

Bridges to Health (B2H) Questions from Request for Applications Informational Sessions
Posted September 28, 2007
Revised October 3, 2007

ALL Forms required in the B2H Request for Applications will be posted as a fillable version on the Office of Children and Family Services (OCFS) internet, EXCEPT for the eMedNY forms.

Each Health Care Integration Agency and Waiver Service Provider is responsible for completing and signing their own Qualification Form (OCFS-8034) for services they plan to provide. One Qualification Form (OCFS-8034) for each Health Care Integration Agency and Waiver Service Provider will suffice.

Please see revised Question # 36.

The revisions consist of the clarification that the Waiver Service Provider must complete and sign the Qualification Form (OCFS-8034);

AND the clarification that the Health Care Integration Agency must review, **not complete**, the Qualification Form (OCFS-8034) submitted by each Waiver Service Provider.

Eligibility Questions

1. Does an Office of Mental Health Community Residence meet the criteria of a Health Care Integration Agency?
 - Answer: Yes, when the appropriate documents are updated by OCFS. The Program Manual and Request for Applications do not currently include an OMH Community Residence but will be updated to reflect this change. Until the Request for Applications is re-issued, the Community Residences will not meet the qualification criteria.
2. If an agency has approval from its board to apply for public and private funding to support current, expanded and new program and capital needs, does this meet the Board of Directors resolution requirement necessary to apply as a Health Care Integration Agency? If so, can this statement be attached to the Board of Directors profile form?
 - Answer: As stated in the Request for Applications Part I, Section 2.3 (I) there needs to be a Board of Directors Resolution or certified meeting minutes indicating approval to participate in the B2H Waiver Program, so the approval mentioned above would not qualify as such.
3. If an agency is a 9 bed institution, does this meet the criteria of a Health Care Integration Agency?
 - Answer: Eligibility criteria for potential Health Care Integration Agencies require that applicants have corporate authority and an operating certificate from OCFS to provide foster care services in settings of 12 beds or less (therapeutic foster boarding home program, foster boarding home program, group home or agency operated boarding home). By definition, a child care institution cares for 13 or more children and thus would not qualify as a B2H Health Care Integration Agency. This issue pertains to only one voluntary authorized child care agency.
4. In NYC, if you are interested in becoming a Health Care Integration Agency, would you have to provide services in all five boroughs?
 - Answer: Yes. The B2H Waiver Services must be accessible to enrolled children residing within each of the 5 boroughs. Health Care Integration Agencies are encouraged to promote and recruit services in the child's community to the extent possible.
5. If a child moves from foster care to preventive services can that child remain in the B2H Waiver Program?
 - Answer: Yes, as long as otherwise eligible.

6. If a child is in the B2H Waiver and is discharged from foster care, can the child remain in the waiver and is it considered a B2H Waiver slot?
 - Answer: Yes, a child may remain in the B2H Waiver as long as otherwise eligible and the slot would remain a B2H Waiver slot.

7. Can a child in an non-qualifying setting (i.e. foster care institution or medical institution) be served by the B2H Waiver Program if the Health Care Integration Agency recommends they could go home with services?
 - Answer: A child in an institution can be referred to a B2H Waiver, but cannot be enrolled (receive services or have services reimbursed under B2H) unless he/she is in a setting of 12 beds or less. By definition, a child care institution cares for 13 or more children and thus would not qualify as a B2H Health Care Integration Agency.

8. If an agency operates a maternity program for pregnant teenagers with emotional disturbances, developmental disabilities and medical fragilities, can they receive funding through the B2H Waiver Program?
 - Answer: A voluntary authorized agency, of less than 13 beds, that operates such a program may apply to become a Health Care Integration Agency or a Waiver Service Provider. Additionally, adolescents in foster care with severe emotional disturbances, developmental disabilities and/or who are medically fragile may be referred to LDSS/ACS as potential B2H Waiver participants.

9. Do Waiver Service Provider's have to be certified as Office of Mental Retardation providers in order to serve youth who are in the B2H Waiver?
 - Answer: Only for the service of Day Habilitation.

