



# Office of Children and Family Services

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## Administrative Directive

<b>Transmittal:</b>	16-OCFS-ADM-14
<b>To:</b>	Local District Commissioners Executive Directors of Authorized Voluntary Agencies
<b>Issuing Division/Office:</b>	Administration
<b>Date:</b>	06/22/2016
<b>Subject:</b>	<b>Revised Payment Rates for Bridges to Health (B2H) Home and Community-Based Waiver Services, Effective April 1, 2016</b>
<b>Suggested Distribution:</b>	Directors of Services Accounting Supervisors
<b>Contact Person(s):</b>	<a href="#">David Haase</a> or <a href="#">Ken Norris</a> (518) 474-1361
<b>Attachments:</b>	A - Bridges to Health Waiver Service Rates Effective April 1, 2016
<b>Attachments Available Online:</b>	B2H rates are available on the <a href="#">OCFS website</a>

### Filing References

Previous ADMs/INFs	Releases Canceled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
15-OCFS-ADM-12			§366(12) of the Social Services Law §§4403 and 4405 of the Education Law §1915 (c) of the Social Security Act	Bridges to Health Program Manual	

### I. Purpose

The purpose of this New York State Office of Children and Family Services (OCFS) Administrative Directive (ADM) is to publish new provider rates for the Bridges to Health (B2H) Home and Community-Based Medicaid Waiver Program. Specifically this ADM is to implement the Human Services Cost-of-Living Adjustment (COLA) included in the Enacted Budget for State Fiscal Year (SFY) 2016-17, as authorized by Part I of Chapter 60 of the Laws of 2014. The COLA is intended to promote retention of direct care and

clinical staff. This legislation authorizes the implementation of two-tenths of a percent COLA to all B2H rates effective April 1, 2016. All B2H rates are billable to the Medicaid program by enrolled B2H providers.

## II. Background and Program Implications

Home and Community-Based Medicaid Waiver programs are authorized under §1915 (c) of the *Social Security Act*. Section 366 (12) provides New York State's statutory framework to establish and implement the B2H program. Federal approval of B2H authorizes the use of Medicaid funds to provide certain services that would otherwise not be eligible for Medicaid funding.

The B2H program provides services to eligible children as a complement to the services provided through other programs, and does so in the least restrictive and most appropriate setting while involving the child's family or foster parents(s).

The B2H program consists of three separate Home and Community-Based Medicaid Waivers:

- Bridges to Health Serious Emotional Disturbance (B2H SED)
- Bridges to Health Developmental Disabilities (B2H DD)
- Bridges to Health Medical Fragility (B2H MedF)

To be eligible for the B2H program, a child must be in foster care or OCFS custody at initial enrollment. B2H enrollment may continue until age 21 if the child is otherwise eligible, even if the child is no longer in foster care or OCFS custody. The child must also be living in an eligible setting of 12 beds or less and have a qualifying diagnosis and level of care determination for the specific B2H waiver in which the child is enrolled.

OCFS enters into a provider agreement with qualified health care integration agencies (HCIAs). Each HCIA is authorized by OCFS to work in a specific region with local social services districts (LDSSs) to serve eligible children that are referred for enrollment. B2H regions are the same regions used by OCFS for monitoring each LDSS's administration of services to children and families, with one exception. Region 5 contains two distinct B2H waiver programs, one for the lower Hudson Valley area, and the other for Nassau and Suffolk LDSSs.

Following a child's enrollment, the responsible HCIA is required to coordinate the provision of B2H waiver services. Services may be provided by the HCIA, or pursuant to a subcontract between the HCIA and a Waiver Service Provider (WSP). Listed below are the 14 services included in the B2H program. For more information on each service, please refer to the [B2H Program Manual](#).

- Health care integration (HCIAs only)
- Family/caregiver supports and services (individual and group rates)
- Skill building (individual and group rates)
- Day habilitation (individual and group rates)
- Special needs community advocacy and support (individual and group rates)
- Prevocational services (individual and group rates)

- Supported employment
- Respite services (short-term and daily/overnight rates)
- Crisis avoidance, management and training (individual and group rates)
- Immediate crisis response services
- Intensive in-home support services
- Crisis respite (short-term and daily/overnight rates)
- Adaptive and assistive equipment (approved contracts within specified limits)
- Accessibility modifications (approved contracts within specified limits)

### III. Fiscal Implications

Attachment A includes all B2H rates effective April 1, 2016. Downstate rates are applicable to B2H providers in Regions 5 and 6, namely New York City's Human Resources Administration (HRA) in addition to Nassau, Suffolk, Westchester, Rockland, Putnam, Orange, Sullivan, Ulster, and Dutchess LDSSs. Upstate rates are applicable to all other LDSSs in New York State.

