

**B2H CONNECTIONS/WMS SYSTEM INSTRUCTIONS  
 DJJOY – VOLUNTARY AGENCY PLACEMENT  
 NEW YORK CITY**

|                   | <b>Connections</b>   | <b>WMS</b>   |
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| <b>Enrollment</b> | <p>To enroll a child in B2H who is in an eligible setting**, ACS must assign a role in the FSS to the DJJOY worker and HCIA designee. DJJOY must then enter the waiver enrollment information in the B2H Waiver Window on Connections.</p> <p>To enter the enrollment information for the B2H Waiver, it is a Connections requirement that the child be in receipt of Medicaid on Upstate WMS. If the child goes to aftercare from a Voluntary Agency at the point of enrollment in the B2H waiver, the B2H Waiver information must be entered on Connections prior to the ending of the POS line on the WMS Services case and subsequent termination of SERMA coverage. (also see - R/E Subsystem Post-Connections instructions)</p> <p>The Connections FSS must remain open to record CANS and IHP information, even if no child welfare services are being provided. ACS will be responsible for maintaining the Connections case. If the child is not receiving child welfare services, the FASP queues should be ignored.</p> | <p><b>Medicaid*</b> – Children must reside in a qualified setting** to receive B2H Waiver services. DJJOY will notify ACS when the child is residing in a qualified setting and eligible to receive B2H Waiver services. The type of setting the child is being transferred to will determine on which WMS system (Upstate or Downstate) Medicaid will be authorized. Medicaid for children placed in a Voluntary agency is authorized on Upstate WMS system (SERMA). Medicaid for children placed in a facility operated by OCFS is authorized on Downstate WMS system.</p> <p>If the child goes to aftercare from a Voluntary Agency, a Downstate WMS Medicaid case will be opened via the continuous coverage flat file. There are system edits in place that may prevent the creation of a Downstate WMS Medicaid case via this flat file. Therefore, if a Medicaid case is not created via the flat file, ACS must manually open a Downstate WMS Medicaid case. It is not necessary for ACS to open a Downstate WMS Medicaid case if the child is in receipt of Medicaid through a Downstate SSI or Family Assistance (FA) case. ACS must ensure that the opening of the new Downstate WMS Medicaid case and/or entry of the R/E is done in a timely fashion to prevent any lapse in B2H services.</p> <p>ACS and HRA will work together to track B2H children opened on Downstate WMS.</p> <p><b>R/E Subsystem</b> – The B2H Waiver type and date of enrollment will be entered in the Upstate R/E subsystem via the Connections/WMS interface for children who remain in a Voluntary Agency operated foster care setting.</p> <p>If the child goes to aftercare from a Voluntary Agency at the point of enrollment in the B2H waiver, the B2H Waiver information must be entered on Connections prior to the ending of the POS line on the WMS Services case and subsequent termination of SERMA coverage. This will result in the B2H Waiver type and enrollment date being entered on the Upstate R/E subsystem via the Connections/WMS interface. Since the child’s Medicaid will no longer be authorized on Upstate WMS, the B2H waiver must be manually terminated by ACS on the Upstate R/E subsystem. Once the Downstate WMS Medicaid case is opened, the B2H Waiver type and date of enrollment must then be manually entered on the Downstate R/E subsystem.</p> <p>The B2H Waiver type and date of enrollment must be manually entered on the Downstate R/E subsystem for children placed in group homes operated by OCFS that are a B2H qualified setting.</p> <p><b>WMS Services Case</b> – ACS must make changes to POS lines as necessary. The WMS Services case must remain open, even if no child welfare services are being provided. If no child welfare services are being provided, all Direct Services would be removed.</p> |
| <b>HCIA</b>       | DJJOY will notify LDSS of the HCIA transfer.   | <b>Medicaid*</b> – No action necessary.  |

