



Health Home Serving Children Care Manager Qualifications Waiver Request

Health Homes Care Management Agencies may request a waiver of the established Health Home Serving Children Care Manager qualifications through their Lead Health Home(s) on a case-by-case basis.

HH CMA Name: _____

Lead HH(s) Names: _____ Date: _____

Name of Candidate: _____

HH CMA Position being considered: _____

Request is for: Existing Employee – Complete Section 1 New Hire or Potential Hire, – Complete Section 1 & 2

Section 1: Existing Employee, New Hire, Potential Hire

Summarize the candidate’s years of experience, qualities, skills and positions held with number of years that qualifies her/him to perform the required job duties for Health Home Serving Children:

List relevant trainings in the last 5 years the candidate participated in, and year they were completed relevant for HHSC:

List demonstrated case management knowledge, skills or abilities which prepared the candidate for Health Home Services: (Other outside work experience can be documented here)

List the special supervisory support including training and assistance in case management duties that will be provided to the candidate on an on-going basis:



Section 2: New Hire or Potential Hire

Provide a rationale to consider a candidate that does not meet the HH standard qualifications:

Describe any specialized skills the candidate may hold that cannot be obtained from a candidate that meets the standards qualification:

Describe the specialized supervision, support and training that the candidate will receive within the first 6 months to a year of hire:



**** At the time of the submission of the Waiver Request Form- attach a copy of the candidate's updated/current resume and a list of verified relevant degrees and certificates.**

Contact Information

Lead Health Home Contact Person: _____

Title: _____

Phone: _____ Email: _____

Health Home CMA Contact Person: _____

Title: _____

Phone: _____ Email: _____

To be completed by the Lead Health Home Serving Children:

Request is: **Approved** **Denied**

Reason for waiver approval or denial:

Any Conditions for the approval or denial:

Signature:

Date

Name of HH: _____