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Bridges to Health System Build 18.9.6 Job Aid



CONNECTIONS Training Project

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This Job Aid is available on the CONNECTIONS intranet site:
[OCFS intranet home page](#) > [CONNECTIONS](#) > [Step-by-Step/Job Aids/Tips](#)

The OCFS CONNECTIONS intranet site also contains information about trainings offered to support you in your work with CONNECTIONS.

Introduction

This Job Aid provides a detailed overview of the CONNECTIONS system changes being introduced with Build 18.9.6 - specifically information about Bridges to Health (B2H). The job aid is intended for all CONNECTIONS workers who will be responsible for recording Bridges to Health information in CONNECTIONS.

Specifically, this Job Aid contains information about:

- Bridges to Health information in CONNECTIONS;
- accessing Bridges to Health functionality;
- viewing, recording and modifying Bridges to Health information; and
- generating the B2H Waiver Services Projected Budget Report.



Bridges to Health (B2H)

The Bridges to Health (B2H) Home and Community Based Waiver Program was implemented effective January 1, 2008 through the joint efforts of the NYS Office of Children and Family Services and the NYS Department of Health. Bridges to Health is part of Governor Spitzer's Children's Agenda, aimed at improving opportunities for all of New York's children, including those with special needs. This program is designed to transition individuals who are traditionally institutionalized into more community based settings.

The B2H Waiver Program will provide expanded and enhanced services to children with disabilities, including children in OCFS custody. The program is being phased in across the state over three years and at the end of 2010 there will be approximately 3300 program slots available. There are numerous policies and procedures related to this program which can be found on the OCFS Internet at:

www.ocfs.state.ny.us/main/b2h

The B2H program consists of three waivers; Serious Emotional Disturbance, Developmental Disability and Medically Fragile that are designed to provide community-based health care services and support to children in foster care, and to those that have been discharged from foster care, while in one of the three B2H Waivers. The program will also serve their families, including birth parents, foster parents, pre-adoptive parents, and siblings.

CONNECTIONS provides support to track whether a child who is in receipt of foster care is also receiving B2H services. This will allow identification of the population and waiver program type, identification of waiver services and utilization, and discharge information.

Eligibility & Enrollment

The formal referral of a child to the B2H Waiver Program must come from the LDSS. Information concerning a child's B2H enrollment must be entered in the Welfare Management System (WMS) to facilitate payment by Medicaid. To be eligible to participate in the B2H Waiver Program, a child must meet the following criteria:

- be Medicaid eligible;
- have an appropriate and documented qualifying diagnosis; and
- be eligible for admission to a medical institution and assessed to meet the level-of-care criteria for one of the waivers in the B2H Waiver Program.

Specific details on the Bridges to Health eligibility requirements and WMS instructions can be found at:

www.ocfs.state.ny.us/main/b2h

Key Terms

The following terms are commonly used in Bridges to Health

Bridges to Health

The name of the initiative/program that includes three Home and Community-Based Services waivers for children with Serious Emotional Disturbances (SED), Developmental Disabilities (DD), or Medical Fragility (MedF)—administered by OCFS. Each waiver has 14 services developed for children who are initially in foster care with disabilities and their caretakers.

Child and Adolescent Needs and Strengths Bridges to Health (CANS B2H)	An evidence-based instrument designed specifically for Bridges to Health, used to monitor and provide documentation of waiver participant progress and outcomes.
Health Care Integration Agencies (HCIAs)	Voluntary not-for-profit child care agencies under contract with OCFS for 1) employing HCIs; 2) WSP network development-management; 3) enrollment activities; and 4) program-quality management.
Health Care Integrators (HCIs)	Individuals employed by Health Care Integration Agencies (HCIAs) responsible for the development, implementation, and ongoing monitoring of an enrolled child's Individualized Health Plan.
Individualized Health Plan	The document that describes B2H enrollees' needs and strengths, and the authorized B2H Waiver service's frequency, unit, duration, and provider.
Medical Consenter	The person or entity legally authorized to give consent for a child's medical care.
Waiver	Specific authorization to participate in one of three separate programs: Serious Emotional Disturbance (SED), Developmental Disability (DD) and Medically Fragile (MedF)
Waiver Service Providers (WSPs)	<p>The phrase WSP is used to describe the following:</p> <ol style="list-style-type: none"> 1. Agencies and staff under subcontract with the HCIA to provide B2H Waiver Services, other than Health Care Integration. 2. Staff employed by the HCIA who provide B2H Waiver Services other than Health Care Integration. 3. Staff employed by the HCIA to provide Health Care Integration.

CONNECTIONS and B2H

Since all children placed in foster care through a Local Department of Social Services (LDSS) have an open Family Services Stage (FSS) in the OCFS CONNECTIONS system, it has been decided to track B2H enrollment in CONNECTIONS.

The Bridges to Health functionality in CONNECTIONS provides for recording the enrollment and the provision of services as well as the CANS B2H assessment scores for children who qualify for the B2H program. All workers assigned a role in the case may view, and record B2H waiver enrollment information. When a child is referred to a HCIA, the LDSS Case Manager must first assign a role of caseworker to the designated HCIA staff in order to allow the HCIA access to the CONNECTIONS FSS.

Bridges to Health includes the following services; health care integration; family/caregiver support and services; skill building; day habilitation; special needs community advocacy and support; prevocational services; supported employment; planned respite; crisis avoidance, management and training; immediate crisis response services; intensive in-home supports and services; crisis respite; adaptive and assistive equipment; and accessibility modifications. Once children are enrolled in the program, they may be eligible for services until they are 21 years old.



Step-by-Step: Accessing the Bridges to Health Home and Community Based Waiver

- 1 Click on the **WORK** button on the CONNECTIONS Toolbar.
The Assigned Workload displays.
- 2 Select the appropriate FSS stage and click on the **Tasks...** button.
The Family Services Stage window displays.
- 3 Click on the arrow to the left to select a person from the Person List grid.
- 4 Click on the **Options** menu and select **Bridges to Health (B2H) Waiver** command.
The Bridges to Health Home and Community Based Waiver window displays.

Bridges to Health Edits

Accessing Bridges to Health involves the simple steps of selecting the child from the **Stage Composition** tab, clicking on the **Options** menu and selecting the **Bridges to Health Waiver** command; however, when this functionality is accessed in modify mode CONNECTIONS performs a series of behind-the-scenes edits.

The following edits will be performed upon accessing the Bridges to Health functionality:

1. CONNECTIONS will verify if the Family Services Stage is synchronized with a WMS Services case. If not, the following message displays:

“The Family Services stage must be linked to a WMS services case in order to access the B2H Waiver Program window.”

Click on the **OK** button to close the message.

2. The person selected must have a validated Client Identification Number (CIN). When no valid CIN exists the following message displays:

“A valid CIN is required in order to enroll in the B2H Waiver Program.”

Click on the **OK** button to close the message.

3. When the selected person's age is greater than or equal to 21 the following message displays:

“The child must be less than 21 years of age to be enrolled in the B2H Waiver Program.”

Click on the **OK** button to close the message.

