



# **New York State Department of Health**

## **Third Quarterly Report: Spending Narrative for Implementation of American Rescue Plan Act of 2021, Section 9817**

**Support for Medicaid Home and Community-Based Services  
(HCBS) during the COVID-19 Emergency**

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## **Federal Fiscal Year 2022 – Quarter 4 Report**

*May 6, 2022*

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## Letter of Attestation from State of New York

May 6, 2022

### **BY E-MAIL**

Mr. Daniel Tsai  
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Director, Center for Medicaid & CHIP Services  
Centers for Medicare & Medicaid Services  
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Re: **New York State Third Quarterly Report:**  
Implementation of American Rescue Plan Act of 2021, Section 9817

Dear Mr. Tsai:

On behalf of the New York State Department of Health (the Department or DOH) as the single state Medicaid agency, I write to provide the third quarterly update for New York State (the State or New York) regarding certain Medicaid expenditures for home and community-based services (HCBS) provided by Section 9817 of the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2). In connection with the receipt of increased Federal Medical Assistance Percentage (FMAP) for these categories of HCBS, I attest to the following:

- The State is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The State is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The State is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The State is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The State is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

As reflected in the enclosed third quarterly report, the State has made meaningful progress in implementing the Spending Plan and narrative that it submitted to CMS on July 8, 2021. Critically, on January 31, 2022, the State received approval from CMS for all but two proposals submitted in the original Spending Plan and narrative. To that end, the State continues to work with CMS to finalize the methodology by which the HCBS programs and services included in our managed care premiums will be counted towards the increased FMAP.

The State offers further updates on existing implementation efforts and includes several activities introduced in the second quarterly report. We also provide our current best estimate for projected HCBS expenditures subject to increased FMAP. We look forward to working with CMS to achieve full approval of the modest number of remaining proposals in our Spending Plan and narrative as reflected in this report, as well as the new proposals in the second quarterly report, such that New York is able to further the goals of Section 9817 of ARPA and support critical HCBS in the State.

Please do not hesitate to contact me with any questions.

Very truly yours,

Brett Friedman  
Medicaid Director  
Office of Health Insurance Programs  
NYS Department of Health

Enclosure

cc: Ralph Lollar, CMS  
Nicole McKnight, CMS  
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## Executive Summary

The American Rescue Plan Act (ARPA) was signed into law on March 11, 2021. Section 9817 of ARPA provides a 10 percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021, to March 31, 2022, to supplement existing state expenditures on home and community-based services (HCBS). As detailed in State Medicaid Director Letter #21-003, issued by the Centers for Medicare & Medicaid Services (CMS) on May 13, 2021 (the SMDL), CMS affords states the ability to invest or reinvest these funds in a variety of ways that expand and enhance investments in Medicaid-covered HCBS, address COVID-related needs, and build HCBS capacity. While these enhanced funds are generated until March 31, 2022, states may expend these funds any time before March 31, 2024.

This opportunity enables New York State (the State, New York, or NYS) to make significant investments that expand, enhance, or strengthen HCBS for Medicaid members. This federal funding arrived at an opportune moment, as providers are working to rebuild and expand service capacity, adjust to the realities of post-pandemic service provision, address increases in demand, and build workforce capacity. To these ends, New York proposed to make investments that will support the needs of our most vulnerable populations. New York's approach prioritizes investments with long-term sustainable benefits, including building workforce capacity and digital infrastructure to streamline service delivery, and that work to improve the quality and efficiency of services in the more immediate term, including helping HCBS providers overcome pandemic-related service disruptions and expenses. New York is pleased to update CMS about our progress in advancing these proposals.

