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Administrative Directive

Transmittal:	08-OCFS-ADM-10
To:	Local District Commissioners Executive Directors of Authorized Voluntary Agencies
Issuing Division/Office:	Administration
Date:	December 31, 2008
Subject:	Payment Rates for Bridges to Health (B2H) Home and Community-Based Waiver Services effective January 1, 2008, and revised Payment Rates for B2H Home and Community-Based Waiver Services effective April 1, 2008
Suggested Distribution:	Directors of Services Accounting Supervisors
Contact Person(s):	Anneke Chodan (518) 473-1672 or Emily Stewart (518) 474-2812; or by e-mail at Anneke.Chodan@ocfs.state.ny.us or Emily.Stewart@ocfs.state.ny.us
Attachments:	A - Bridges to Health Waiver Service Rates effective January 1, 2008 B - Bridges to Health Waiver Service Rates effective April 1, 2008
Attachments Available Online:	B2H rates are available on the following OCFS website: Link to Internet Site: http://www.ocfs.state.ny.us/main/b2h/

Filing References

Previous ADMs/INFs	Releases Canceled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
			Section 366(12) of the Social Services Law	Bridges to Health Program Manual	

I. Purpose

The purpose of this Administrative Directive (ADM) is to publish provider rates in effect when the Bridges to Health (B2H) Home and Community-Based Medicaid Waiver Program began on January 1, 2008. In addition, the Office of Children and Family Services (OCFS) is authorized by the SFY 2008-09 Enacted State Budget to apply a 3.2 percent cost-of-living adjustment (COLA) to all B2H rates effective April 1, 2008. This ADM also includes those adjusted rates. All B2H rates are billable to the Medicaid program by enrolled B2H providers.

II. Background and Program Implications

Home and Community-Based Medicaid Waiver programs are authorized under Section 1915 (c) of the Social Security Act. Section 366 (12) of the Social Services Law provides New York State's statutory framework to establish and implement the B2H program. Federal approval of B2H authorizes the use of Medicaid funds to provide certain services that would otherwise not be eligible for Medicaid funding.

The B2H program provides services to eligible children as a complement to the services provided through other programs, and does so in the least restrictive and most appropriate setting while involving the child's family. The waivers authorize the use of Medicaid funds to provide certain services that would otherwise not be eligible for Medicaid funding.

The B2H program consists of three separate Home and Community-Based Medicaid Waivers:

- Bridges to Health Serious Emotional Disturbance (B2H SED)
- Bridges to Health Developmental Disabilities (B2H DD)
- Bridges to Health Medical Fragility (B2H MedF)

To be eligible for the B2H program a child must be in foster care or OCFS custody at initial enrollment. B2H enrollment may continue until age 21 if the child is otherwise eligible, even if the child is no longer in foster care or OCFS custody. The child must also be living in an eligible setting of 12 beds or less and have a qualifying diagnosis and level of care determination for the specific B2H waiver in which the child is enrolled.

OCFS enters into a Provider Agreement with qualified Health Care Integration Agencies (HCIAS). Each HCIA is authorized by OCFS to work in a specific region with local social services districts to serve eligible children that are referred for enrollment. B2H regions are the same regions used by OCFS for monitoring each local district's administration of services to children and families, with one exception. Region 5 will have two distinct B2H waiver

programs, one for the lower Hudson Valley area, and the other for Nassau and Suffolk counties.

Following a child's enrollment, the responsible HCIA is required to coordinate the provision of B2H waiver services. Services may be provided by the HCIA or pursuant to a subcontract between the HCIA and a Waiver Service Provider (WSP). Listed below are the 14 services included in the B2H program. For more information on each service, please refer to the Bridges to Health Program Manual (<http://www.ocfs.state.ny.us/main/b2h/>).

- Health Care Integration
- Family/Caregiver Supports and Services (individual and group rates)
- Skill Building (individual and group rates)
- Day Habilitation (individual and group rates)
- Special Needs Community Advocacy and Support (individual and group rates)
- Prevocational Services (individual and group rates)
- Supported Employment
- Respite Services (short-term and daily/overnight rates)
- Crisis Avoidance, Management and Training (individual and group rates)
- Immediate Crisis Response Services
- Intensive In-home Support Services
- Crisis Respite (short-term and daily/overnight rates)
- Adaptive and Assistive Equipment (approved contracts within specified limits)
- Accessibility Modifications (approved contracts within specified limits)

III. Fiscal Implications

B2H Rates Effective January 1, 2008

Attachment A includes all B2H rates effective January 1, 2008. Downstate rates are applicable to B2H providers in Regions 5 and 6, namely the five boroughs of New York City in addition to Nassau, Suffolk, Westchester, Rockland, Putnam, Orange, Sullivan, Ulster and Dutchess counties. Upstate rates are applicable to all other counties in New York State.