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| <b>Transfer</b>                                       | ACS must assign the role of the new HCIA staff and un-assign the role of the old HCIA staff in Connections. The Date of Transfer and the Name of the new HCIA is entered by DJJOY in the "Transfer" section on the B2H Waiver Window on Connections.                                 | <p><b><u>R/E Subsystem</u></b> – No update to R/E subsystem is necessary.</p> <p><b><u>WMS Services Case</u></b> – No action necessary.</p>  |
| <b>Discharge from OCFS custody still B2H eligible</b> | The Connections FSS must remain open to record CANS and IHP information, even if no child welfare services are being provided. ACS will be responsible for maintaining the Connections FSS. If the child is not receiving child welfare services, the FASP queues should be ignored. | <p><b><u>Medicaid*</u></b> - DJJOY will notify ACS that the child is no longer in OCFS custody but remains B2H eligible. If the child was in receipt of Medicaid through Upstate WMS via SERMA at discharge, a Downstate WMS Medicaid case will be opened via the continuous coverage flat file. There are system edits in place that may prevent the creation of a Downstate WMS Medicaid case via this flat file. Therefore, if a Medicaid case is not created via the flat file, ACS must manually open a Downstate WMS Medicaid case. It is not necessary for ACS to open a Downstate WMS Medicaid case if the child is in receipt of Medicaid through a Downstate MA, SSI or Family Assistance (FA) case. ACS must ensure that the opening of the new Downstate WMS Medicaid case and/or entry of the R/E is done in a timely fashion to prevent any lapse in B2H services. ACS must determine post foster care Medicaid eligibility using B2H budgeting methodology and make case changes as needed. (Continuous coverage provisions apply.)</p> <p>If the child was in receipt of Medicaid through a Downstate WMS Medicaid case at discharge, ACS must determine post foster care Medicaid eligibility using B2H budgeting methodology and make case changes as needed. (Continuous coverage provisions apply.)</p> <p>ACS and HRA will work together to track B2H children opened on Downstate WMS.</p> <p><b><u>R/E Subsystem</u></b> - ACS must manually terminate the B2H Waiver on the Upstate R/E subsystem. If through the continuous coverage flat file process a Downstate WMS Medicaid case was created, the B2H Waiver will be systematically entered on the R/E Subsystem the next day. If due to system edits, no case is created or if the child is already in receipt of MA through a MA, SSI or FA case, ACS must manually enter the B2H waiver on the Downstate R/E subsystem. (see Medicaid instructions above)</p> <p>If the child was in receipt of Medicaid through Downstate WMS at discharge, no action is necessary.</p> <p><b><u>WMS Services Case</u></b> - POS lines on the WMS Services case must be end dated as necessary. The WMS Services case must remain open even if no child welfare services are being provided. If no child welfare services are being provided, all Direct Services would be removed.</p> |

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| <p><b>B2H Discontinued while still in OCFS custody</b></p> | <p>The date of the child’s discontinuance in the B2H Waiver must be entered in the B2H Waiver Window in Connections. If the child is still residing in a voluntary agency, the Connections case must remain open. If the Connections FSS remained open only to document B2H information, it may now be closed.</p> | <p><b>Medicaid</b> –DJJOY must notify ACS that the child is no longer receiving B2H Services. The type of setting the child resides in will determine if the child remains eligible for Medicaid and, if eligible, on which WMS system (Upstate or Downstate) Medicaid will be authorized.</p> <p>If the child remains in a Voluntary Agency, Medicaid will be authorized via SERMA on Upstate WMS. If the child is transferred to a Medicaid eligible OCFS operated facility, Medicaid will be authorized through Downstate WMS. In either case, ACS must determine if there is a need to close the existing Medicaid case and open a new case on the other WMS system.</p> <p>If the child has been transferred to a Medicaid ineligible setting***, for those children receiving Medicaid on Upstate WMS, the termination of the POS line on the WMS Services case will terminate SERMA coverage. ACS must manually close the Medicaid case for those children receiving Medicaid through Downstate WMS.</p> <p><b>R/E Subsystem</b> – If the child was receiving Medicaid on Upstate WMS, termination of the B2H Waiver will be entered in the Upstate R/E subsystem via the Connections/WMS interface. If the child was receiving Medicaid on Downstate WMS, ACS must manually terminate the B2H Waiver on the Downstate R/E subsystem.</p> <p><b>WMS Services Case</b> – ACS must make changes to POS line as necessary. The WMS Services case must remain open even if the child is now residing in an OCFS operated facility.</p> |
| <p><b>B2H Discontinued post OCFS custody</b></p>           | <p>The date of the child’s discontinuance in the B2H Waiver must be entered in the B2H Waiver Window in Connections. If the Connections FSS remained open only to document B2H information, it may now be closed.</p>  | <p><b>Medicaid</b> –DJJOY must notify ACS that the child is no longer receiving B2H services. ACS must transfer the Downstate WMS Medicaid case to HRA to determine continuing Medicaid eligibility. (Continuous coverage provisions apply).</p> <p><b>R/E Subsystem</b> – ACS must manually terminate the B2H Waiver on the Downstate R/E subsystem.</p> <p><b>WMS Services Case</b> - If WMS case remained open only for B2H, it may now be closed.</p>   |

\*To receive B2H Waiver services, a child must first be deemed Medicaid eligible. LDSS staff are required to re-determine the child’s Medicaid eligibility and reauthorize it in WMS at least every 12 months for payments to be made for B2H Waiver Program services.  
\*\* A B2H qualified setting is defined as a non-campus setting with 12 beds or less. Short term stays in unqualified settings may not affect B2H eligibility.  
\*\*\* A Medicaid eligible setting is defined as foster homes or facilities including fully certified or approved foster boarding homes, agency operated boarding homes, group homes, non-public institutions, and non-secure public institutions with a capacity of no more than 25 beds.