

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SCHEDULE A - WAIVER SERVICE PROVIDER COMMITMENT FORM**  
*BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM*

**INSTRUCTION:** Complete one OCFS-8035 Form for the Health Care Integration Agency (HCIA) and each Waiver Service Provider Agency (WSP).

**1. IDENTIFICATION OF APPLICANT/HEALTH CARE INTEGRATION AGENCY (HCIA):**

AGENCY NAME:				
ADDRESS:		CITY:	STATE:	ZIP CODE:
AGENCY CONTACT PERSON:			PHONE #:	

**2. PROPOSED WAIVER SERVICE PROVIDER:**

NAME OF APPLICANT/HCIA OR WAIVER SERVICE PROVIDER UNDER SUBCONTRACT WITH APPLICANT/HCIA:			
AGENCY ADDRESS:			
CITY:	STATE:	ZIP CODE:	PHONE #:
NAME OF WAIVER SERVICE PROVIDER CONTACT:			

**3. INDICATE ON THE NEXT PAGE WITH THE ASSOCIATED NUMBER, WHICH SERVICE(S) WILL BE OFFERED BY THIS PROPOSED WSP.**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>1. Skill Building</li> <li>2. Day Habilitation</li> <li>3. Prevocational Services</li> <li>4. Special Needs Community Advocacy and Support</li> <li>5. Planned Respite</li> <li>6. Supported Employment Services</li> <li>7. Family/Caregiver Supports and Services</li> </ul> | <ul style="list-style-type: none"> <li>8. Crisis Avoidance, Management and Training</li> <li>9. Immediate Crisis Response Services</li> <li>10. Intensive In-Home Supports and Services</li> <li>11. Crisis Respite</li> <li>12. Adaptive and Assistive Equipment</li> <li>13. Accessibility Modifications</li> </ul> |
|---|---|

List by number the Service to be provided	* Address(es) of structured settings where the WSP will provide the B2H Waiver Service	Will the WSP serve the entire B2H region (Yes/No)? <u>If No</u> , list the counties or geographic areas that will be served by the provider.	Which B2H Waiver Type?	What is your Service Capacity:
			<input type="checkbox"/> SED <input type="checkbox"/> DD <input type="checkbox"/> MED F	
			<input type="checkbox"/> SED <input type="checkbox"/> DD <input type="checkbox"/> MED F	
			<input type="checkbox"/> SED <input type="checkbox"/> DD <input type="checkbox"/> MED F	
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			<input type="checkbox"/> SED <input type="checkbox"/> DD <input type="checkbox"/> MED F	
			<input type="checkbox"/> SED <input type="checkbox"/> DD <input type="checkbox"/> MED F	

\*B2H Waiver Services are intended to be provided primarily in the child's home and community (such as a school, library, or church). Some services may be provided in more structured settings outside of the child's home and community (for example, Day Habilitation service at the local disability services organization). When services are to be provided in these structured settings, indicate the address(es) in this column.

CHIEF EXECUTIVE OFFICER DESIGNEE:	CHIEF EXECUTIVE OFFICER DESIGNEE SIGNATURE: <b>X</b>	DATE:
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