B2H Rates Effective April 1, 2008

Attachment B includes all B2H rates effective April 1, 2008, which are increased by 3.2 percent from the January 1, 2008, rates. Downstate rates are applicable to B2H providers in Regions 5 and 6, namely the five boroughs of New York City in addition to Nassau, Suffolk, Westchester, Rockland, Putnam,

Orange, Sullivan, Ulster and Dutchess counties. Upstate rates are applicable to all other counties in New York State.

Payment rates for Adaptive and Assistive Equipment and Accessibility Modifications will continue to be based on approved contracts for the particular equipment or modification. The existing rate limits (i.e., the five-year per child limit of \$15,000 for the combined services of Adaptive and Assistive Equipment and Accessibility Modifications, as well as the limit of \$5,000 for improving any one residence) will continue in effect, including the exception procedure to exceed these amounts based on approvals by the OCFS Bureau of Waiver Management (BWM) on a case-by-case basis.

The total annual dollar amount of services that may be included in a B2H enrollee's Individualized Health Plan without further review by an OCFS Quality Management Specialist is also increased by 3.2 percent, from \$50,000 to \$51,600.

IV. Required Actions

HCIA's and other Waiver Service Providers (WSPs) must bill eMedNY pursuant to the B2H Program Manual using current service codes. The rates connected to service codes will be increased by the 3.2 percent COLA, retroactive to April 1, 2008.

HCIA staff responsible for creating Individualized Health Plans (IHPs) must continue to follow appropriate review procedures for plans that exceed the annual cost-review point, which increases from \$50,000 to \$51,600 effective April 1, 2008, as noted above. The review procedures may be found in the B2H Program Manual, available at <http://www.ocfs.state.ny.us/main/b2h/manual.asp>. The cost-review point and the need for review by an OCFS Quality Management Specialist are first referenced on pages 2-6 of the manual. The five-year limit for Adaptive and Assistive Equipment and Accessibility Modifications combined, and the need for BWM to approve any amount exceeding that limit, first appears on pages 8-21 of the manual.

V. Claiming Program and Administrative Costs for the B2H Waiver Program

The program-related expenditures are paid through the standard eMedNY payment process. Program expenses cannot begin until the social services district's B2H program is operational and the service providers are authorized by OCFS. The B2H funding is open-ended; social services districts will not have an allocation. However, the annual dollar amount of services that may be included in a B2H enrollee's Individualized Health Plan is limited as set forth above. The federal, state and local district shares will also be reported through the current eMedNY reporting process.

Children enrolled in the B2H program are encoded with the following B2H Waiver Codes within the Welfare Management System's (WMS) Restriction/Exception Subsystem:

- 72 – Bridges to Health – Seriously Emotionally Disturbed
- 73 – Bridges to Health – Developmentally Disabled
- 74 – Bridges to Health – Medically Fragile

Social services districts will use the following instructions to claim administrative costs associated with the B2H program. These instructions were originally issued on August 7, 2007, and subsequently updated on April 21, 2008. The instructions can also be found in the B2H Program Manual, Appendix Q.

The claim form will show reimbursement rates as 50% federal, 25% state and 25% local. Allowable administrative costs are the basic costs allowed under the F4 function. Districts will accumulate their administrative expenditures in the F17 function on the Schedule D, DSS Administrative Expenses Allocation and Distribution by Function and Program LDSS-2347 and carry them forward to the LDSS-3274 form entitled Schedule D-17, Distribution of Allocated Costs to Other Reimbursable Programs.

Employee counts for this program are assigned to the F17 function for Schedule D-17 reporting purposes. Any employee who is assigned part-time to other programs or projects must complete an ongoing time study and have his/her salary, fringe benefits and person count apportioned to the applicable program/project. These time studies should be completed for one full pay period during the first month of each quarter and applied to salary costs related to each month of the same quarter. If your district participates in the Random Moment Study (RMS), the staff would be excluded from the RMS pool.

These expenditures will support an LDSS-3922, Reimbursement Claim for Special Projects that is labeled as B2H in the project name box. The expenditures should be reported in the Administrative Cost column on the appropriate lines and claimed for normal reimbursement shares of 50% federal share, 25% state share and 25% local share. As the funds are Title XIX Medical Assistance, the state will reimburse the local share to the local district. The state must track the local share separately as part of the Medical Assistance CAP process.

Please refer to Fiscal Reference Manual (FRM), Volume 2, Chapter 3 for further LDSS-3922 instructions. Instructions for the Schedules D and D-17 are found in Volume 3 (Volume 4 for NYC) of the FRM in Chapters 7 and 18 respectively. The FRM is available on-line at <http://otda.state.nyenet/bfdm/>.

Claiming questions can be directed to the Office of Temporary and Disability Assistance (OTDA) Bureau of Financial Services by contacting:

- Regions 1 through 4 – James Carroll at 1-800-343-8859 ext. 4-7549, or via e-mail at James.Carroll@otda.state.ny.us.
- Region 5 – Michael Borenstein at (631) 854-9704, or via e-mail at Michael.Borenstein@otda.state.ny.us.
- Region 6 –Marian Borenstein at (212) 961-8250, or via e-mail at Marian.Borenstein@otda.state.ny.us.

