

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CONTACT INFORMATION LIST

BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

CHILD'S NAME (LAST, FIRST, MI):		EFFECTIVE DATE:
DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAID CIN #:
B2H WAIVER TYPE (Check one only)		
<input type="checkbox"/> B2H Serious Emotional Disturbance (SED) Waiver		
<input type="checkbox"/> B2H Medically Fragile (MedF) Waiver		
<input type="checkbox"/> B2H Developmental Disabilities (DD) Waiver		

In the event a question or concern arises, first contact your Health Care Integrator (HCI) or Waiver Service Provider(s) (WSP) listed below.

HEALTH CARE INTEGRATOR NAME:	PHONE #:
HEALTH CARE INTEGRATOR SUPERVISOR NAME:	PHONE #:

WAIVER SERVICE TYPE:	
WAIVER SERVICE PROVIDER NAME:	PHONE #:
WAIVER SERVICE PROVIDER SUPERVISOR NAME:	PHONE #:

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NOTE: In the event you are unable to reach your Health Care Integrator, Health Care Integration Supervisor or Waiver Service Provider(s), you may then contact any of the staff below.

<input type="checkbox"/> LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS) OR <input type="checkbox"/> DIVISION OF JUVENILE JUSTICE AND OPPORTUNITIES FOR YOUTH (DJJOY)	
CONTACT'S NAME:	PHONE #:
CONTACT'S SUPERVISOR'S NAME:	PHONE #:
OFFICE OF CHILDREN AND FAMILY SERVICES REGIONAL QUALITY MANAGEMENT SPECIALIST'S NAME:	PHONE #:

OFFICE OF CHILDREN AND FAMILY SERVICES BUREAU OF WAIVER MANAGEMENT CONSULTATION LINE AT 1-888-250-1832.
NEW YORK STATE DEPARTMENT OF HEALTH MEDICAID HELPLINE AT 1-800-541-3720.
IF YOUR CONCERN INVOLVES SUSPECTED CHILD ABUSE OR NEGLECT, IMMEDIATELY CONTACT THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES STATEWIDE CENTRAL REGISTER AT 1-800-342-3720.