10. Is an Aid to the Disabled determination needed for the children in the B2H waiver?"
 - Answer: No

Services Questions

11. The B2H service of Immediate Crisis Response is described as being delivered as an individual, one-to-one service. Can these services occur via phone consultations, or must it be a face-to-face contact?
 - Answer: Immediate Crisis Response Services are services that are 24 hour services designed to respond immediately to crises. This service is intended to be of very short duration and primarily to engage/link to other services and resources. This service may only be delivered in an individual one-to-one session, either face to face or via phone. Because this service includes crisis de-escalation, crisis resolution support, and the development of a crisis stabilization plan and is provided in coordination with the Health Care Integrator for any additional crisis response services that are needed to resolve the immediate crisis, it is important to follow up after the immediate crisis response to verify that the issue was resolved and the crisis stabilized.

12. Does the B2H service of Immediate Crisis Response mean being on-call?
 - Answer: Immediate crisis response must be available on a 24 hour a day basis. This service cannot be provided by the Health Care Integrator.

13. Can Planned or Crisis Respite occur in a residential facility with more than 8 beds?
 - Answer: Yes, Planned or Crisis Respite can occur in a residential facility with more than 8 beds, but no more than 12 beds.

14. Please define the service of Family/Caregiver Supports/Services?
 - Answer: Please refer to Chapter 8 of the B2H Program Manual, located on the OCFS website.

15. Can a provider outside of the region where the Health Care Integration Agency is located be subcontracted as a Waiver Service Provider?
 - Answer: Yes.
16. Can a Waiver Service Provider be a provider who does not provide services in New York State but does provide services in another state?
 - Answer: The provider must meet all qualifications of a Waiver Service Provider within New York State. The standing of a provider in another state is not relevant to qualification as a B2H service provider in New York. See Chapter 8 of the B2H Program Manual for provider qualifications.
17. Do all 14 B2H Waiver services need to be identified prior to submitting an application to be a Health Care Integration Agency?
 - Answer: Yes, an applicant must demonstrate its ability and authority to make available all 14 Waiver Program Services. It is a requirement for eligibility that each Health Care Integration Agency provide the service of Health Care Integration. In addition, each Health Care Integration Agency must either provide directly or subcontract with sufficient numbers of Waiver Service Providers so that all B2H Waiver Program services are in place prior to OCFS authorization of a Health Care Integration Agency.
18. Is a Health Care Integration Agency responsible for making all B2H Waiver services available either through its own staff or sub-contracts? For example, if a Health Care Integration Agency subcontracts with a Waiver Service Provider that is only willing to provide services in some of the counties but not all within a particular B2H region, is the Health Care Integration Agency responsible for finding Waiver Service Providers that will provide the same service in the remaining counties?
 - Answer: Yes, a Health Care Integration Agency is responsible for making all services available in all counties within a region, whether the Health Care Integration Agency provides the service directly or via subcontract.
19. Clarify who signs the Service Provider Commitment Form (OCFS- 8035)? Is it the CEO of the Health Care Integration Agency applicant, or the CEO of the Waiver Service Provider?
 - Answer: The executive officer or designee of the Waiver Service Provider would sign the form.
20. The items listed under Adaptive Equipment, are very diverse. Is a Health Care Integration Agency required to establish a subcontract ahead of time as a part of the Health Care Integration Agency application process, or can a Health Care Integration Agency establish subcontracts specific to the adaptive equipment waiver service on an ongoing, case by case basis depending on the unique needs of the child.
 - Answer: The Request for Applications requires a potential Health Care Integration Agency to submit a signed subcontract for each B2H service that the agency will not be providing directly. It is expected that the potential Health Care Integration Agency will have a plan in place to deliver these services for all children in the B2H Waiver Program, which it would detail on The Health Care Integration Agency Waiver Qualification Form for Service Providers (OCFS-8034). OCFS expects case by case situations to arise.
21. Under the Special Needs Community Advocacy and Support Services B2H Waiver service, an eligible applicant is defined as "a not-for-profit agency whose corporate purpose includes the provision of special needs community advocacy and support service." If an agency provides education specialist services that are not defined in the corporate purpose, is that agency eligible to provide this particular Waiver service?