4. The selected person must have a program choice of placement or previously had a program choice of placement and a B2H Waiver recorded. The following message displays when the program choice of placement does not exist:

“A Program Choice of Placement is required in order to enroll a child in the B2H Waiver Program.”

Click on the **OK** button to close the message.

5. Lastly CONNECTIONS verifies that a voluntary agency worker is assigned to the Family Services stage. The following message displays when there is not a voluntary agency worker assigned:

“A Voluntary Agency worker must be assigned to the stage in order to enroll a child in the B2H Waiver Program.”

Click on the **OK** button to close the message.

Bridges to Health and the Child Case Record

Additional rules apply when viewing waiver information for a child that has been system end-dated due to the creation of a Child Case Record (CCR). All waiver information in the Child Welfare Stage (CWS) is viewable in the CCR stage when it was recorded prior to the creation of the CCR. Child and Adolescent Needs and Strengths Bridges to Health (CANS B2H) information created in the CWS can be invalidated through the CCR stage and the invalidation will be displayed in the CWS. Also waiver services created in the CWS that are active as of the opening of the CCR can be invalidated or have their end date shortened from within the CCR and these changes will be reflected in the CWS. However any new B2H information started or entered in the CCR (i.e. modifications to HCIA, services added, CANS-B2H scores added, etc.) cannot be viewed in the CWS.

When a waiver that spans the CWS and CCR stage is selected in the CWS, the following message displays:

“Waiver continued in CCR stage.”



Step-by-Step: Accessing the Bridges to Health Home and Community Based Waiver (via a Case Search with view-only access)

- 1 Click on the **CASE** button on the CONNECTIONS Toolbar.
The Case Search Criteria window displays.
- 2 Enter the Case ID number in the **Case ID** field (or the Stage ID number in the **Stage ID** field).
*The **Search** button enables.*
- 3 Click on the **Search** button.
The Case List displays with the only case that matches the search criteria.
- 4 Select the case from the *Case List*.
*The **Summary** button enables.*
- 5 Click on the **Summary** button.
The Case Summary window displays.
- 6 Select the Family Services Stages.
*The **Events** button enables.*
- 7 Click on the **Events** button.
The Event List displays for the selected stage.
- 8 Select the “Family Services Stage Opened” event from the *Event List*.
*The **Detail** button enables.*

- 9 Click on the **Detail** button.
The Family Services Stage window displays.
- 10 Click on the arrow to the left to select a person from the Person List grid.
- 11 Click on the **Options** menu and select **Bridges to Health (B2H) Waiver**.
The Bridges to Health Home and Community Based Waiver window displays.



Step-by-Step:
Accessing the Bridges to Health Home and Community Based Waiver
(via the Historical Stage Composition)

- 1 Click on the **WORK** button on the CONNECTIONS Toolbar.
The Assigned Workload displays.
- 2 Select the appropriate FSS stage and click on the **Tasks...** button.
The Family Services Stage window displays.
- 3 Click on the **Options** menu and select **View Historical Stage Comp** command.
The Historical Stage Comp window displays.
- 4 Click on the arrow to the left to select a person from the Historical Person List grid.
- 5 Click on the **Options** menu and select **Bridges to Health (B2H) Waiver** command.
The Bridges to Health Home and Community Based Waiver window displays.



The following message displays when accessing B2H information from the *Historical Stage Composition* window and no previous enrollment records exist:

“Selected child was never enrolled in the B2H Waiver Program”



When all existing waiver records are discontinued and there is no voluntary agency worker assigned to the FSS, the following message displays:

“Historical waivers exist. Window will be opened in browse mode. To create a new waiver, a Voluntary Agency worker must be assigned to the stage”

The Bridges to Health Home and Community Based Waiver Window

The *Bridges to Health Home and Community Based Waiver* window is comprised of a header, footer and multiple sections. The header contains the Child's Name and Person ID, as well as **File**, **Options** and **Help** menus. The footer contains various buttons.

This window provides for recording enrollments into the B2H waiver program, transfers between Health Care Integration Agencies (HCIAs) and discontinuances from the B2H Waiver program. Information in this window should only be entered by LDSS/ACS or OCFS staff. Additionally, you can access the *Bridges to Health-Waiver Services*, *Bridges to Health-Child and Adolescent Needs and Strengths* and *Bridges to Health-Historical HCIAs* windows from this window.

Registrant History

Date Referred	Date Received	Date Authorized	Waiver Type	HCIA	Date of Discontinuance	Reason for Discontinuance

Waiver Enrollment

Date Child Referred to HCIA: Waiver Type:

Date Enrollment Package Received: Health Care Integration Agency:

Date of Authorization in Waiver Program:

Waiver Transfer

Date of Transfer: Health Care Integration Agency:

Waiver Discontinuation

Date of Discontinuance: Reason for Discontinuance:

Services CANS B2H Scores Historical HCIA Save Cancel Close

Upon entering the window, the previously saved waiver records displays in the Registrant History grid. Records are sorted in descending order by Waiver Authorization Date. To record waiver information you must complete all fields in one section.

The window displays in view-only mode when the selected child is no longer enrolled in the B2H program and no longer has a program choice of placement. Additionally, the window displays in view-only mode when the waiver recipient is equal or greater than age 21. The following message displays when a person selected is equal to or greater than 21 years of age and is currently enrolled in the waiver:

“The child is over 21 years of age. Only a Waiver Discontinuation may be recorded. Services and CANS B2H scores may be recorded whose effective dates precede the date of the person’s 21st birthday as long as the child has not been discontinued from the waiver.”

The Registrant History grid is comprised of the following view-only columns:

Date Referred	The date on which the child was referred to the HCIA.
Date Received	The date the enrollment package was received by the LDSS or OCFS.
Date Authorized	The date the child's enrollment in the B2H waiver program was authorized.
Waiver Type	The waiver type selected.
HCIA	The selected HCIA.
Date of Discontinuance	The date the Bridges to Health waiver was discontinued.
Reason of Discontinuance	The reason for discontinuing the Bridges to Health program.

Waiver Enrollment

This section contains the following fields:

Date Child Referred to HCIA	The date on which the child was referred to the HCIA. The following message displays when a date less than the child's date of birth is selected:
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"The Date Child Referred date must be greater than the child's Date of Birth."

Waiver Type	A drop-down menu containing the following selections:
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- Serious Emotional Disturbance (SED)
- Developmental Disability (DD)
- Medically Fragile (MedF)

Date Enrollment Package Received	The date on which the completed enrollment package was received by the LDSS/OCFS. The selected date must be greater than the date of referral or the following message displays:
---	--

"Enrollment Package Received Date must be greater than the date of referral"

Additionally, the date the enrollment package was received cannot be less than the child's DOB when there is no Date Child Referred to HCIA and no Date of Authorization in Waiver Program or the following message displays:

"Enrollment Package Received Date cannot be prior to the child's Date of Birth."

Note: the calendar picker will not allow an invalid date to be selected.