As of this update, the New York Spending Plan contains **47** separate proposals across three categories, which is an increase from the **39** proposals initially included in the State's Spending Plan but remains unchanged from the number of proposals that DOH reported in the second quarterly update to the Spending Plan. Those three categories include:

1. Supporting and Strengthening the Direct Care Workforce
2. Building HCBS Capacity through Innovations and Systems Transformation; and
3. Investing in Digital Infrastructure

Critically, these 47 proposals are the result of an ongoing collaborative process among six State Partner Agencies that oversee the categories of HCBS funded by Section 9817 of ARPA. These agencies include: the Department of Health (DOH), the Office for People with Developmental Disabilities (OPWDD), the Office of Mental Health (OMH), the Office of Children and Family Services (OCFS), the Office of Addiction Services and Supports (OASAS), and the State Office for the Aging (SOFA). DOH and the Partner Agencies engaged with stakeholders to inform the development of these proposals for recommendations on the use of the funds. DOH is maintaining a public website to keep stakeholders apprised of developments and progress with regard to approval and

implementation of New York's Spending Plan, which links to specific updates from the Partner Agencies on their respective websites, where applicable.

This website may be accessed here:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/hcbs/enhanced\\_funding/](https://www.health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/).

At present, the State is largely focused on implementing activities, preparing to launch activities, and drafting spending authorities. The State has made progress spending ARPA HCBS enhanced FMAP funding on a number of proposals approved by CMS. To date, the State has begun spending on 14 of the 37 CMS-approved proposals (38%).

New York has worked diligently to design the foundational components for the 37 approved activities, one activity pending approval, eight activities submitted in the prior quarterly Spending Plan update, and one new activity submitted in this update. In this Spending Plan Update, New York removes the Home Care Worker Bonus Proposal and adds an additional proposal in its place. The details of these proposals and the related progress are found, organized by activity, in [Appendix A](#) of this document, and summarized in the [Summary of Proposals](#) section.

## Sustainability Plan

New York remains committed to leveraging this significant investment to foster long-term positive impacts on the HCBS system. Thirteen of the proposed activities work to strengthen and support the direct care workforce across the state. Workforce shortages and instability were exacerbated by the COVID-19 Public Health Emergency. Investments in the HCBS workforce will help address these challenges while having long lasting impacts both on access to care for vulnerable populations in need of these services and on the quality of care that those members receive. Additional training and enhanced benefits for the HCBS workforce will play an instrumental role in improving the delivery system over the coming years. Upon evaluation of these proposals, the State will assess the impact and outcomes of each proposal and will explore the benefits of continuing these efforts beyond the initial period.

Twenty-eight of the proposed activities aim to increase and strengthen service capacity, foster innovation, and create systems transformation for HCBS. Program designs have been developed to encourage investment focused on long-term impact resulting from the COVID-19 pandemic. The State is tracking possible opportunities to keep successful activities and enhancements beyond March 31, 2024.

Six of the activities aim to strengthen the digital infrastructure for HCBS provider agencies in New York. These investments will allow HCBS provider agencies to reopen strategically during times when face-to-face interactions come with a risk, while also supporting the integration of modern technology into service delivery, documentation, and care. The State has prioritized activities that are innovative enough to endure beyond March 31, 2024.

## Summary of Proposals

The below table provides a brief overview of individual activity updates. Progress updates below are categorized into four distinct categories as follows:

1. **Proposal Approved and Federal Spending Authority Approved or Not Required** – Proposals that have received CMS approval and federal spending authority approval.<sup>1</sup>
2. **Proposal Approved and Federal Spending Authority Submitted** – Proposals that have received CMS approval and for which the State has submitted and awaits approval of needed federal spending authorities.
3. **Proposal Approved and Federal Spending Authority in Progress** – Proposals that have received CMS approval and for which federal spending authorities are under development.
4. **Approval Needed and Federal Spending Authority in Progress** – Proposals that have not yet received CMS approval and for which federal spending authorities are under development.

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>I. A: Transform the LTC Workforce and Achieve Value-Based Payment (VBP) Readiness</b>  <i>3/31/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Approved	DOH	Top third of LHCSAs based on 2019 utilization with MLTCP/MAP contracts	\$143.04M; Funds are being disbursed	CMS approved directed payment preprint on March 4, 2022	<a href="#">Updated Funding Allocation</a>

<sup>1</sup> This status also includes proposals that do not require federal authority.