- Answer: Yes. As long as an agency's corporate purpose is consistent with the intent.
22. If the Health Care Integrator is in a part-time position, can that person provide other B2H services?
- Answer: No.
23. Does a Health Care Integrator have to be full-time?
- Answer: No. The Health Care Integrator can be part-time, however the Health Care Integrator needs to meet all the duties required of the position. A Health Care Integrator cannot provide other B2H Waiver services and a Health Care Integrator cannot be the foster care case planner for the same child.
24. Can a Case Planner also be a Health Care Integrator?
- Answer: Yes. However a Health Care Integrator cannot be a foster care case planner and the Health Care Integrator for the same child.
25. How do new Waiver Service Providers who have not previously provided a service list experience?
- Answer: It is up to the agency (Waiver Service Provider) to demonstrate that they have the ability to provide the service. Related experience can be documented on The Health Care Integration Agency Waiver Qualification Form for Service Providers (OCFS-8034).
26. For Prevocational Services, does the Waiver Service Provider need approval through the Office of Mental Retardation and Developmental Disabilities?
- Answer: No. Per Chapter 8 of the B2H Program Manual, the agency is required to be a not-for-profit vocational service provider. Further details regarding qualifications and requirements for this or other services, see Chapter 8 of the B2H Program Manual.
27. If a Health Care Integration Agency chooses to have all 14 services provided by the Health Care Integration Agency and another organization comes to the Health Care Integration Agency and requests to become a Waiver Service Provider for them, does the Health Care Integration Agency have to entertain an application from the Waiver Service Provider?
- Answer: Yes. If a request is made by a child/medical consenter to use a Waiver Service Provider not currently in the Health Care Integration Agency's network of B2H Waiver Service Providers, the Health Care Integration Agency is required to interview the potential Waiver Service Provider. If the potential Waiver Service Provider identified by the child/medical consenter is interested in becoming a provider of waiver services, the Health Care Integration Agency determines if the applicant provider can be approved. If approvable, the Health Care Integration Agency and Waiver Service Program must sign the B2H Model subcontract developed by OCFS, and the Health Care Integration Agency submits a recommendation for enrollment and an enrollment package to OCFS. See page 7-1 of the B2H Program Manual.
28. Can a Health Care Integration Agency add new contracts with additional Waiver Service Providers after they do the initial Health Care Integration Agency application to OCFS?
- Answer: Yes.
29. What would be the time period it would take to add a new Waiver Service Provider?
- Answer: Upon submission of the completed paperwork to OCFS, OCFS anticipates it will require approximately two months to review and process the new provider.
30. Can there be multiple service providers of the same service for one Health Care Integration Agency?
- Answer: Yes.

31. Does a Health Care Integration Agency who is interested in applying to serve more than one region, have to apply for each region separately?
 - Answer: Yes.
32. Why isn't the service of Crisis Response provided by the Health Care Integrator like the Office of Mental Health?
 - Answer: The B2H federal applications preclude the Health Care Integrator from providing other B2H services.