Health Care Integration Agency	A drop-down menu containing the agency names of all Voluntary Agency workers assigned a role in the stage.
Date of Authorization in Waiver Program	<p>The date on which the child’s enrollment in the B2H waiver program was authorized. The date must be greater than the Date Enrollment Package Received or the following message displays:</p> <p style="text-align: center;"><i>“Waiver Authorization date must be greater than the date enrollment package was received.”</i></p> <p>Additionally, this date must be greater than the child’s date of birth or 1/1/2008 (whichever is later) or the following message displays:</p> <p style="text-align: center;"><i>“Waiver Authorization date must be greater than the later of 1/1/2008 or the child’s Date of Birth.”</i></p> <p>Note: the calendar picker will not allow an invalid date to be selected.</p>

The window contains the following buttons:

Services	The Services button enables when a record is selected from the Registrant History grid. Clicking on this button displays the <i>Bridges to Health Waiver Services</i> window.
CANS B2H Scores	This button enables when a record is selected from the Registrant History grid. Clicking on this button displays the <i>Bridges to Health-Child and Adolescent Needs and Strengths</i> window.
Historical HCIA	The Historical HCIA button enables when a record is selected from the Registrant History grid and historical HCIAS exist for a selected waiver. Clicking on this button displays the view-only <i>Historical HCIA</i> window.
Save	<p>The Save button enables when all information is completed in a section. Clicking on this button saves work that has been recorded or modifications that have been made. The following message displays when an enrollment is recorded and the child is currently enrolled in the B2H program:</p> <p style="text-align: center;"><i>“The child is already enrolled in a Bridges to Health waiver in another Family Service stage.”</i></p>
Cancel	<p>The Cancel button is disabled until a modification is made on the open window. Clicking on this button cancels any changes made to the information on the tab since the last save. The following message displays upon clicking on the Cancel button,</p> <p style="text-align: center;"><i>“Do you want to cancel? Unsaved data and/or narrative(s) will be lost.”</i></p> <ul style="list-style-type: none"> • Clicking on the Yes button discards the unsaved changes. • Clicking on the No button ends the cancellation request and returns to the window with the current changes that were made.

Close

Clicking on this button closes the window and displays the *Family Services Stage* window. If any unsaved changes exist on the window when you click on this button, the following message displays:

*“Do you want to Exit?
Unsaved data and/or narrative(s) will be lost.”*

- Clicking on the **Yes** button discards the unsaved changes and closes the window.
- Clicking on the **No** button closes the message without closing the window; all changes remain pending.



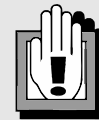
**Step-by-Step:
Recording a B2H Waiver**

- 1** Click in the **Date Child Referred to HCIA** field and record the date the child was referred to the HCIA.
- 2** Click in the **Waiver Type** drop-down menu to select the desired waiver.
- 3** Click in the **Date Enrollment Package Received** field and record the date the enrollment package was received by the LDSS/OCFS.
- 4** Click in the **Health Care Integration Agency** drop-down menu to select the desired agency.
- 5** Click in the **Date of Authorization in Waiver Program** field and record the date the child’s enrollment in the B2H waiver program was authorized.
The Save button enables.
- 6** Click on the **Save** button.
*The record displays in the Registrant History grid.
The following messages displays for non-NYC Family Services Stages:
“Please update the Restrictions and Exception subsystem for this child in WMS Non-Services”*
- 7** Click on the **OK** button.
The record displays in the Registrant History grid.



Where am I?

Assigned Workload > FSS > Tasks > Select Child > Options menu > Bridges to Health (B2H) Waiver command



If you are unable to record a new B2H waiver for a child that previously had a B2H waiver verify that the child still has a Program Choice of Placement.



The following message displays when a child has no Medicaid coverage:
*“WMS B2H Error 020
INDIVIDUAL HAS NO
CURRENT MA COVERAGE.”*

Waiver Transfer

The Waiver Transfer section provides for recording the change of an existing Health Care Integrator Agency to another. To display the new HCIA in the Transfer dropdown, the Case Manager must assign staff from the new HCIA a role in the Family Services Stage prior to entering a transfer. This section contains the following fields:

Date of Transfer

The date HCIA responsibility was transferred to the new Health Care Integration Agency (HCIA). This date must be greater than the Date of Authorization in Waiver Program or the following message displays:

“The Transfer date must be greater than the Date of Authorization.”

Note: the calendar picker will not allow an invalid date to be selected.

Health Care Integration Agency

A drop-down menu containing a list of agency names of all Voluntary Agency workers assigned a role in the stage. The current HCIA that the waiver is enrolled under is excluded from the list.



Step-by-Step: Recording a B2H Waiver Transfer

- 1 Select an active record from the Registrant History grid.
The Waiver Transfer and Waiver Discontinuance sections enable.
- 2 Click in the **Date of Transfer** field and record the desired date.
- 3 Click on the **Health Care Integration Agency** drop-down menu to select the desired agency.
The Save button enables.
- 4 Click on the **Save** button.
The record displays in the Registrant History grid.



Where am I?

Assigned Workload > FSS > Tasks > Select Child > Options menu > Bridges to Health (B2H) Waiver command



The Case Manager of the stage must un-assign the transferring HCIA staff from the FSS, if appropriate.

Waiver Discontinuance

The Waiver Discontinuance section provides for recording when a child is no longer in receipt of B2H services. This section contains the following fields:

Date of Discontinuance The date on which the child is no longer in receipt of B2H services.
The following message displays when the Date of Discontinuance precedes the Date of Authorization:

“The Date of Discontinuance cannot precede the Date of Authorization for the waiver.”

Note: the calendar picker will not allow an invalid date to be selected.

Reason for Discontinuance This drop-down menu contains the following lists of reasons for discontinuing the Bridges to Health program:

- Child no longer Medicaid eligible
- Child moved outside of New York State
- Child no longer eligible based on level of care assessment
- Child no longer capable of living in residences of less than 13 beds
- Child has turned 21
- Child/medical consenter chooses another Medicaid waiver
- Child/medical consenter no longer consents to B2H enrollment
- Waiver information entered in error.

“Waiver information entered in error” is used to indicate the child was enrolled in the B2H Waiver Program by mistake. When this is selected, the “Date of Discontinuance” automatically changes to match the “Date of Authorization in Waiver Program” and all previously entered information is considered invalid.



Step-by-Step: Recording a B2H Waiver Discontinuance

- 1 Select an active record from the Registrant History grid.
The Waiver Transfer and Waiver Discontinuance sections enable.
- 2 Click in the **Date of Discontinuance** field and record the desired date.
- 3 Click on the **Reason for Discontinuance** drop-down menu to select the appropriate reason.
The Save button enables.



Where am I?

Assigned Workload > FSS > Tasks > Select Child > Options menu > Bridges to Health (B2H) Waiver command


- 4** Click on the **Save** button.
*The record displays in the Registrant History grid.
The following messages displays for Upstate Family Services Stages:
“Please update the Restrictions and Exception subsystem for this child in WMS Non-Services”*
- 5** Click on the **OK** button.
The record displays in the Registrant History grid.



The Case Manager of the stage must un-assign the HCIA staff from the Family Services Stage, if appropriate.