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p><b>I. B: Improve the OPWDD Workforce</b></p> <p><i>3/23/2022 Implementation for Retention and Longevity Bonuses; 7/1/2022 Implementation for COVID-19 Service and Vaccine Incentives; 7/1/2022 Implementation for Workforce Innovation Grants; 5/31/2022 Implementation for Workforce Recruitment RFAs and Direct Contracts</i></p>	<p>Proposal Approved, Federal Spending Authorities Approved and in Progress</p>	<p>OPWDD</p>	<p>Licensed or certified OPWDD providers</p>	<p>\$489.80M; Funds are being disbursed</p>	<p>CMS approved an Appendix K to the NYS OPWDD Comprehensive Waiver (0238.R06.00) on November 16, 2021; CMS approved directed payment preprint on March 18, 2022; Preprint for 2022 under development</p>	<p><a href="#">Updated Funding Allocation</a></p>
<p><b>I. C: Expand Advanced Training Incentive (ATI) Program for HCBS Transitions from Nursing Homes</b></p> <p><i>7/1/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Submitted</p>	<p>DOH</p>	<p>Nursing facilities</p>	<p>\$69.10M</p>	<p>SPA submitted to CMS on December 30, 2021 and pending CMS approval</p>	<p>No modifications currently, but DOH remains in active dialogue with CMS on approval of spending authorities, which could result in modifications</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p><b>I. D: Workforce Transportation Incentive</b></p> <p><i>7/1/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Not Required</p>	<p>DOH</p>	<p>Certified Home Health Agencies (CHHA)</p>	<p>\$10.00M</p>	<p>No need for separate federal authority, as funding will be limited to the expenditure of the State Funds Equivalent amount</p>	<p>No Modifications</p>
<p><b>I. E: Improve the OMH Workforce</b></p> <p><i>Payment Effective Dates Vary; Implementation Begins March 2022</i></p>	<p>Proposal Approved; Certain Federal Spending Authorities Approved, Others Submitted and in Progress</p>	<p>OMH</p>	<p>OMH-licensed mental health providers</p>	<p>\$39.17M; Funds are being disbursed</p>	<p>CMS approved Adult Behavioral Health HCBS and Rehabilitation Services preprint on March 18, 2022. SPAs submitted for Community Residences, ACT, PROS on December 30, 2021. SPA submitted for Mental Health Outpatient Treatment and Rehabilitation services on March 31, 2022.</p>	<p>No Modifications</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p><b>I. F: Improve the OASAS Workforce</b></p> <p><i>Payments Effective 11/1/2021; Implementation Begins 3/1/2022</i></p>	<p>Proposal Approved and Federal Spending Authority Submitted</p>	<p>OASAS</p>	<p>OASAS service providers</p>	<p>\$7.20M; Funds are being disbursed</p>	<p>Disaster Relief SPA submitted to CMS on March 22, 2022 and pending CMS approval for payments retroactive to 11/1/21. Following expiration of the federal public health emergency, OASAS will use separate SPA authority to continue provider payments</p>	<p><a href="#">Updated Funding Allocation</a></p>
<p><b>I. G: Increase Medicaid Rehabilitation Rates for OMH Community Residence Programs</b></p> <p><i>Payments Effective 10/1/2021; Implementation Begins March 2022</i></p>	<p>Proposal Approved and Federal Spending Authority in Progress</p>	<p>OMH</p>	<p>OMH-licensed Rehabilitation for Community Residence providers</p>	<p>\$6.90M; Funds are being disbursed</p>	<p>Disaster Relief SPA under development for payments retroactive to 10/1/21. Following expiration of the federal public health emergency, OMH will use separate SPA authority to continue provider payments</p>	<p>No Modifications</p>
<p><b>I. H: Enhance the Children's Services Workforce</b></p> <p><i>3/31/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Approved</p>	<p>DOH</p>	<p>CFTSS providers; Children's HCBS providers; Voluntary Foster Care Agency (VFCA) 29-I Health Facilities</p>	<p>\$4.64M</p>	<p>CMS approved directed payment preprint on April 6, 2022</p>	<p><a href="#">Removed Health Homes Servicing Children from Provider List</a></p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>I. I: Expand Training and Implementation Support for Evidence-Based Practices (EBP)</b>  <i>7/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Not Required	OMH	Training and technical assistance agencies with expertise in EBP dissemination; State University of New York; higher education institutions	\$8.60M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications
