

**New York State Office of Children and Family Services  
B2H Waiver Rates Effective with the Implementation of the B2H Waiver**

Service	Rate Description	Billable Unit	SED Rates (\$)		DD Rates (\$)		Med F Rates (\$)	
			Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Health Care Integration	Regular Full Month	Per One Month	1,854	1,977	1,854	1,977	1,854	1,977
	Enrollment Month - for network development and other case-related activities during initial enrollment period. Billed only one time per child.	Per One Month	1,876	1,975	1,876	1,975	1,876	1,975
	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	927	988	927	988	927	988
	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	927	988	927	988	927	988
	Hospitalization Occurrence from 1-10 days - used when # of days hospitalized is > or = 1 but < or = 10	Per One Month	1,854	1,977	1,854	1,977	1,854	1,977
	Hospitalization Occurrence from 11-30 days - used when # of days hospitalized is > or = 11 but < or = 30	Per One Month	1,854	1,977	1,854	1,977	1,854	1,977
Family/Caregiver Supports and Services	Individual Rate	Per 15 min	12.37	12.82	12.37	12.82	12.37	12.82
	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 Rate	Per 15 min	12.37	12.82	12.37	12.82	12.37	12.82
	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 Rate	Per Hour	69.55	74.61	69.55	74.61	69.55	74.61
	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 Rate	Per 15 min	18.40	18.85	18.40	18.85	18.40	18.85
	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 Rate	Per Hour	47.19	53.95	47.19	53.95	47.19	53.95
	Group rate - group size TBD	Per Hour	25.11	29.25	25.11	29.25	25.11	29.25
Supported Employment	Individual Rate Only	Per Hour	66.04	67.83	66.04	67.83	66.04	67.83
Planned Respite	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 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 Training	Individual Rate	Per 15 min	18.49	18.94	18.49	18.94	18.49	18.94
	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 Rate Only	Per 15 min	18.49	18.94	18.49	18.94	18.49	18.94
Intensive In-Home Supports and Services	Individual Rate Only	Per 15 min	18.49	18.94	18.49	18.94	18.49	18.94
Crisis Respite	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 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	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	100% of charges						
Accessibility Modifications	the amount spent improving any one residence will be reimbursable up to \$5,000.	100% of charges						