Request For Applications Forms & Documentation Questions

Vendor Responsibility

33. Clarify the Vendor Responsibilities of the Health Care Integration Agency and OCFS?
 - Answer: Vendor Responsibility of the Health Care Integration Agency vs. OCFS: The Vendor Responsibility Questionnaire (OCFS-7050) is completed by the Health Care Integration Agency and sent with the Request for Applications. In addition, OCFS completes the Vendor Responsibility checklist and Vendor Responsibility Profile for the Health Care Integration Agency once it receives the application.
 - Answer: Vendor Responsibility of the Waiver Service Provider vs. the Health Care Integration Agency: The Vendor Responsibility Questionnaire (OCFS-7050) is completed by the Waiver Service Provider and forwarded to the Health Care Integration Agency. The Health Care Integration Agency then completes the Vendor Responsibility Checklist and the Vendor Responsibility Profile for each Waiver Service Provider and submits all of this documentation in its application. OCFS will provide technical assistance, as stated in the Request for Applications and the B2H Program Manual, to the Health Care Integration Agency to complete this checklist for each Waiver Service Provider. For more technical assistance and information please refer to the B2H Program Manual pages 3-4 through 3-5 and/or contact Mimi Weber at Mimi.Weber@ocfs.state.ny.us.
34. If an agency has had vendor responsibility completed under another state agency, does this qualify under the Request for Applications as Vendor Responsibility for that same agency under the B2H waiver?
 - Answer: No. Vendor Responsibility must again be completed under the B2H application for that provider.
35. What if a potential Waiver Service Provider refuses to disclose their financial information to a Health Care Integration Agency in order to complete Vendor Responsibility?
 - Answer: Waiver Service Providers must provide information including financial information as defined in the Request for Applications.
36. Clarify the forms and materials that are required from a Waiver Service Provider to a Health Care Integration Agency and the required steps the Health Care Integration Agency must take toward verifying the information offered by the Waiver Service Provider.
 - Answer: For the purpose of securing a sub-contract with an Health Care Integration Agency:
 - Each Waiver Service Provider must submit the following information to the Health Care Integration Agency:**
 - Vendor Responsibility Questionnaire (OCFS-7050) and any supporting documentation required by an affirmative response
 - An audit report OR most recent IRS 990 (for not-for-profit) if audit report not applicable
 - Interim financial statements for the previous six months

- Annual report OR audited annual financial report
 - Application for Enrollment in the NYS Medicaid Program
 - Qualification Form (OCFS-8034) (Revised 10/3/07)
 - Schedule A-Waiver Service Provider Commitment Form (OCFS-8035)
 - Complete and sign the Model Sub-contract
- **Verification Steps to be completed by the Health Care Integration Agency for each Waiver Service Provider**
- Review the Vendor Responsibility Questionnaire and supporting documentation as applicable
 - Complete the Vendor Responsibility Checklist (Contact OCFS for answers to questions 5 & 6 of this checklist)
 - Complete the Vendor Responsibility Profile
 - Review Schedule A-Waiver Service Provider Commitment Form (OCFS-8035)
 - Review the Qualification Form (OCFS-8034) (Revised 10/3/07)
 - Sign the Model Sub-contract
37. (a) Does the WSP submit a CHAR500 form?
(b) Does the HCIA submit a CHAR500 form?
- Answer: (a) No
- Answer: (b) Yes

Forms and Documentation

38. Is the Project Staffing Plan Form (OCFS-4629) specific to the Health Care Integration Agency function for which we are applying, as opposed to applying to our entire agency? How do we complete this accurately if our staff is not yet hired?
- Answer: The Project Staffing Plan Form (OCFS-4629) refers to the Health Care Integration Agency function and not the entire agency. The instructions in Part I of the Request for Applications, page 36, state: "This form should be completed by the Bidder and submitted as part of their application. An updated staffing plan should be resubmitted by the Contractor to OCFS on an annual basis. (Date to be determined).
39. If an agency does not plan to contract with a Minority and/or Women Business Enterprise (M/WBE) at the time of application, do we leave forms Subcontractors and Suppliers Letter of Intent to Participate Form (OCFS-4630) and Sub-Contracting Utilization Form (OCFS-4631) blank?
- Answer: See the last sentence of the instructions for the Subcontractors and Suppliers Letter of Intent to Participate Form (OCFS- 4630) from page 36, Part I of the Request For Applications as indicated below: "It is expected that all Contractors make a good-faith effort to utilize Minority and/or Women Owned Businesses (M/WBEs) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the New York State Office of Children and Family Services. This form, Subcontractors and Suppliers Letter of Intent to Participate Form (OCFS- 4630), is to be completed by the proposed M/WBE Subcontractor/Supplier and is to be submitted with application/bid attached to the Subcontractor's Utilization Form (OCFS-4631) for each certified Minority or Women-Owned Business Enterprise the Bidder proposes to utilize as subcontractors, service providers or suppliers. If the MBE or WBE proposed for a portion of this application/contract is a part of a joint venture or other temporarily-formed business arrangement, the name and address of the joint venture or the temporarily formed business entity should be indicated. If the subcontractors are unknown at the time of the application, enter Primary contractor information and write "unknown" in the "subcontractor/supplier" section".
40. Does the potential Health Care Integration Agency have the Provider Agreements and Model Subcontracts notarized, even though the award has not yet been made?