Waiver Services

The *Bridges to Health Waiver Services* window provides for adding, modifying and invalidating waiver services. Additionally, this window provides for recording and calculating the projected cost of services provided to an individual enrolled in the B2H program.



Refer to Appendix A for a complete list of Service Rates for selected Service Types.

The window is comprised of a header, footer, multiple sections and buttons. The header contains the Child's Name and Person ID, as well as **File**, **Options**, **Reports** and **Help** menus. Information in this window should be entered by the Health Care Integrator (HCI).

Bridges to Health - Waiver Services <Name> <Person ID>

File Options Reports Help

Entered Detail

Service Type: [dropdown] Rate Type: [dropdown] Provider Resource ID: [text] **Validate**

Start Date: [date] End Date: [date] Units/Month: [text] **Calculate**

Calculated Detail

Unit of Service: Total Months: Projected Cost of Service:

Rate Per Unit: Total Units:


Invalid **Delete** **Modify** **Clear** **Add**

Waiver Services

Invalid	Service Type	Rate Type	Resource ID	Provider Name	Provider Address	Provider City	Provid County


Total Projected Costs of All Services for the Upcoming 12 Months

Save **Cancel** **Close**



Step-by-Step: Accessing the Bridges to Health Waiver Services Window

- 1 With a record selected in the Registrant History Grid, click on the **Services** button. *The Bridges to Health Waiver Services window displays.*



Where am I?

Assigned Workload > FSS > Tasks > Select Child > Options menu > Bridges to Health (B2H) Waiver command >

Upon entering the window, all data fields are blank and the previously saved waiver records display in the Waiver Services grid. The records are sorted in descending order by Start Date.

The window contains the following buttons:

- | | |
|------------------|---|
| Validate | Clicking on this button displays the Resource ID Validation window, which is used to verify the name and address of the recorded resource. All Resource IDs must be validated. |
| Calculate | This button enables when all fields in the Entered Detail section have been completed and the Validate button has been clicked. Clicking on this button populates the Calculated Detail section. You must click on this button for the Add button to enable. |
| Delete | This button deletes the selected row in the Waiver Services grid; records can only be deleted before they have been saved to the database. Clicking on the Delete button displays the follow message:

<p style="text-align: center;"><i>“Are you sure you want to delete this record?”</i></p> |
| Modify | The Modify button is used to modify a selected row in the Waiver Services grid. The button enables once a change has been saved to one of the entered detail fields for a non-saved record and the Calculate button has been clicked or the Invalid checkbox has been selected. Once a record has been saved to the database, only the End Date field and the Invalid checkbox can be modified. |
| Clear | The Clear button enables when a record has been selected in the Waiver Services Grid or a new record has been started. Clicking on this button clears all detail fields. |
| Add | Clicking on this button adds a new record to the grid and clears all detail fields. |
| Save | The Save button enables when all information is completed in the Entered Detail section. Clicking on this button saves work that has been recorded or modifications that have been made. |
| Cancel | The Cancel button is disabled until a modification is made on the open window. Clicking on this button cancels any changes made to the information on the window since the last save. The following message displays upon clicking on the Cancel button,

<p style="text-align: center;"><i>“Do you want to cancel?
Unsaved data and/or narrative(s) will be lost.”</i></p> <ul style="list-style-type: none">• Clicking on the Yes button discards the unsaved changes.• Clicking on the No button ends the cancellation request and returns to the window with the current changes that were made. |

Close Clicking on this button closes the window. If any unsaved changes exist on the window when you click on this button, the following message displays:

*“Do you want to Exit?
Unsaved data and/or narrative(s) will be lost.”*

- Clicking on the **Yes** button discards the unsaved changes and closes the window.
- Clicking on the **No** button closes the message without closing the window; all changes remain pending.

Entered Detail Section

The Entered Detail section contains various drop-down menus and a recordable field. You must complete all fields in the Entered Detail section prior to adding the record to the Waiver Services grid. However, before adding a record you must accept a resource as a provider of service and calculate the projected cost. All fields must be completed to save the record. Once a record is saved (by clicking in the **Save** button) you may the only modification allowed it to shorten the end date or invalidate the record. The Entered Detail section contains the following fields:

The Entered Detail section contains the following fields:

Service Type This drop-down list is a required field provides for recording a service type from a list of pre-set values.

Rate Type This drop-down menu provides for recording a rate based on the previously selected service type. This may be system populated base on specific service types.

Provider Resource ID The **Provider Resource ID** field provides for recording for a numeric Resource ID. All Resource IDs must be validated.

Start Date The date on which services began. The following message displays when the **Start Date** precedes the date of authorization for a waiver:

“The Start Date may not precede the date of authorization for the waiver”

The Start Date may not be more than 90 days in the future or the following message displays:

“The Start Date may not be more than 90 days in the future”

The following message displays when the start date is equal to or greater than the child’s 21st birthday:

“The Start Date cannot be on or after the child’s 21st birthday”

Note: the calendar picker will not allow an invalid date to be selected.

End Date This field provides for recording the date when services are projected to end for the current Individualized Health Plan (IHP). The end date cannot be more than 12 months after the start date. This field is modifiable and may be changed for a service that has been saved by shortening the end date. The following message displays when an End

Date is selected that is later than the originally saved End Date:

“The End Date cannot be extended. It can only be modified to less than the original End Date.”

The following message displays when the End Date precedes the Start:

“The End Date may not precede the Start Date”

The following message displays when the End Date or is more than 12 months after the Start Date:

“The End Date cannot be more than 12 months after the Start Date”

The following message displays when the end date is greater than the child’s 21st birthday:

“The End Date cannot be after the child’s 21st birthday.”

Note: the calendar picker will not allow an invalid date to be selected.

Units/Months This field provides for recording the number of units of service that will be provided per month.

Calculated Detail Section

The Calculated Detail section is view-only and displays upon clicking on the **Calculate** button. The section contains the following fields:

Unit of Service	The Unit of Service field displays the increment of time (e.g. 15 minutes, hourly, daily, or monthly) at which a provider bills for a Service Type.
Total Months	The calculation of the total months of service which is the number of months between the start date and the end date. When the start date (or future start) is on or before the 15th of the month it will count as one month, otherwise it will not count. Additionally, if the end date (or 12 months from current) is before the 15th of the month it will not count as one month. If the service period is less than one month, it will count as one month.
Projected Cost of Service	This field provides a product of Rate per Unit and Total Units.
Rate Per Unit	The rate (from the Rate Table) per unit of service.
Total Units	The Total Units is a calculation of the product of Units/Month and Total Months.

Waiver Services Grid

The Waiver Services grid contains the following columns:

Invd	A “Y” or “N” in this field indicates whether the previously saved record was invalid. A “Y” indicates the record was incorrectly recorded in CONNECTIONS.
Service Type	This field displays the selected service type.