VI. Systems Implications

CONNECTIONS and eMedNY will undergo revisions to their pre-programmed rate information to reflect the B2H rates and cost-review points effective April 1, 2008.

The following forms associated with the B2H program available online at <http://www.ocfs.state.ny.us/main/b2h/forms.asp> will be revised to reflect the change in cost-review points:

- *OCFS-8004 Application Form for Enrollment*
- *OCFS-8014 Reauthorization Form*

Local social services district and HCIA employees should verify that the most up-to-date versions of these forms are in use.

VII. Effective Date

This directive is effective as of the date of its issuance.

/s/ Thomas S. Tipple

Issued By:

Name: Thomas S. Tipple

Title: Deputy Commissioner

Division/Office: Administration

Bridges to Health Waiver Service Rates Effective April 1, 2008

Attachment B

Service	Rate Description	Billable Unit	SED Rates (\$)		DD Rates (\$)		Med F Rates (\$)	
			Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Health Care Integration	Regular full month rate	Per One Month	1,913	2,040	1,913	2,040	1,913	2,040
	Enrollment Month – for network development and other case-related activities during initial enrollment period. Billed only one time per child.	Per One Month	1,936	2,038	1,936	2,038	1,936	2,038
	HCIA Transfer from Original HCIA – for case transfers from original HCIA. Number of days assigned must be > or = 11 days but less than 21 days.	Per Half Month	957	1,020	957	1,020	957	1,020
	HCIA Transfer to a New HCIA – for case transfers to another HCIA. Number of days assigned must be > or = 11 days but less than 21 days.	Per Half month	957	1,020	957	1,020	957	1,020
	Hospitalization Occurrence from 1-10 days – used when # of days hospitalized is > or = 1 but < or = 10.	Per One Month	1,913	2,040	1,913	2,040	1,913	2,040
	Hospitalization Occurrence from 11-30 days – used when # of days hospitalized is > or = 11 but < or = 30.	Per One Month	1,913	2,040	1,913	2,040	1,913	2,040
Family/Caregiver Supports and Services	Individual Rate	Per 15 min	12.77	13.23	12.77	13.23	12.77	13.23
	Group rate - can be charged per child but only for 2 children max	Per 15 min	8.30	8.60	8.30	8.60	8.30	8.60
Skill Building	Individual Rate	Per 15 min	12.77	13.23	12.77	13.23	12.77	13.23
	Group rate - can be charged per child but only for 2 children max	Per 15 min	8.30	8.60	8.30	8.60	8.30	8.60
Day Habilitation	Individual Rate	Per Hour	71.78	77.00	71.78	77.00	71.78	77.00
	Group Rate – charged for each child in the group	Per Hour	37.45	40.85	37.45	40.85	37.45	40.85
Special Needs Community Advocacy and Support	Individual Rate	Per 15 min	18.99	19.45	18.99	19.45	18.99	19.45
	Group rate - charged for each child in the group	Per 15 min	12.34	12.64	12.34	12.64	12.34	12.64
Prevocational Services	Individual Rate	Per Hour	48.70	55.68	48.70	55.68	48.70	55.68
	Group rate – charge for each child in the group	Per Hour	25.91	30.19	25.91	30.19	25.91	30.19
Supported Employment	Individual Rate Only	Per Hour	68.15	70.00	68.15	70.00	68.15	70.00
Respite Services	less than full day rate - if less than 4 hours	Per 15 min	12.77	13.23	12.77	13.23	15.24	17.30
	full day respite rate - if more than 4 hours	Per day	235.53	236.70	235.53	236.70	281.16	309.42
Crisis Avoidance & Management and training	Individual Rate	Per 15 min	19.08	19.55	19.08	19.55	19.08	19.55
	Group rate - charged for each child in the group	Per 15 min	12.40	12.70	12.40	12.70	12.40	12.70
Immediate crisis response services	Individual Rate Only	Per 15 min	19.08	19.55	19.08	19.55	19.08	19.55
Intensive in-home supports and services	Individual Rate Only	Per 15 min	19.08	19.55	19.08	19.55	19.08	19.55
Crisis Respite	less than full day rate - if less than 4 hours	per 15 min	17.12	17.59	17.12	17.59	18.33	23.94
	full day respite rate - if more than 4 hours	Per day	294.35	304.50	294.35	304.50	315.07	414.48
Adaptive and assistive equipment	Rate amounts will be as approved per item. The total spent on these two services will be reimbursable up to \$15,000 combined per child in any 5 year period, and the total spent on any one residence will be reimbursable up to \$5,000. OCFS can approve exceptions on a case-by-case basis.							
Accessibility modifications								