- Answer: Yes, the signatures on both the provider agreement and any subcontracts between the Health Care Integration Agency and a Waiver Service provider must be notarized and included in the Request for Applications submission. The top portion of the provider agreement and any subcontract consists of the name and address of the parties, therefore, the Health Care Integration Agency would complete it.
41. Financial Reporting - will this be reported on the OCFS State Standards of Payment or a different financial reporting tool?
 - Answer: Health Care Integration Agencies will be required to report their expenditures in a separate non-MSAR program cost center in the Statewide Standards of Payment System (SSOP).
 42. Form 990 for potential Waiver Service Providers: (as stated in Vendor Responsibility Determination Checklist (OCFS-7051) is the entire document submitted or only the first page?
 - Answer: The entire Form 990 should be submitted.
 43. When looking at identification numbers, does the National Provider ID apply?
 - Answer: These services do not require the Health Care Integration Agency or the Waiver Service Provider to have a National Provider ID because these services are not considered medical services.
 44. Please summarize forms to be completed by Health Care Integration Agency versus the Waiver Service Provider.
 - Answer: In Part II, on page 2 of the Request for Applications, all required forms and attachments are listed.
 45. Where in the application is the process for Board of Directors and subcontractors to be documented in the proposal?
 - Answer: See Chapter 3, Step 4 under page 3.5 of the B2H Program Manual. Step 4 states, "The HCIA evaluates the character and competence of the potential WSP agency's Board of Directors so as to give a reasonable assurance of the Board's ability to conduct oversight of the affairs of the program. In so doing, the HCIA requires that Directors disclose information for the previous five years about affiliations with New York State agencies, any criminal convictions, and termination of contracts or suspensions from the Medicaid or Medicare programs." This information is not documented in a response to the RFA.
 46. If a Health Care Integration Agency contracts with a Waiver Service Provider to provide a service in two boroughs and uses another Waiver Service Provider in the other boroughs, how do they document this in the Request for Applications?
 - Answer: Schedule A-Waiver Service Provider Commitment Form (OCFS-8035), page 2, 3rd column, allows for a Waiver Service Provider to identify the counties for which they will provide B2H services, if they do not provide services to ALL counties in a B2H region.
 47. Does the Waiver Service Provider submit a copy of the certifications or licenses, or does the Waiver Service Provider provide the information (#'s, expiration dates) without copies?
 - Answer: The Waiver Service Provider must submit all information pertinent to certifications and licenses, including copies of said documents as well as any pertinent numbers associated with certifications and licenses.

Contract Questions

48. Is this a fiscal or calendar year contract period?

- Answer: As stated in the Request For Applications, Provider Agreements resulting from this Request For Applications will commence upon execution by the parties and shall continue for the duration of the federal approved B2H Waiver Program unless terminated by mutual consent of the parties or by OCFS pursuant to any of the termination provisions of the provider agreement, so it is neither a fiscal nor calendar year contract period.
49. What is the liability of a Health Care Integration Agency during an audit if a subcontractor has misrepresented itself and what is the liability of a Waiver Service Provider if the Health Care Integration Agency that it provides services for has misrepresented itself?
- Answer: Answer: Liability is dependant upon specific circumstances and would vary based on the facts of each particular case. There is a provision in the subcontract that could indemnify the Health Care Integration Agency against a misrepresentation or other act or omission by a Waiver Service Provider in some instances. See page 60 of Part II of the Request for Applications, Model Sub-Contract.

Narrative Questions

50. Are there any page limits to be applied to the narrative section?
- Answer: No
51. In regards to the narrative instructions relating to questions 2, 3, 4, 5, 7, 8, 9, 11 and 12: do you require anything other than a short statement indicating that we are agreeing to the corresponding requirements?
- Answer: A short statement is sufficient for this requirement. Question number 5 of the narrative does require the submission of supporting documentation.