Rate Type	The displays the selected rate based on service type.
Resource ID	The field displays the CONNECTIONS-assigned Resource Identification (RID) number of the Health Care Integration Agency (HCIA) or Waiver Service Provider (WSP) as maintained by the Office of Children and Family Services (OCFS).
Provider Name	This field contains the name of the Health Care Integration Agency (HCIA) or Waiver Service Provider (WSP).
Provider Street Address	The field contains the street address of the HCIA or WSP.
Provider City	This field contains the city of the HCIA or WSP.
Provider Phone	This field contains the telephone number and extension of the HCIA or WSP.
Provider County	The County field contains the county of the HCIA or WSP.
Start Date	This field displays the date on which the specified service begins or began during the time frame covered in the Individualized Health Plan (IHP).
End Date	This field displays the date on which the specified service is projected to end or ended during the time frame covered in the IHP.
Total Months	The calculation of the total months of service which is the number of months between the start date and the end date.
Units of Service	This field displays the increment of time (e.g. 15 minutes, hourly, daily, monthly) at which a provider bills for a Service Type.
Units per Month	This field displays the number of units of service provided each month.
Calculated Total Units	This field displays the result of the calculation of the product of Units/Month and Total Months.
Rate per Unit	This field displays the rate (from the Rate Table) per unit of service.
Projected Cost of Service	This field displays a product of the Rate per Unit and the Total Units.
Invalid Checkbox	Use this field to indicate a previously saved record was incorrectly recorded in CONNECTIONS.

The Resource ID Validation Window

The *Resource ID Validation* window provides for verifying the resource name and address information. Once verified you can accept or cancel a resource providing service. When canceling a resource, you must record and accept a new resource prior to saving the record.

The following message displays when a recorded Resource ID matches no provider listed in the CONNECTIONS:

“No resource exists for the entered Resource ID”

The screenshot shows a dialog box titled "Resource ID Validation". It contains the following elements:

- Label: Resource ID Entered:
- Label: Resource Name:
- Section: **Primary Address**
 - Text box: Street:
 - Text box: PO Box/Apt:
 - Text box: City: and dropdown menu: State:
 - Text box: Zip: and dropdown menu: County:
 - Text box: CD:
 - Button: Validate
- Buttons: Accept and Cancel

Upon entering the window the Resource ID Entered, Resource Name and Primary Address are displayed. The information displayed in this window is non-modifiable. In order to modify the resource, cancel out of the *Resource ID Validation* window and record a new Resource ID on the *Bridges to Health - Waiver Services* window. The Primary Address section contains the following fields:

- | | |
|-------------------|--|
| Street | The field displays the street address of the Health Care Integration Agency (HCIA) or Waiver Service Provider (WSP). |
| PO Box/Apt | This field displays the PO Box/Apt of the HCIA or WSP. |
| City | This field displays the city of the HCIA or WSP. |
| State | This field displays the state of the HCIA or WSP. |
| Zip | This field displays the zip code of the HCIA or WSP. |
| County | This field displays the county of the HCIA or WSP. |

The window contains the following buttons:

- | | |
|---------------|---|
| Accept | Clicking on this button closes the window and returns a validated indicator for the recorded Resource ID. |
| Cancel | Clicking on this button closes the window without accepting the recorded Resource ID. |



Step-by-Step: Adding a New Waiver Service

- 1 Click on the **Service Type** field drop-down arrow and select the appropriate service type.
*The **Resource ID**, **Start Date Units/Month** and **Rate Type** fields enables.*
- 2 Click on the **Provider Resource ID** field and enter the resource ID.
*The **Validate** button enables.*
- 3 Click on the **Validate** button.
*The **Resource ID Validation** window displays. If the **Resource ID** matches no provider listed in the database, the following message displays: “No resource exists for the entered **Resource ID**”, click the **OK** button to continue and record another **Resource ID**.*
- 4 Click on the **Accept** button to accept the provider of service.
OR
Click on the **Cancel** button to return to the *Bridges to Health Waiver Services* window and record another **Resource ID**.
*The **Bridges to Health Waiver Services** window displays.*
- 5 Click on the **Rate Type** field drop-down arrow and select the rate type that corresponds to the service type.
This may be system populated based on selected service types.
- 6 Click on the **Start Date** field and record the start date of the service.
*The **End Date** field enables.*
- 7 Click on the **End Date** field and record the date that the service is projected to end during the time frame covered in the IHP.
- 8 Click on the **Units/Month** field and enter the number of units of service to be provided each month.
*The **Calculate** button enables.*
- 9 Click on the **Calculate** button.
*The services are calculated and display in the **Calculated Detail** section. The **Add** button enables.*
- 10 Click on the **Add** button to add the service information.
*The information displays in the **Waiver Services** grid and all **Detail** fields are cleared. The **Save** button enables.*
- 11 Click on the **Save** button to save the record.



Where am I?

Assigned Workload > FSS > Tasks > Select Child > Options menu > Bridges to Health (B2H) Waiver command > Services



When the Service Type selected is either “Adaptive and Assistive Equipment” or “Accessibility Modifications”, the Rate Type populates with “As Billed” and the Units/Month field and the **Calculate** button is disabled. The Projected Cost of Service enables and is required. Once the Projected Cost of Service has been recorded, the **Calculate** button enables.



Step-by-Step: Modifying Saved Waiver Services

- 1 Select a record from the Waiver Services grid.
The information populates the Entered Detail section.
- 2 Click on the **End Date** field and record the new date that the service will end.
*The **Calculate** button enables.*
- 3 Click on the **Calculate** button.
*The services are calculated and display in the Calculated Detail section. The **Modify** button enables.*
- 4 Click on the **Modify** button to update the service information.
The information displays in the Waiver Services grid and all Detail fields are cleared. The Save button enables.
- 5 Click on the **Save** button.



Where am I?

*Assigned Workload > FSS >
Tasks > Select Child > Options
menu > Bridges to Health (B2H)
Waiver command > Services*



Step-by-Step: Modifying an Unsaved Waiver Services

- 1 Select a record from the Waiver Services grid.
The information populates the Entered Detail section.
- 2 Modify the appropriate field(s).
*The **Calculate** button enables.*
- 3 Click on the **Calculate** button.
*The services are calculated and display in the Calculated Detail section. The **Modify** button enables.*
- 4 Click on the **Modify** button to update the service information.
The information displays in the Waiver Services grid and all Detail fields are cleared. The Save button enables.
- 5 Click on the **Save** button.



Where am I?

*Assigned Workload > FSS >
Tasks > Select Child > Options
menu > Bridges to Health (B2H)
Waiver command > Services*

End-Dating or Invalidating Waiver Services Information

The End Date field is used to indicate that a service is no longer being provided. With the exception of the **End Date** field and **Invalid** checkbox, all fields in the Entered Detail section will be non-modifiable once saved. A record may be marked invalid if it was recorded in error and the information was *never* correct. The Invalid checkbox is located below the Calculated Detail section.

The **End Date** field is modifiable and may be changed for a service that has been saved by shortening the end date. If a service needs to continue past the end date originally entered, staff must add the service again separately. The following message displays when an End Date is selected that is later than the originally saved End Date:

“The End Date cannot be extended. It can only be modified to less than the original End Date.”