Payment rates for adaptive and assistive equipment and accessibility modifications will continue to be based on approved contracts for the particular equipment or modification. The existing rate limits (i.e., the five-year per child limit of \$15,000 for the combined services of adaptive and assistive equipment and accessibility modifications as well as the limit of \$5,000 for improving any one residence) will continue in effect, including the exception procedure to exceed these amounts based on approvals by the OCFS Bureau of Waiver Management (BWM) on a case-by-case basis.

The total annual dollar amount of services that may be included in a B2H enrollee's Individualized Health Plan without further review by an OCFS Quality Management Specialist is maintained at \$51,600.

### IV. Required Actions

HCIA's and other WSPs must bill eMedNY pursuant to the *B2H Program Manual* using current service codes. The rates connected to service codes will be increased by the amounts in this ADM, retroactive to April 1, 2016.

The review procedures may be found in the [B2H Program Manual](#). The cost-review point and the need for review by an OCFS Quality Management Specialist are first referenced on page 2-7 of the manual. The five-year limit for adaptive and assistive equipment and accessibility modifications combined, and the need for BWM to approve any amount exceeding that limit, first appears on page 8-22 of the manual.

### V. Claiming Program and Administrative Costs for the B2H Waiver Program

The program-related expenditures are paid through the standard eMedNY payment process. The B2H funding is open-ended; LDSSs will not receive an allocation. However, the annual dollar amount of services that may be included in a B2H enrollee's

Individualized Health Plan is limited as set forth above. The federal, state, and local district shares will also be reported through the current eMedNY reporting process.

Children enrolled in the B2H program are encoded with the following B2H waiver codes within the Welfare Management System's (WMS) restriction/exception subsystem:

- 72 – Bridges to Health – Seriously emotionally disturbed
- 73 – Bridges to Health – Developmentally disabled
- 74 – Bridges to Health – Medically fragile

- LDSSs will use the following instructions to claim administrative costs associated with the B2H program. B2H salary and non-salary administrative costs are originally coded to the F17 function, Other Reimbursable Programs, on the RF-2A administration claiming schedules. Non-salary costs are reported on the LDSS-923, *Schedule of Payments for Administrative Payments Other than Salaries* (Detail and Summary). B2H staff count and salaries are assigned to the F17 function on the Schedule D, *DSS Administrative Expenses Allocation and Distribution by Function and Program*, LDSS-2347.
- Any employee who is assigned part time to B2H activities and other programs or projects must complete an ongoing time study and have his/her salary, fringe benefits, and person count apportioned to the applicable program/project. These time studies should be completed for one full-pay period during the first month of each quarter and B2H time study percentages applied to salary costs related to each month of the same quarter.
- Districts will accumulate B2H administrative expenditures in the F17 function on the Schedule D, and complete the RF-2A claim package. B2H administration amounts will then be reported in the RF-17 claim package, *Monthly Statement of Special Project Claims, Federal and State Aid*, LDSS-4975. The B2H amounts may be reported in the RF-17 claim package in up to three separate categories (columns) entitled:
  - B2H1 SED for seriously emotionally disturbed
  - B2H1 DD for developmentally disabled
  - B2H1 MEDF for medically fragile
- The RF-17 worksheet and summary should show reimbursement rates as 50 percent federal, 25 percent state, and 25 percent local. The *Fiscal Reference Manual* (FRM), Volume 3, Chapters 7 and 18, provide instructions for completing the Schedules D and D17. The Automated Claiming System RF-17 claim package provides instructions for entering the RF-17 claim package information. As the funds are Title XIX Medical Assistance, the state will reimburse the local share to the local district. The state must track the local share separately as part of the Medical Assistance CAP process.

Claiming questions can be directed to the Office of Temporary and Disability Assistance (OTDA) Bureau of Financial Services by contacting:

- Regions 1 through 4 – Dan Stuhlman at (518) 474-7549 or via [email](#).
- Regions 5 and 6 – Michael Simon at (212) 961-8250 or via [email](#).

## VI. Systems Implications

CONNECTIONS and eMedNY will undergo revisions to their pre-programmed rate information to reflect the B2H rates and cost-review points effective January 1, 2015.