Medicaid Questions

52. Would current Medicaid provider numbers meet the requirements for the verification of enrollment in Medicaid?
- Answer: Yes- and the types of services provided under Medicaid must be specified.
53. Must agencies submit the Application for Enrollment in the NYS Medicaid program, even if the agency is already enrolled in eMedNY?
- Answer: Yes, all B2H providers must be enrolled in eMedNY as a B2H provider. Even if your organization is already enrolled in eMedNY, the Application for Enrollment in NYS Medicaid must be completed for B2H.
54. Does the Waiver Service Provider have to be an existing Medicaid provider?
- Answer: No, however, the Waiver Service Provider will have to become a Medicaid provider through the B2H Waiver Program, using the Application for Enrollment.

Training Questions

55. What will be the required training of selected Health Care Integration Agencies and Waiver Service Providers?
- Answer: Please refer to page 2, Part I of the Request for Applications for dates and times of training. OCFS also expects to provide CANS-B2H Training the week of December 17, 2007. Please refer to Chapter 8 of the B2H Program Manual for other training requirements.
56. If a Health Care Integrator is already certified to administer the CANS-Mental Health or other CANS instrument, does that automatically qualify that individual to administer the CANS-B2H instrument?

- Answer: No. OCFS is requiring all providers who will complete the CANS-B2H assessment to attend a refresher training for the B2H Waiver.

Programmatic Questions

57. If a participant is already pre-approved by a Developmental Disabilities Services Office (DDSO) for an Intermediate Care Facility or higher level of care, is a new Level of Care form completed by the DDSO for B2H purposes?
 - Answer: OCFS has consulted with the Office of Mental Retardation and Developmental Disabilities and it has been determined that as long as the Level of Care is current, within a year, it will most likely suffice.
Would this “current” Level of Care need to go back to the DDSO?
 - Answer: Yes
58. When recording team meeting minutes, is there a specific template that should be used? Is a progress note with a sign-in sheet acceptable?
 - Answer: Yes, a progress note with a sign-in sheet is acceptable.
59. Are the Health Care Integration Agencies’ responsible for background checks on the Waiver Service Providers?
 - Answer: The Health Care Integration Agencies’ are only responsible for background checks on their staff. The Health Care Integration Agency must require that each Waiver Service Provider be responsible for its own background checks.
60. How is a slot assigned once a child moves to another region?
 - Answer: When enrolled children move from one county to another within New York State, they remain enrolled unless the B2H Waiver has not yet been implemented in the new location. It is important to note that the B2H Waiver slot remains assigned to the same child and continues to be the responsibility of the LDSS/ACS/DRS of origin even when the child moves to another county where the B2H Waiver has been implemented.
61. If a Health Care Integration Agency wants to terminate an agreement with a Waiver Service Provider, do they have a way to do this?
 - Answer: Yes. There are a series of termination clauses in the Model Subcontract. See page 11 of the Model Sub-Contract.
62. If a Health Care Integration Agency wants to terminate their Provider Agreement with OCFS can they do so?
 - Answer: There are a series of termination clauses in the Provider Agreement, including a mutual agreement to terminate the Provider Agreement. See page 19 of the Provider Agreement.
63. On the OCFS website, the B2H Waiver is said to be three separate waivers. Is that a concern when applying to become a B2H waiver Health Care Integration Agency?
 - Answer: No. OCFS was required in their submission to the Federal Government to submit three separate waiver requests. However, the B2H Waiver Program will be operated as one program.
64. Is the Health Care Integrator on call 24 hours per day?
 - Answer: No. Per Chapter 8 of the B2H Program Manual, Section K, Immediate Crisis Response Services are available 24 hours per day.