Step-by-Step: Invalidating Waiver Services

- 1 Select a record from the Waiver Services grid.
The information populates the Entered Detail section.
- 2 Click on the **Invalid** checkbox to invalidate the service.
*The **Modify** button enables.*
- 3 Click on the **Modify** button.
- 4 Click on the **Save** button.
A “Y” displays in the Invd column for the selected record.



Where am I?

*Assigned Workload > FSS >
Tasks > Select Child > Options
menu > Bridges to Health (B2H)
Waiver command > Services*

Child and Adolescent Needs and Strengths Bridges to Health (CANS)

The Child and Adolescent Needs and Strengths Bridges to Health (CANS B2H) is a baseline assessment completed shortly after the initiation of B2H Waiver services. This assessment provides documentation of waiver participant progress and outcomes and must be performed within 30 days of the initiation of services. Once the initial baseline of the CANS B2H is administered, it must be re-administered every six months, at discharge, and as otherwise needed.

Bridges to Health - Child and Adolescent Needs and Strengths <Name> <Person ID>

File Options Help

Scoring Date: Acculturation: Developmental Module:

Life Domain Function: Caregiver Strengths: Behavioral Health Module:

Child Strengths: Caregiver Needs: Medical Module:

Risk Behaviors: Invalid

Previous Scores

	Invalid	Scoring Date	Life Domain Function	Child Strengths	Acculturation	Caregiver Strengths	Caregiver Needs	Developmental Module	H



Step-by-Step: Accessing the Bridges to Health Child and Adolescent Needs and Strengths Window

- 1 With a record selected in the Registrant History Grid click on the **CANS B2H Scores** button. *The Bridges to Health-Child and Adolescent Needs and Strengths window displays.*

The *Bridges to Health-Child and Adolescent Needs and Strengths* window provides for recording the scores of the assessment over an extended period of time. Upon entering the window, the previously saved scores display in the Previous Scores grid. Records are sorted by date with the most recent score at the top.



Where am I?

Assigned Workload > FSS > Tasks > Select Child > Options menu > Bridges to Health (B2H) Waiver command >

The window contains the following buttons:

- | | |
|---------------|---|
| Clear | When a modification has been made to the window or a record is selected from the Previous Scores Grid the Clear button enables. Clicking on this button clears all detail fields. |
| Save | The Save button enables when all fields are populated or a previously saved record is checked invalid. Clicking on the Save button for a new record displays the record in the Previous Scores grid and returns you to the <i>Bridges to Health-Home and Community Based Waiver</i> window. |
| Cancel | The Cancel button is enabled upon entering the open window. Clicking on this button closes the window. If there are any unsaved changes of the window the following message displays upon clicking on the Cancel button, |

“Do you want to cancel?”

Unsaved data and/or narrative(s) will be lost.”

- Clicking on the **Yes** button discards the unsaved changes and closes the window.
- Clicking on the **No** button ends the cancellation request and returns to the window with the current changes that were made.

The following fields are used to record Child and Adolescent Needs and Strengths scores:

- | | |
|-----------------------------|---|
| Scoring Date | When the Scoring Date is after the child’s date of birth the following message displays:
<i>“The scoring date cannot be on or after the child’s 21st birthday”</i>
Additionally, selecting a score date prior to the waiver authorization date displays the following message:
<i>“The scoring date cannot precede the date the B2H waiver was authorized.”</i>

When a date is recorded that matches the scoring date of a previously saved assessment record which is not invalid the following message displays:
<i>“The scoring date cannot be the same as a previously saved scoring date that is not invalid.”</i>

Note: the calendar picker will not allow an invalid date to be selected. |
| Acculturation | This field provides for recording the assessed child a score of 0 through 100 in this category. |
| Developmental Module | This field provides for recording the assessed child a score of 0 through 100 in this category. |
| Life Domain Function | This field provides for recording the assessed child a score of 0 through 100 in this category. |

Caregiver Strengths	This field provides for recording the assessed child a score of 0 through 100 in this category.
Behavioral Health Module	This field provides for recording the assessed child a score of 0 through 100 in this category.
Child Strengths	This field provides for recording the assessed child a score of 0 through 100 in this category.
Caregiver Needs	This field provides for recording the assessed child a score of 0 through 100 in this category.
Medical Module	This field provides for recording the assessed child a score of 0 through 100 in this category.
Risk Behaviors	This field provides for recording the assessed child a score of 0 through 100 in this category.
Invalid	A checkmark in this field indicates the previously saved record was incorrectly recorded in CONNECTIONS. "Invalid" in CONNECTIONS typically means that the information was <i>never</i> correct—that it was recorded in error.

The Previous Scores grid contains the following view-only columns:

Invalid	A checkmark in this field indicates the previously saved record was incorrectly recorded in CONNECTIONS.
Scoring Date	The date on which the assessment was performed.
Life Domain Function	The child's recorded score provided by the CANS B2H assessment.
Child Strengths	The child's recorded score provided by the CANS B2H assessment.
Acculturation	The child's recorded score provided by the CANS B2H assessment.
Risk Behavior	The child's recorded score provided by the CANS B2H assessment.
Caregiver Strengths	The child's recorded score provided by the CANS B2H assessment.
Caregiver Needs	The child's recorded score provided by the CANS B2H assessment.
Developmental Module	The child's recorded score provided by the CANS B2H assessment.
Behavioral Health Module	The child's recorded score provided by the CANS B2H assessment.
Medical Module	The child's recorded score provided by the CANS B2H assessment.



**Step-by-Step:
Recording Child and Adolescent Needs and Strengths Bridges to Health (CANS
B2H) Scores**

- 1 Click in the **Scoring Date** field and record the desired date.
- 2 Click on the **Acculturation** field to record a value from 0 through 100.
- 3 Click on the **Developmental Module** field to record a value from 0 through 100.
- 4 Click on the **Life Domain Function** field to record a value from 0 through 100.
- 5 Click on the **Caregiver Strengths** field to record a value from 0 through 100.
- 6 Click on the **Behavioral Health Module** field to record a value from 0 through 100.
- 7 Click on the **Child Strengths** field to record a value from 0 through 100.
- 8 Click on the **Caregiver Needs** field to record a value from 0 through 100.
- 9 Click on the **Medical Module** field to record a value from 0 through 100.
- 10 Click on the **Risk Behaviors** field to record a value from 0 through 100.
The Save button enables.
- 11 Click on the **Save** button.
The Bridges to Health Home and Community Based Waiver window displays.



Where am I?

*Assigned Workload > FSS >
Tasks > Select Child > Options
menu > Bridges to Health (B2H)
Waiver command > CANS B2H
Scores button*



**Step-by-Step:
Invalidating Child and Adolescent Needs and Strengths Scores**

- 1 Select the desired record to invalidate from the Previous Scores Grid.
- 2 Click on the **Invalid** checkbox to invalidate the selected record.
The Save button enables.
- 3 Click on the **Save** button.

