

Bridges to Health Waiver Service Rates Effective January 1, 2015 – March 31, 2015

Attachment A

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
Family/Caregiver Supports and Services	HCLA Transfer from Original HCLA – for case transfers from original HCLA. 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
	HCLA Transfer to a New HCLA – for case transfers to another HCLA. 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
Skill Building	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
Day Habilitation	Individual Rate	Per 15 min	12.96	13.43	12.96	13.43	12.96	13.43
	Group rate - can be charged per child but only for 2 children max	Per 15 min	8.42	8.73	8.42	8.73	8.42	8.73
Special Needs Community Advocacy and Support	Individual Rate	Per 15 min	12.96	13.43	12.96	13.43	12.96	13.43
	Group rate - charged for each child in the group	Per Hour	72.64	77.90	72.64	77.90	72.64	77.90
Prevocational Services	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 Hour	49.28	56.31	49.28	56.31	49.28	56.31
Supported Employment	Individual Rate Only	Per Hour	26.20	30.50	26.20	30.50	26.20	30.50
	Respite Services	Per Hour	68.15	70.00	68.15	70.00	68.15	70.00
Crisis Avoidance & Management and training	Individual Rate	Per day	238.48	239.66	238.48	239.66	284.67	313.30
	Group rate - charged for each child in the group	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	12.40	12.70	12.40	12.70	12.40	12.70
	Crisis Respite	Per 15 min	19.08	19.55	19.08	19.55	19.08	19.55
Adaptive and assistive equipment	Individual Rate Only	Per 15 min	19.08	19.55	19.08	19.55	19.08	19.55
	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.	Per day	298.03	308.31	298.03	308.31	318.89	419.31