65. How quickly can services start for a child?
- Answer: It is expected that services will begin once a child is authorized for the B2H Waiver by LDSS/ACS/DRS.
66. What if your Health Care Integration Agency is at capacity and LDSS/ACS/DRS makes a referral, can the Health Care Integration Agency refuse to take the referral?
- Answer: The Health Care Integration Agency does not define a capacity for B2H services, including Health Care Integration. The Health Care Integration Agency cannot refuse any referrals sent to them by the LDSS/ACS/DRS.
67. If a sociotherapist is delivering the service of Family/Caregiver Supports and Services, can this be billed through B2H?
- Answer: No. B2H cannot be used to fund foster care services. Family/Caregiver Supports and Services are very discretely defined and only a Waiver Service Provider or Health Care Integration Agency that is directly providing the service can perform and bill for this service via the B2H Waiver Program.
68. Who will enter B2H Waiver related information into Connections?
- Answer: The Health Care Integrator will enter the B2H **services information** into Connections. Enrollment dates will be entered by the LDSS/ACS.
69. What is the protocol for when there is a disagreement between case manager/planner and Health Care Integrator/Waiver Service Provider?
- Answer: The LDSS/ACS or DRS (authorizing governmental agency) has final approval for all B2H decisions. It is expected that the authorizing governmental agency will work collaboratively with the Health Care Integration Agency for the best interests of the enrolled child. The Health Care Integration Agency is responsible for the requirements outlined in the contract with the Waiver Service Provider and therefore is expected to handle any provider/services issues with the Waiver Service Provider.
70. What about disagreements among case manager/planner, Health Care Integrator/Waiver Service Provider and medical consentor/child?
- Answer: The Health Care Integration Agency should be the first point of contact for resolution of issues that arise between child/medical consentor and Waiver Service Providers. It is important to remember that freedom of choice is essential to B2H and enrollees have the right to exercise their choice. However, it is expected that remediation for any issues should be the first step towards resolution.
71. What if a child/medical consentor wants a service provider who the Health Care Integrator feels is at an inappropriate distance?
- Answer: When choosing services, the child/medical consentor will only be given a choice of providers who offer services in the region they reside.
72. (a) Is transportation to services paid for by B2H?
(b) If not, how does it get paid for?
- Answer: (a) No
Answer: (b) The Medicaid Program will cover the transportation expenses of Medicaid eligible enrollees to any care or service covered under the Medicaid Program.
73. Do Waiver Service Providers report/update the Health Care Integration Agency?
- Answer: Yes, the sub-contracted Waiver Service Providers will report to the Health Care Integrator on the services they are providing. Once approved and providing services, the Waiver Service Providers are required to complete Detailed Service Plans (OCFS-8020), Service Summary Forms (OCFS-

8018) and Progress Notes (OCFS-8019) and submit these forms to the Health Care Integrator. Further information can be found in Chapter 7 of the B2H Program Manual.

74. Page 5-11 of the Program Manual reads: The Health Care Integration Agency must request that each child/medical consentor complete a standardized satisfaction survey at least annually. These surveys should be designed to assess the level of consumer satisfaction with the B2H Waivers.” Is the Health Care Integration Agency therefore required to create its own survey, or does this refer to Participant Satisfaction Survey (OCFS-8016) developed by OCFS?
- Answer: Each B2H service provider must annually administer surveys of participant satisfaction. The decision as to whether the Health Care Integration Agencies and the Waiver Service Providers have to develop their own surveys, versus using the Participant Satisfaction Survey developed by OCFS (OCFS-8016), has not been made yet. OCFS will be releasing instructions regarding surveys in the summer of 2008, to allow the Health Care Integration Agencies and Waiver Service Providers time to prepare for surveys, which will begin in 2009.
75. Can the Serious Reportable Incident Committee include B2H staff exclusively (as long as it represents a cross-section of B2H staff)?
- Answer: As stipulated on Page 11-7 of the B2H Program Manual, the recommendation for the Organization and Membership of the Serious Incident Review Committee is that the committee may be organized on an agency-wide, multi-program or program-specific basis. Agencies may use a current Incident Review Committee if one has been established. It is recommended that the committee contain at least five individuals drawn from a cross-section of staff, including professional, direct care, quality management, and administrative staff.