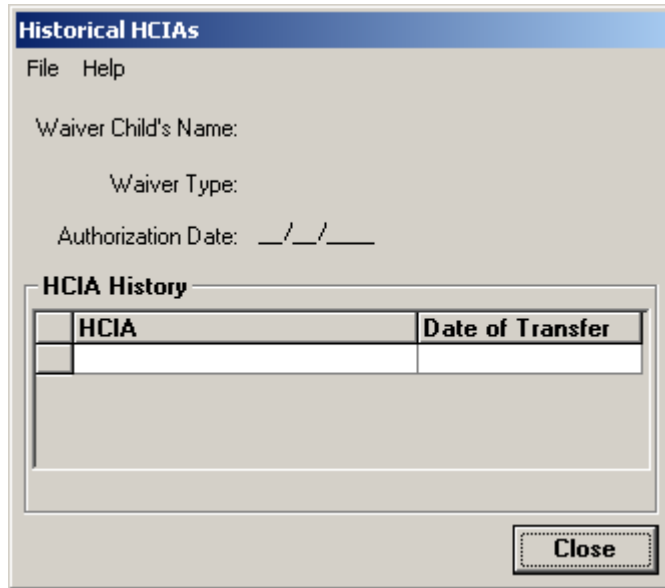


Where am I?

*Assigned Workload > FSS >
Tasks > Select Child > Options
menu > Bridges to Health (B2H)
Waiver command > CANS B2H
Scores button*

Historical Health Care Integration Agencies

The *Historical HCIA*s window provides for viewing the Health Care Integration Agency previously assigned to work with a child.



Step-by-Step: Accessing the Historical HCIA Window

- 1 Click on the **Historical HCIA** button.
The *Historical HCIA*s window displays.



Where am I?

*Assigned Workload > FSS >
Tasks > Select Child > Options
menu > Bridges to Health (B2H)
Waiver command >*

Upon entering the window, Waiver Child's Name, Waiver Type and Authorization Date display. The previously saved records display in the HCIA History grid in descending order by Date of Transfer. The grid contains the following columns:

HCIA	The name of the agency previously assigned as the HCIA for the stage.
Date of Transfer	The date HCIA responsibility was transferred to the new Health Care Integration Agency (HCIA).

Also located on the window is the **Close** button which when clicked returns you to the *Bridges to Health Home and Community Based Waiver* window.

B2H Waiver Services Projected Budget Report

CONNECTIONS provides for generating a summary of waiver services with the B2H Waiver Services Projected Budget Report. This report lists all current and future waiver services, and all services ended within 12 months for an individual waiver recipient. The report does not include invalidated services.



Step-by-Step: Generating the B2H Waiver Services Projected Budget Report

- 1 Click on the **WORK** button on the CONNECTIONS Toolbar.
The Assigned Workload displays.
- 2 Select the appropriate FSS stage and click on the **Tasks...** button.
The Family Services Stage window displays.
- 3 Click on the arrow to the left to select a person from the Person List grid.
- 4 Click on the **Options** menu and select **Bridges to Health (B2H) Waiver** command.
The Bridges to Health Home and Community Based Waiver window displays.
- 5 Select a record from the Registrant History grid.
- 6 Click on the **Services** button.
The Bridges to Health-Waiver Services window displays.
- 7 Click on the **Reports** menu and select the **Current and Recently Ended B2H Services** command.
The B2H Waiver Services Projected Budget Report window displays.

The report is divided into a header, footer and detail section. Displayed on all pages of the report, the header contains the following system-populated information:

- Waiver Recipient
- Waiver Type
- Authorization Date

Once generated, the report will contain active and end-dated services (within 12 months for an individual), omitting any invalidated information. When no information has been recorded for a service that row will remain blank.

The footer contains standard information about the report including the date printed and the page number (of total pages).



See Appendix B for a sample of the B2H Waiver Services Projected Budget Report.

Support Tools

Online Help

CONNECTIONS Online Help provides descriptions for various windows, as well as step-by-step instructions for common tasks. You can access Online Help at any time, from any window in CONNECTIONS by clicking on the **Help** menu or pressing the **F1** key on your keyboard.

The **Contents**, **Index** and **Search** tabs in Online Help allow you to search for and navigate to the topic(s) you need help on.



Step-by-Step: Accessing Online Help

- 1 Click on the **Help** menu on the CONNECTIONS Toolbar.

The following list of commands displays:

Contents	<i>A table of contents for the help facility with links to major sections.</i>
How Do I?	<i>Step-by-instructions to help you complete tasks using CONNECTIONS.</i>
Window Descriptions	<i>Descriptions of windows in CONNECTIONS, along with information on various fields.</i>
DSS Policy	<i>Online OCFS policy handbooks (under revision).</i>
Help On This Window	<i>Window description help for the window you are on.</i>
Help for Help	<i>Instructions on how to use the help functionality.</i>
About CONNECTIONS	<i>Information about the current CONNECTIONS version and build.</i>

- 2 Click on a command from the **Help** menu.
*The window related to your selection displays. In some cases, you will need to make another selection in that window to obtain instructions. At the top of each window you will see additional buttons and menus. Use the **Search** button to search for specific information in the Help function and use the **Back** button to return to windows you have just visited in Help. The **Glossary** button opens a list of important CONNECTIONS terms and the **Print** button allows you to print Help information.*
- 3 When you are done reviewing information in Help, close each *Help* window by clicking on the **Close** button (☒) in the top right corner of the window.
The system returns to the window you were using when you accessed Help.

Enterprise Help Desk

The New York State Office for Technology (NYS OFT) Enterprise Help Desk staff is available to answer basic questions related to your equipment or to solve problems you are having with the CONNECTIONS application. If they cannot solve your problem, they will record your information and forward it to others who can.

Your agency may have procedures in place for contacting the Enterprise Help Desk. Check with your supervisor before you call.

The Enterprise Help Desk is staffed 24 hours a day, seven days a week. The telephone number is:

1-800-NYS-1323
(1-800-697-1323)

When you call the Enterprise Help Desk with a problem, you will be given a ticket number to use for tracking your issue and its resolution. Keep a record of this number; you will need it for any follow-up conversations with the Enterprise Help Desk.

OCFS CONNECTIONS Intranet Site

A variety of training-related materials are available from the OCFS CONNECTIONS intranet site (<http://ocfs.state.nyenet/connect/>). The intranet site contains a wealth of information related to various aspects of CONNECTIONS, including training schedules, Alerts and Notices, Step-by-Step Guides (including the *CONNECTIONS Case Management Step-By-Step Guide*), Job Aids and Frequently Asked Questions (FAQs). Release Notes – a complete list of the modifications, enhancements, fixes and impacts in the Build – is also available from the CONNECTIONS intranet site.



Step-by-Step: Accessing the OCFS CONNECTIONS Intranet Site

- 1 From your local desktop, double-click on the **Internet Explorer** icon.
- 2 If the browser does not display the OCFS intranet site automatically, enter <http://ocfs.state.nyenet> into the browser's address line and press the **Enter** key on your keyboard.
The OCFS intranet home page displays.
- 3 Click on the **CONNECTIONS** link.
The CONNECTIONS home page displays.
- 4 Click on a topic to access information. For access to various Step-by-Step Guides and Job Aids, click on the **Step-by-Step/Job Aids/Tips** link. For access to Release Notes for a Build, click on the **Implementation** link.
- 5 To close Internet Explorer, click on the **File** menu and select **Close**.

