

ATTACHMENT D

Contact OMHSAS Field Office to obtain this application in MS Word format

APPLICATION FOR EXTENSION OF WAIVER FOR BLENDED CASE MANGEMENT

(County MH/MR shall use this application only for those providers/service locations that have a current waiver to implement Blended Case Management. The service location(s) must also have a current approval to provide ICM services. For others, the regular application packet should be completed)

Applicant Information:

1. Name of applicant / County MH/MR Program (please include contact information):

2. Please list individually the case management agency/agencies in your county requesting extension of waiver to continue their Blended Case Management. Please provide the following information for each agency:
 - Name and address of all service locations requesting extension of waiver (these service locations must be in the MH/MR geographical area):
 - Name, telephone number, and Email ID of the contact person for each service location:
 - Blended PROMISe ID # and service location number for each service location.

3. Please furnish the following information for each case management agency. If the agency is applying for more than one service location, the responses should address each service location individually.
 - Period for which the waiver was previously granted:
 - Number of current Blended CM caseloads:
 - Number of current ICM caseloads, if any:
 - Number of current RC caseloads, if any:
 - Supervisory ratio for blended case management:
 - Maximum size of Blended caseloads:
 - Number of new case managers, if any, the agency had to hire to implement the blended model:
 - Expected number of Blended CM caseloads by the end of the requested waiver period:
 - Expected number of ICM caseloads, if any, by the end of the requested waiver period:
 - Expected number of RC caseloads, if any, by the end of the requested waiver period:
 - Expected Date of Full Conversion to the Blended Model (If already converted fully to the blended model, indicate the date when this was completed. If the provider does not plan to fully convert to the blended, please state so. All others, give an expected date):

4. Provide the organizational chart for each case management agency:

5. Waiver of the following regulations are requested for all case management agencies listed in item 2:
(From PA Code Title 55 §5221 Mental Health Intensive Case Management regulations, and Mental Health Bulletin, OMH-93-09, Resource Coordination: Implementation)
 - §5221.23(d) ICM supervisor may supervise no more than seven ICMs.
Note: With the waiver, a supervisor may supervise no more than nine blended case managers. If there are less than nine blended case managers providing blended case management, the supervisor must devote 1/9th of available hours per week to supervising each blended case manager.

- §5221.31(6) ICM frequency of contact requirement.
Note: At a minimum, the blended model must meet the frequency of contact requirement specified in the RC Bulletin OMH-93-09.
- OMH-93-09. Attachment C- General Provisions, Organization "...the caseload size for adults is a minimum of 30 and a maximum of 75. The caseload size for children and adolescents is a minimum of 20 and a maximum of 40."
Note: Waiver is for the minimum caseload size, not for the maximum size. The maximum caseload size of blended model shall not exceed 30. Blended case managers will have only blended cases in their caseloads; they shall not manage ICM or RC cases

6. Period of time covered by the requested waiver (must not exceed one year):

Additional Information:

Are there any case management agencies in your MH/MR that do not have blended caseloads? If yes, please list those agencies here:

Signature of applicant/County MH/MR Administrator:

Date:

County MH/MR:

Please send two copies of the signed application along with the following documentation to your field office at least 60 days before the expiration of the current waiver period.

1. Letter from County MH/MR requesting extension of waiver
2. Copy of the current waiver approval letter
3. Copy of the current approval letter for ICM

Field Office:

Please review the completed application and attached documentation from the County MH/MR. Retain a copy for your records. Forward the original packet, with your letter of recommendation, to the address below. Bureau of Policy and Program Development should receive the application at least 30 days before the expiration of the current waiver period for timely processing.

Bureau of Policy and Program Development
Room 243, Beechmont Building
P.O Box: 2675
Harrisburg, PA 17105