

Bridges to Health Waiver Service Rates Effective April 1, 2016

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 | 1,955 | 2,085 | 1,955 | 2,085 | 1,955 | 2,085 |
| | Enrollment Month – for network development and other case-related activities during initial enrollment period. Billed only one time per child. | Per One Month | 1,979 | 2,083 | 1,979 | 2,083 | 1,979 | 2,085 |
| | 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 | 978 | 1,042 | 978 | 1,042 | 978 | 1,042 |
| | 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 | 978 | 1,042 | 978 | 1,042 | 978 | 1,042 |
| | Hospitalization Occurrence from 1-10 days – used when # of days hospitalized is > or = 1 but < or = 10. | Per One Month | 1,955 | 2,085 | 1,955 | 2,085 | 1,955 | 2,085 |
| | Hospitalization Occurrence from 11-30 days – used when # of days hospitalized is > or = 11 but < or = 30. | Per One Month | 1,955 | 2,085 | 1,955 | 2,085 | 1,955 | 2,085 |
| Family/Caregiver Supports and Services | Individual Rate | Per 15 min | 13.25 | 13.73 | 13.25 | 13.73 | 13.25 | 13.73 |
| | Group Rate - can be charged per child but only for 2 children max | Per 15 min | 8.61 | 8.92 | 8.61 | 8.92 | 8.61 | 8.92 |
| Skill Building | Individual Rate | Per 15 min | 13.25 | 13.73 | 13.25 | 13.73 | 13.25 | 13.73 |
| | Group Rate - can be charged per child but only for 2 children max | Per 15 min | 8.61 | 8.92 | 8.61 | 8.92 | 8.61 | 8.92 |
| Day Habilitation | Individual Rate | Per Hour | 73.65 | 78.97 | 73.65 | 78.97 | 73.65 | 78.97 |
| | Group Rate – charged for each child in the group | Per Hour | 38.39 | 41.84 | 38.96 | 41.84 | 38.96 | 41.84 |
| Special Needs Community Advocacy and Support | Individual Rate | Per 15 min | 19.41 | 19.88 | 19.41 | 19.88 | 19.41 | 19.88 |
| | Group Rate - charged for each child in the group | Per 15 min | 12.62 | 12.92 | 12.62 | 12.92 | 12.62 | 12.92 |
| Prevocational Services | Individual Rate | Per Hour | 49.95 | 57.07 | 49.95 | 57.07 | 49.95 | 57.07 |
| | Group Rate – charge for each child in the group | Per Hour | 26.54 | 30.89 | 26.54 | 30.89 | 26.54 | 30.89 |
| Supported Employment | Individual Rate Only | Per Hour | 69.65 | 71.55 | 69.65 | 71.55 | 69.65 | 71.55 |
| Respite Services | Less than full-day rate - if less than 4 hours | Per 15 min | 13.25 | 13.73 | 13.25 | 13.73 | 15.58 | 17.68 |
| | Full-day respite rate - if more than 4 hours | Per Day | 241.95 | 243.15 | 241.95 | 243.15 | 288.81 | 317.86 |
| Crisis Avoidance and Management and Training | Individual Rate | Per 15 min | 19.51 | 19.98 | 19.51 | 19.98 | 19.51 | 19.98 |
| | Group Rate - charged for each child in the group | Per 15 min | 12.68 | 12.99 | 12.68 | 12.99 | 12.68 | 12.99 |
| Immediate Crisis Response Services | Individual Rate Only | Per 15 min | 19.51 | 19.98 | 19.51 | 19.98 | 19.51 | 19.98 |
| Intensive In-Home Supports and Services | Individual Rate Only | Per 15 min | 19.51 | 19.98 | 19.51 | 19.98 | 19.51 | 19.98 |
| Crisis Respite | Less than full -day rate - if less than 4 hours | per 15 min | 17.76 | 18.25 | 17.76 | 18.25 | 18.73 | 24.46 |
| | Full-day respite rate - if more than 4 hours | Per Day | 302.37 | 312.80 | 302.37 | 312.80 | 318.91 | 419.40 |
| 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 | | | | | | | | |