Bridges to Health Waiver Service Rates Effective April 1, 2008

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								