, and monitoring my child's Plan of Care.

I also understand that, at any time I may change my child's CAH Case Management Agency and this change will not affect his/her enrollment in Care at Home.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

On behalf of my child, I have selected the following Case Management provider:

\_\_\_\_\_  
Case Management Agency

**To be completed by the Case Management Agency:**

\_\_\_\_\_  
(Case Management Agency)

\_\_\_\_\_ will provide Case Management to the  
above-named applicant.

\_\_\_\_\_ will not provide Case Management to  
the above-named applicant.

\_\_\_\_\_  
Case Management Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LDSS CAH Coordinator Signature

\_\_\_\_\_  
Date

cc: Participant Family/Guardian  
Case Management Agency  
Requested Case Management Agency  
New York State Department of Health – CAH Program