Appendix A: Service Rates

Service	Rate Type	Rate Description	Billable Unit Unit of Service	SED Rates (\$)		DD Rates (\$)		Med F Rates (\$)	
				Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Health Care Integration	Regular	Regular full month rate	Per One Month	1,854	1,977	1,854	1,977	1,854	1,977
	Transition	1st month transition rate - for network development and other case-related activities during initial enrollment period	Per One Month	1,876	1,975	1,876	1,975	1,876	1,975
	1st Half Month	1st half of the month rate - for case transfers to another HCIA. Number of days assigned must be > or = 11 days but less than 21 days. One face to face contact with child required.	Per Half Month	927	988	927	988	927	988
	2nd Half Month	2nd half of the month rate - for case transfers to another HCIA. Number of days assigned must be > or = 11 days but less than 21 days. One face to face contact with child required.	Per Half month	927	988	927	988	927	988
	Half Month Hospital	Half month inpatient hospital rate - used when # of days hospitalized is > or = 11 but < 21	Per Half Month	927	988	927	988	927	988
	Full Month Hospital	Full month inpatient hospital rate - used when child is hospitalized for 21 or more days	Per One Month	1,854	1,977	1,854	1,977	1,854	1,977
Family/Caregiver Supports and Services	Individual	Individual Rate	Per 15 min	12.37	12.82	12.37	12.82	12.37	12.82

Service	Rate Type	Rate Description	Billable Unit Unit of Service	SED Rates (\$)		DD Rates (\$)		Med F Rates (\$)	
				Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
	Group	Group rate - can be charged per child but only for 2 children max	Per 15 min	8.04	8.33	8.04	8.33	8.04	8.33
Skill Building	Individual	Individual Rate	Per 15 min	12.37	12.82	12.37	12.82	12.37	12.82
	Group	Group rate - can be charged per child but only for 2 children max	Per 15 min	8.04	8.33	8.04	8.33	8.04	8.33
Day Habilitation	Individual	Individual Rate	Per Hour	69.55	74.61	69.55	74.61	69.55	74.61
	Group	Group Rate - group size TBD	Per Hour	36.29	39.58	36.29	39.58	36.29	39.58
Special Needs Community Advocacy and Support	Individual	Individual Rate	Per 15 min	18.40	18.85	18.40	18.85	18.40	18.85
	Group	Group rate - charged for each child in the group	Per 15 min	11.96	12.25	11.96	12.25	11.96	12.25
Prevocational Services	Individual	Individual Rate	Per Hour	47.19	53.95	47.19	53.95	47.19	53.95
	Group	Group rate - group size TBD	Per Hour	25.11	29.25	25.11	29.25	25.11	29.25
Supported Employment	Individual	Individual Rate Only	Per Hour	66.04	67.83	66.04	67.83	66.04	67.83
Respite Services	Less than Full Day	less than full day rate - if less than 4 hours	Per 15 min	12.37	12.82	12.37	12.82	14.77	16.76
	Full Day	full day respite rate - if more than 4 hours	Per day	228.23	229.36	228.23	229.36	272.44	299.83
Crisis Avoidance & Management, and	Individual	Individual Rate	Per 15 min	18.49	18.94	18.49	18.94	18.49	18.94

Service	Rate Type	Rate Description	Billable Unit Unit of Service	SED Rates (\$)		DD Rates (\$)		Med F Rates (\$)	
				Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Training									
	Group	Group rate - charged for each child in the group	Per 15 min	12.02	12.31	12.02	12.31	12.02	12.31
Immediate Crisis Response Services	Individual	Individual Rate Only	Per 15 min	18.49	18.94	18.49	18.94	18.49	18.94
Intensive In-Home Supports and Services	Individual	Individual Rate Only	Per 15 min	18.49	18.94	18.49	18.94	18.49	18.94
Crisis Respite	Less than Full Day	less than full day rate - if less than 4 hours	per 15 min	16.59	17.04	16.59	17.04	17.76	23.20
	Full Day	full day respite rate - if more than 4 hours	Per day	285.22	295.06	285.22	295.06	305.30	401.63
Adaptive and Assistive Equipment	As Billed	Rates are as billed - use the rate codes associated with the increments to come up with total bill. The total spent on these two services will be reimbursable up to \$15,000 combined per child in any 5 year period. Also the amount spent improving any one residence will be reimbursable up to \$5,000.	100% of charges						
Accessibility Modifications	As Billed		100% of charges						

**Appendix B:
B2H Waiver Services Projected Budget Report**

6. B2H WAIVER SERVICES PROJECTED BUDGET

Waiver Recipient: Poland, John Waiver Type: Serious Emotional Disturbance Waiver Authorization Date: 01/04/2008

Waiver Service	Waiver Service Provider of Choice Name, Address, and Phone #	Rate Description	Start Date	Projected End Date	Frequency of Services Per month	Billable Units of Service	Rate Per Unit of Service	Anticipated Cost (dollar amount)
1. Health Care Integration								
2. Family/Caregiver Supports and Services								
3. Skill Building	ACD RESOURCE AREA #6 80 LAFAYETTE ST FL 7 NEW YORK, NY 10013-4057 (555) 555-5555	Individual	02/01/2008	03/31/2008	1	1	\$12.82	\$12.82
	ACD RESOURCE AREA #6 80 LAFAYETTE ST FL 7 NEW YORK, NY 10013-4057 (555) 555-5555	Individual	01/15/2008	01/22/2008	1	1	\$12.82	Services Ended
4. Day Habilitation								
5. Special Needs Community Advocacy and Support								
6. Prevocational Services								
7. Supported Employment								
8. Respite Services								
9. Crisis Avoidance & Management, and Training								

6. B2H WAIVER SERVICES PROJECTED BUDGET

Waiver Recipient: Poland, John Waiver Type: Serious Emotional Disturbance Waiver Authorization Date: 01/04/2008

Waiver Service	Waiver Service Provider of Choice Name, Address, and Phone #	Rate Description	Start Date	Projected End Date	Frequency of Services Per month	Billable Units of Service	Rate Per Unit of Service	Anticipated Cost (dollar amount)
10. Immediate Crisis Response Services								
11. Intensive In-home Supports and Services								
12. Crisis Respite								
13. Adaptive and Assistive Equipment								
14. Accessibility Modifications								
<p>NOTE: For Lines 13 and 14 Only:</p> <p>If the combined costs are under \$5,000, the LDSS approves cost expenditure.</p> <ul style="list-style-type: none"> • If the combined costs are \$5,000, or greater, but are less than \$15,000, OCFS Regional QMS must approve cost expenditure, in addition to the LDSS. • If the combined costs exceed \$15,000, OCFS Bureau of Waiver Management must approve cost expenditure, in addition to the LDSS and OCFS QMS. <p>Signed contracts must be forwarded to the LDSS and must be no more than the \$15,000 maximum per child, per five year period, for any combination of Lines 13 & 14. In certain circumstances, OCFS may approve the above stated limits being exceeded.</p>								<p>Annual Projected Cost \$12.82</p>