<b>I. J: Expand Recruitment and Retention of Culturally Competent, Culturally Responsive and Diverse Personnel</b>  <i>4/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Not Required	OMH	SUNY and CUNY educational institutions	\$4.00M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications
<b>I. K: Expand Certified and Credentialed Peer Capacity</b>  <i>2/21/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Not Required	OMH	Providers of State Plan rehabilitative services authorized pursuant to 42 CFR § 440.130(d)	\$4.00M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	<a href="#">Removed OMH Certified Mental Health Providers from Eligible Provider List</a>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>I. L: Improve and Support the Assisted Living Program (ALP) Workforce</b>  <i>7/1/2022 Implementation</i>	Approval Needed and Federal Spending Authority in Progress	DOH	DOH-certified ALP providers	\$20.00M	DOH will seek technical assistance from CMS upon approval of the proposal	No Modifications
<b>I. M: Home Care Minimum Wage Increase</b>  <i>10/1/2022 Implementation</i>	Approval Needed and Federal Spending Authority in Progress	DOH	Existing providers of personal care services and CDPAS, enrolled in the FFS program or serving as participating providers in Medicaid Managed Care	\$1.22B	DOH will seek technical assistance from CMS upon approval of this proposal	<a href="#">New Proposal</a>
<b>II. A: Expand Capacity in Nursing Home Transition and Diversion and Traumatic Brain Injury</b>  <i>4/15/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Submitted	DOH	Structured Day Program providers; Home and Community Support Services; Community Integration Counseling; Independent Living Skills Training; Positive Behavioral Interventions and Supports; Regional Resource Development Centers	\$46.40M	Appendix K submitted to CMS on April 5, 2022 and pending CMS approval	<a href="#">Removed LHCSAs from Eligible Provider List</a>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>II. B: Invest in the Expansion of the Community First Choice Option Services</b>  <i>10/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Approved	DOH	Providers of CFCO services	\$46.80M	Implemented under existing State Plan Authority	No Modifications
<b>II. C: Support the Unique Program of All-Inclusive Care for the Elderly (PACE)</b>  <i>9/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Not Required	DOH	PACE Organizations	\$40.00M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications
<b>II. D: Improve the OPWDD Delivery System</b>  <i>4/30/2022 Implementation for Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process; 7/1/2022 Implementation for Service Delivery Contracts Implementation</i>	Proposal Approved and Federal Spending Authority Not Required	OPWDD	Not-for-profit organizations (including OPWDD providers; Local Departments of Social Services; higher education institutions and qualified vendors meeting state-specified requirements)	\$30.00M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p><b>II. E: Invest in a Community Engagement Initiative – HCBS Day Service</b></p> <p><i>7/1/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Not Required</p>	<p>OPWDD</p>	<p>OPWDD-certified HCBS Waiver Day Service providers</p>	<p>\$30.00M</p>	<p>No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount</p>	<p>No Modifications</p>
<p><b>II. F: Invest in Diversity, Equity, and Inclusion for People with I/DD</b></p> <p><i>7/1/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Not Required</p>	<p>OPWDD</p>	<p>Not-for-profit organizations (including OPWDD providers); local government authorities; higher education institutions</p>	<p>\$30.00M</p>	<p>No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount</p>	<p>No Modifications</p>