The following forms associated with the B2H program, available online at <http://ocfs.ny.gov/main/b2h/forms.asp>, will be revised to reflect the change in cost-review points:

- OCFS-8004, *Application Form for Enrollment*
- OCFS-8014, *Reauthorization Form*

LDSS and HCIA employees must verify that the most up-to-date versions of these forms are used before submitting such forms.

## VII. Effective Date

This directive is effective as of the date of its issuance.

*/s/ Derek J. Holtzclaw*

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**Issued By:**

Name: Derek J. Holtzclaw

Title: Associate Commissioner for Financial Management

Division/Office: Administration

Bridges to Health Waiver Service Rates Effective April 1, 2016

Attachment A

Service	Rate Description	Billable Unit	SED Rates (\$)		DD Rates (\$)		Med F Rates (\$)	
			Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Health Care Integration	Regular Full-Month Rate	Per One Month	1,955	2,085	1,955	2,085	1,955	2,085
	Enrollment Month – for network development and other case-related activities during initial enrollment period. Billed only one time per child.	Per One Month	1,979	2,083	1,979	2,083	1,979	2,085
	HCIA Transfer from Original HCIA – for case transfers from original HCIA. Number of days assigned must be > or = 11 days but less than 21 days.	Per Half Month	978	1,042	978	1,042	978	1,042
	HCIA Transfer to a New HCIA – for case transfers to another HCIA. Number of days assigned must be > or = 11 days but less than 21 days.	Per Half month	978	1,042	978	1,042	978	1,042
	Hospitalization Occurrence from 1-10 days – used when # of days hospitalized is > or = 1 but < or = 10.	Per One Month	1,955	2,085	1,955	2,085	1,955	2,085
	Hospitalization Occurrence from 11-30 days – used when # of days hospitalized is > or = 11 but < or = 30.	Per One Month	1,955	2,085	1,955	2,085	1,955	2,085
Family/Caregiver Supports and Services	Individual Rate	Per 15 min	13.25	13.73	13.25	13.73	13.25	13.73
	Group Rate - can be charged per child but only for 2 children max	Per 15 min	8.61	8.92	8.61	8.92	8.61	8.92
Skill Building	Individual Rate	Per 15 min	13.25	13.73	13.25	13.73	13.25	13.73
	Group Rate - can be charged per child but only for 2 children max	Per 15 min	8.61	8.92	8.61	8.92	8.61	8.92
Day Habilitation	Individual Rate	Per Hour	73.65	78.97	73.65	78.97	73.65	78.97
	Group Rate – charged for each child in the group	Per Hour	38.39	41.84	38.96	41.84	38.96	41.84
Special Needs Community Advocacy and Support	Individual Rate	Per 15 min	19.41	19.88	19.41	19.88	19.41	19.88
	Group Rate - charged for each child in the group	Per 15 min	12.62	12.92	12.62	12.92	12.62	12.92
Prevocational Services	Individual Rate	Per Hour	49.95	57.07	49.95	57.07	49.95	57.07
	Group Rate – charge for each child in the group	Per Hour	26.54	30.89	26.54	30.89	26.54	30.89
Supported Employment	Individual Rate Only	Per Hour	69.65	71.55	69.65	71.55	69.65	71.55
Respite Services	Less than full-day rate - if less than 4 hours	Per 15 min	13.25	13.73	13.25	13.73	15.58	17.68
	Full-day respite rate - if more than 4 hours	Per Day	241.95	243.15	241.95	243.15	288.81	317.86
Crisis Avoidance and Management and Training	Individual Rate	Per 15 min	19.51	19.98	19.51	19.98	19.51	19.98
	Group Rate - charged for each child in the group	Per 15 min	12.68	12.99	12.68	12.99	12.68	12.99
Immediate Crisis Response Services	Individual Rate Only	Per 15 min	19.51	19.98	19.51	19.98	19.51	19.98
Intensive In-Home Supports and Services	Individual Rate Only	Per 15 min	19.51	19.98	19.51	19.98	19.51	19.98
Crisis Respite	Less than full -day rate - if less than 4 hours	per 15 min	17.76	18.25	17.76	18.25	18.73	24.46
	Full-day respite rate - if more than 4 hours	Per Day	302.37	312.80	302.37	312.80	318.91	419.40
Adaptive and Assistive Equipment	Rate amounts will be as approved per item. The total spent on these two services will be reimbursable up to \$15,000 combined per child in any 5 year period, and the total spent on any one residence will be reimbursable up to \$5,000. OCFS can approve exceptions on a case-by-case basis.							
Accessibility Modifications								