

Hello all!

Here is a list of what is needed when submitting a budget (either Full Budget Amendment or CNBA) to [review@issny.org](mailto:review@issny.org):

- ALL budgets must only include the following email address as the Fiscal Intermediary contact on the Demographic Tab of the budget:  
[CSSPlanDocs@issny.org](mailto:CSSPlanDocs@issny.org)
- The only fringe rate for all Long Island Self Hired Staff, and for Full Time Self Hired Staff elsewhere in NYS, is 24%
- If there is any change to the Brokerage budget line, please ensure an updated Broker Agreement (with the same amount as in the budget), is included when the budget is submitted to [review@issny.org](mailto:review@issny.org)
- If the budget is requesting to add IDGS: Clinical Direct, the request must be accompanied by a prescription. Please ensure the budget is accompanied by a current prescription, which must include:
  - o The type of therapy being prescribed
  - o Date prescription was written
  - o Diagnosis (or DX code) – reason for need of therapy
  - o Dr. signature
- If the budget is requesting to add any of the following budget lines:
  - o IDGS: Household-Related Items and Services
  - o OTPS: Software
  - o OTPS: Other Goods and Services that Increase Independence, or
  - o OTPS: Other Goods and Service Related to Health and Safety
    - Please ensure there is a Budget Line Justification Form completed. For further clarification, please reach out to the Participant's Self Direction Coordinator (SDC).
- If the participant is under 18 and the budget is requesting to add:
  - o OTPS: Phone
  - o OTPS: Internet
  - o OTPS: Clothing
  - o OTPS: Utilities, or
  - o OTPS: Board Stipend
    - Please ensure you have included written, prior approval from the DDRO.
- Please note a budget should not include both a Housing Subsidy and Family Reimbursed Respite.
- Whenever a budget (CNBA or amendment) is submitted to [review@issny.org](mailto:review@issny.org) including Self-Hired Supported Employment, please ensure there is a current

SEMP authorization for the participant (if needed) and/or a current pay stub. Please ensure you submit the documentation with the budget.

- Please note there have been changes in SEMR rates as of 04/01/2020 so please see information below.
  - For individuals that do not have a job, an intensive SEMR authorization is required every SEMR year regardless of the monetary amount in the SH SEMR line. It would be best to send the current SEMR intensive authorization with the CNBA or amendment.
  - For individuals that are employed (on payroll), we will need a current pay stub on file. As long as the amount in the SH SEMR line is at or under the Regional Threshold (200 hours x Hourly Medicaid SEMR rate for that region), we do not require any additional authorization.
  - For individuals that are employed (on payroll) and have over the threshold amount in the SH SEMR line (see chart below), we will need a SEMR extended Authorization justifying the additional amount over the region's threshold that is in the budget.
    - OPWDD Regions:
      - Region 1 - Five boroughs of NYC
      - Region 2 - Nassau, Suffolk, Putnam, Taconic, & Westchester counties
      - Region 3 - All remaining counties
    - OPWDD SEMR Rates
      - Region 1 - \$19.25 (¼ Hour), \$76.98 (Hour)
      - Region 2 - \$20.20 (¼ Hour), \$80.81 (Hour)
      - Region 3 - \$21.29 (¼ Hour), \$85.14 (Hour)
    - Regional Threshold (200 hours x Hourly Medicaid SEMR rate)
      - Region 1 - \$15,396
      - Region 2 - \$16,162
      - Region 3 - \$17,028
- As of April 1, 2019, ANY Budget or CNBA submitted to [review@issny.org](mailto:review@issny.org) that includes a Direct Provider Purchased (DPP), Agency Supported Self Directed Services (ASSDS), or Family Support Service (FSS) MUST include a completed, signed Service Agreement. (\*Blank Service Agreement is included below\*)
- As of November 1, 2020, ANY Budget or CNBA submitted to [review@issny.org](mailto:review@issny.org) that includes a Housing Subsidy, MUST include the:
  - Housing Subsidy Quality Assurance Checklist
  - Housing Subsidy Participation Agreement.
  - Housing Subsidy Submission Checklist
  - Housing Subsidy Letter of Justification
  - ISS Housing Subsidy Payment Method Authorization Form (including W9 & ACH Authorization Form)

- \*Blank forms are included below\*
- Please note that the Housing Subsidy forms (except Payment Method Authorization, unless there is a change) are needed for ALL participants who are currently utilizing a Housing Subsidy, even if there is NO budget change being requested at this time.
- Please complete these documents and send to the participant's Self Direction Coordinator ASAP

If there are any questions about what is needed when submitting a budget to [review@issny.org](mailto:review@issny.org), please do not hesitate to email [review@issny.org](mailto:review@issny.org)! Thank you!

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