<p><b>II. G: Integrated Living Transformation Grant</b></p> <p><i>7/1/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Not Required</p>	<p>OPWDD</p>	<p>Nonprofit organizations (including OPWDD providers); local government authorities</p>	<p>\$20.00M</p>	<p>No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount</p>	<p>No Modifications</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p><b>II. H: Adjust Residential Addiction Treatment Services Rate</b></p> <p><i>Payments Effective 1/1/2022; Implementation Begins 3/31/2022</i></p>	<p>Approval Needed and Federal Spending Authority Submitted</p>	<p>OASAS</p>	<p>Residential Addiction Treatment providers licensed or certified by OASAS</p>	<p>\$17.66M</p>	<p>Disaster Relief SPA submitted to CMS on March 22, 2022, and pending CMS approval for payments retroactive to 1/1/22. Following expiration of the federal public health emergency, OASAS will use separate SPA authority to continue provider payments</p>	<p><a href="#">Updated Funding Allocation</a></p>
<p><b>II. I: Expand and Implement HCBS and Community Oriented Recovery and Empowerment (CORE) Services</b></p> <p><i>Payments effective 10/01/2022; 7/01/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Approved</p>	<p>DOH and OMH</p>	<p>Adult Behavioral Health (BH) HBCS providers; Adult CORE providers</p>	<p>\$9.20M</p>	<p>CMS approved directed payment preprint on March 18, 2022</p>	<p><a href="#">Updated Funding Allocation</a></p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p><b>II. J: Support the Transition to Voluntary Foster Care Agencies Core Limited Health Related Services</b></p> <p><i>Payments Effective 4/1/2022; 4/18/2022 Implementation</i></p>	<p>Proposal Approved, Federal Spending Authority Submitted</p>	<p>DOH</p>	<p>Article VFCA 29-I Health Facilities</p>	<p>\$16.25M</p>	<p>SPAs submitted to CMS on October 8, 2021, and December 31, 2021 and pending CMS approval</p>	<p><a href="#">Updated Funding Allocation</a></p>
<p><b>II. K: Expand Crisis Services for People with I/DD</b></p> <p><i>11/1/2021 Implementation for Expand CSIDD Services;</i>  <i>11/1/2021 Implementation for Enhanced Rates for Intensive Behavioral;</i>  <i>07/1/2022 Implementation for Connecting I/DD Service System and County-Based Crisis Services Funding Support Services (IBS)</i></p>	<p>Proposal Approved, Federal Spending Authority Partially Approved</p>	<p>OPWDD</p>	<p>CSIDD state plan providers licensed by OPWDD and providers licensed or certified by OPWDD; providers licensed or certified by OPWDD; providers licensed or certified by OPWDD; Conference of Local Mental Hygiene Directors</p>	<p>\$11.30M; Funds are being disbursed</p>	<p>CMS approved Appendix K Waiver submitted on 9/7/2021 for CSIDD Services; CMS approved the Appendix K for the enhanced rate for IBS on 11/01/2021; No need for separate federal authority for enhanced rates for intensive behavioral or connecting I/DD service system and county-based crisis services funding as funding will be limited to the expenditure of the State Funds Equivalent amount</p>	<p><a href="#">Updated Funding Allocation</a></p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>II. L: Enhanced Rates for Private Duty Nursing (PDN)</b>  <i>11/1/2022 Implementation</i>	Proposal Approved, Federal Spending Authority Submitted	DOH	PDN providers	\$12.45M; Funds are being disbursed	SPA submitted to CMS on December 30, 2021 and pending CMS approval	<a href="#">Updated Funding Allocation</a>
<b>II. M: Supportive Residential Habilitation Transformation Grant</b>  <i>6/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Not Required	OPWDD	Residential Habilitation providers	\$10.00M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications
