



Office of Children and Family Services

Andrew M. Cuomo
Governor

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Sheila J. Poole
Acting Commissioner

Administrative Directive

Transmittal:	18-OCFS-ADM-11
To:	Local District Commissioners
Issuing Division/Office:	Administration
Date:	May 15, 2018
Subject:	Revised Payment Rates for Bridges to Health (B2H) Home and Community-Based Waiver Services, Effective November 1, 2017
Suggested Distribution:	Directors of Services Accounting Supervisors
Contact Person(s):	David Haase or Hyeyoung Kim at (518) 474-1361 David.Haase@ocfs.ny.gov or Hyeyoung.Kim@ocfs.ny.gov
Attachment:	A. Bridges to Health Waiver Service Rates Effective November 1, 2017
Attachments Available Online:	B2H rates are available on the OCFS website Link to Internet Site: https://ocfs.ny.gov/main/b2h/default.asp

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
16-OCFS-ADM-14			§366(12) of the Social Services Law §§4403 and 4405 of the Education Law §1915 (c) of the Social Security Act		

I. Purpose

The purpose of this New York State Office of Children and Family Services (OCFS) Administrative Directive (ADM) is to publish provider rates for the Bridges to Health (B2H) Home and Community-Based Medicaid Waiver Program, which became effective November 1, 2017. Specifically, this ADM is to update B2H rates to align with rates of

other Medicaid Waiver programs. All B2H rates continue to be billable to the Medicaid program by enrolled B2H providers.

II. Background

Home and Community-Based Medicaid Waiver programs, such as B2H, are authorized under §1915 (c) of the Social Security Act. New York's Social Services Law (SSL) §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 application to the federal government includes 14 waiver services under three B2H waivers that would be available to B2H enrollees.

The three B2H waivers are as follows:

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

Listed below are the 14 services available to appropriate enrollees in each B2H waiver. *For more information on each service, please refer to the Bridges to Health Program Manual*

(<https://ocfs.ny.gov/main/b2h/manual.asp>).

- Health care integration agencies (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)

The B2H waiver 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).

To be eligible for the B2H waiver, 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 HCIAAs. Each HCIAA is authorized by OCFS to work in a specific region with local departments of social services (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 HCIAA is required to coordinate the provision of B2H waiver services. Services may be provided by the HCIAA, or pursuant to a subcontract between the HCIAA and a Waiver Service Provider (WSP).

III. Fiscal Implications

Attachment A includes all B2H rates, which became effective November 1, 2017. 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 (IHP) without further review by an OCFS quality management specialist is maintained at \$51,600.

IV. Required Actions

HCIAAs and other WSPs must bill *eMedNY* pursuant to the *B2H Program Manual* using current service codes. The rates connected to service codes will be changed by the amounts in this ADM, retroactive to November 1, 2017.

Review procedures continue to be found in the *B2H Program Manual*, available at <https://ocfs.ny.gov/main/b2h/manual.asp>. The cost-review point and the need for review by an OCFS quality management specialist are first referenced on pages 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 pages 8-22 of the manual.

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

The program-related expenditures continue to be paid through the standard *eMedNY* payment process. B2H funding is open-ended; LDSSs will not receive an allocation. However, as set forth above, the annual dollar amount of services that may be included in a B2H enrollee's IHP is limited to \$51,600. 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

- Claiming Instructions: Administrative Costs: B2H salary and non-salary administrative costs are initially 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 programs/projects. These time studies must 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.
- LDSSs 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, LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17)*. 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 must 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 LDSS. 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 at Dan.Stuhlman@otda.ny.gov
- Regions 5 and 6 – Michael Simon, at (212) 961-8250, or via email at Michael.Simon@otda.ny.gov

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 November 1, 2017.

The following forms associated with the B2H program, which are available online at <https://ocfs.ny.gov/main/b2h/> 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

Issued By:

Name: Derek J. Holtzclaw

Title: Associate Commissioner

for Financial Management Division/Office: Administration