

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HEALTH CARE INTEGRATION AGENCY QUARTERLY/ANNUAL REPORT
BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

INSTRUCTION: To be completed by the Health Care Integration Agency (HCIA) and submitted to the Bureau of Waiver Management two weeks following the end of each quarter. Attach additional sheets if necessary. Please include section 6 for 4th Quarter only.

HEALTH CARE INTEGRATION AGENCY NAME:		PHONE #:	
HEALTH CARE INTEGRATION AGENCY ADDRESS:		CITY:	STATE: ZIP CODE:
HEALTH CARE INTEGRATION AGENCY REPRESENTATIVE NAME:	HEALTH CARE INTEGRATION AGENCY REPRESENTATIVE SIGNATURE:		DATE:
	X		

Quarterly report dates <i>(Check one only):</i>	1st Quarter January-March <input type="checkbox"/>	2nd Quarter April – June <input type="checkbox"/>	3rd Quarter July – September <input type="checkbox"/>	4th Quarter October- December <input type="checkbox"/>
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Section 1: Referral Information

1. Total Referrals received _____
2. Total Eligible Referrals (including Wait Lists) _____
3. Total Ineligible Referrals _____
4. Reasons for ineligible referrals. How many were determined ineligible for reasons other than Level of Care?
 - Level of Care _____
 - Not Medicaid Eligible _____
 - Not in Foster Care _____
 - Not Age Appropriate _____
 - Not able/willing to be in a waiver eligible setting of 12 beds or less. _____
 - Other _____
5. Average time required to set up an appointment to meet the child/medical consenter from referral date _____

Section 2: Sufficiency of Providers

1. Are there sufficient qualified providers to meet the needs of enrolled children and families in your provider network?
 YES NO If NO, what proposed action steps are you taking to ensure sufficiency of providers? _____
2. Would additional service providers improve access to services in your provider network? YES NO
 If YES, what type of providers for what services would be of assistance? _____

Section 3: Waiver Budgets

A. Total amount of B2H expenditures.	A.	\$ _____
B. Total children enrolled with HCIA.	B.	_____
C. Average B2H costs.	C.	A/B=C \$ _____

Section 4: Individualized Health Plan (IHP) Due Dates (Preliminary/Initial/Annual Revised)

A. Total # of IHPs completed by due date	_____	
B. Total # of IHPs not submitted by due date	_____	

Section 6: Annual Report

For the year ending this 4th Quarter, identify trends or best practices that will assist your agency with implementing training and other activities which are needed to address your agency's concerns regarding the B2H Medicaid Waiver Program.