

TO: Local District Commissioners, Medicaid Directors, Services Directors

FROM: Mark Kissinger, Deputy Commissioner
NYS Department of Health, Office of Long Term Care

SUBJECT: Bridges to Health Waivers (B2H) for Children in Foster Care

EFFECTIVE DATE: January 01, 2008

CONTACT PERSONS: Department of Health: Priscilla Smith (518)486-6562
Office of Children and Family Services:
Mimi Weber 518-408-4064

The purpose of this GIS is to inform Local Social Service Districts (LDSS) that the New York State Department of Health (DOH) and the Office of Children and Family Services (OCFS) are authorized by the federal Centers for Medicaid and Medicare Services to implement a new Medicaid program, "Bridges to Health" (B2H) for children in foster care up to 21 years of age, beginning January 1, 2008.

B2H will provide community based services to children who are in the care and custody of a LDSS or OCFS and who have significant mental health care needs, developmental disabilities or medical fragility and who require an institutional level of care.

Administered as three separate targeted 1915(c) Medicaid waivers, the program will be phased in over a three year period, with a total 3,305 participant slots distributed between the three waivers by 2010: 2,688 serious emotional disturbance (B2H/SED); 541 developmentally disabled (B2H/DD); 76 slots medically fragile (B2H/MedF).

The services listed below will be available to participants in each waiver. Detailed descriptions can be found in the B2H Program Manual that is available on the OCFS website at <http://www.ocfs.state.ny.us/main/b2h>.

- Health Care Integration
- Skill building
- Family care giver supports and services
- Day habilitation
- Prevocational services
- Supported employment
- Planned respite
- Special needs community advocacy and support
- Crisis avoidance, management and training
- Immediate crisis response services
- Intensive in-home supports crisis respite
- Accessibility modifications
- Adaptive and assistive equipment

Initially, children must be in foster care and categorically eligible for Medicaid to be considered for enrollment in the B2H waivers. B2H participants who are discharged from foster care may remain in the B2H waiver if they meet the waiver and Medicaid eligibility criteria. A B2H participant who has been discharged from foster care will have her/his Medicaid eligibility determined based on a household of one, and her/his own income and resources will be compared to the Medically Needy level. If a child's income and/or resources exceed the Medically Needy level, s/he may spenddown. Either ADC-related budgeting or SSI-related budgeting may be used, whichever is most beneficial to the child. However, if SSI-related budgeting is used, a disability review must be completed. Medicaid and waiver eligibility must be renewed annually.

The LDSS will approve children for a B2H waiver based on their qualifying diagnosis. Each B2H waiver will be identified by separate restriction/exception (R/E) codes: • SED - R/E code 72; • DD - R/E code 73; • MedF - R/E code 74. Districts must enter the appropriate R/E code for each B2H participant as Medicaid claim payments will be made only for those with appropriately assigned codes. Training for specific claim procedures will be scheduled upon provider request.

The three year phase-in plan is designed to permit steady development of the needed administrative and service infrastructure for the waiver program, including the Health Care Integration Agencies (HCIA) and Waiver Service Provider (WSP) networks. The HCIA's are voluntary child care agencies responsible for the operational and administrative functions of the B2H waivers. The WSP networks will operate throughout the State to ensure the delivery of comparable B2H services—regardless of the location of a child's residence. Details regarding the phase-in plan, and other information regarding the program, are posted on the OCFS website at the above mentioned address.

The existing OCFS regions form the basis for the B2H regional designations. The B2H and OCFS regional designations are identical, with one exception: OCFS Region V is divided into the Lower Hudson Valley and Long Island B2H regions. Please refer to the website above for specific information regarding the OCFS and B2H regions.

An Administrative Directive (ADM) will be forthcoming with more detailed instructions regarding implementation and administration of the B2H program. OCFS will notify LDSS staff of upcoming training on administering the B2H program through the Statewide Training Automated Registration System (STARS). Topics will include B2H eligibility determination, data system entry and program monitoring. In addition, detailed information regarding the B2H program, including the phase-in plan, B2H eligibility determination rules and billing instructions, can be found in the B2H Program Manual posted on the OCFS website at the above mentioned address.