<b>II. N: Invest in OASAS Outpatient Addiction Rehabilitation Treatment Services Adjustments</b>  <i>Payments Effective 11/1/2021; Implementation Begins 3/31/2022</i>	Proposal Approved, Federal Spending Authority Submitted	OASAS	OASAS-licensed or certified Outpatient Addiction Rehabilitation Treatment Service providers	\$8.17M; Funds are being disbursed	Disaster Relief SPA submitted to CMS on March 22, 2022 and pending CMS approval for payments retroactive to 11/1/21. Following expiration of the federal public health emergency, OASAS will use separate SPA authority to continue provider payments	<a href="#">Updated Funding Allocation</a>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>II. O: Invest in Personalized Recovery Oriented Services (PROS) Redesign</b>  <i>Payments Effective 10/14/2021; Implementation Begins 3/28/2022</i>	Proposal Approved, Federal Spending Authority in Progress	OMH	OMH-licensed rehabilitation for PROS providers	\$3.00M; Funds are being disbursed	Disaster Relief SPA under development for payments retroactive to 10/14/21. Following expiration of the federal public health emergency, OMH will use separate SPA authority to continue provider payments	No Modifications
<b>II. P: CFTSS Rate Adjustments</b>  <i>Payments Effective 4/1/2022; 4/18/2022 Implementation</i>	Proposal Approved, Federal Spending Authority Submitted	DOH	CFTSS providers	\$7.87M; Funds are being disbursed	SPAs submitted to CMS on October 8, 2021, and December 31, 2021, and pending CMS approval	No Modifications
<b>II. Q: Children's Waiver HCBS Rate Adjustments</b>  <i>Payments Effective 4/1/2022; 3/31/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Approved	DOH	Children's HCBS providers	\$19.44M; Funds are being disbursed	CMS approved the Appendix K on February 1, 2022	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>II. R: Invest in Assertive Community Treatment (ACT) Services</b>  <i>Payments Effective 10/07/2021; Implementation Begins 3/14/2022</i>	Proposal Approved, Federal Spending Authority in Progress	OMH	OMH-licensed ACT providers	\$2.70M; Funds are being disbursed	Disaster Relief SPA under development for payments retroactive to 10/07/21. Following expiration of the federal public health emergency, OMH will use separate SPA authority to continue provider payments	<a href="#">Updated Funding Allocation</a>
<b>II. S: Implement Youth ACT Programs</b>  <i>Payments Effective 10/07/2021; Implementation Begins 3/14/2022</i>	Proposal Approved, Federal Spending Authority in Progress	OMH	OMH-licensed ACT providers	\$1.60M; Funds are being disbursed	Disaster Relief SPA under development for payments retroactive to 10/07/21. Following expiration of the federal public health emergency, OMH will use separate SPA authority to continue provider payments	<a href="#">Updated Funding Allocation</a>
<b>II. T: Health Home Serving Children Rate Adjustments</b>  <i>Payments Effective 4/01/2022; Implementation Begins 4/25/2022</i>	Proposal Approved and Federal Spending Authority Submitted	DOH	Health Homes Serving Children	\$1.56M	Disaster Relief SPA submitted and pending CMS approval for payments retroactive to 4/1/22. Following expiration of the federal public health emergency, DOH will file a SPA to continue this funding authority prospectively	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>II. U: Implement Young Adult ACT Teams</b>  <i>Payments Effective 10/7/2021; Implementation Begins 3/14/2022</i>	Proposal Approved and Federal Spending Authority in Progress	OMH	OMH-licensed ACT providers	\$0.18M	Disaster Relief SPA under development for payments retroactive to 10/07/21. Following expiration of the federal public health emergency, OMH will use separate SPA authority to continue provider payments	<a href="#">Updated Funding Allocation</a>
<b>II. V: Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening</b>  <i>1/1/2023 Implementation</i>	Proposal Approved and Federal Spending Authority in Progress	DOH	Adult Day Health Centers; Social Adult Day Centers	\$10.00M	Directed payment preprints for SADCs and ADHCs are under development	No Modifications
<b>II. W: School Supportive Health Services Expansion</b>  <i>10/1/2022 Implementation</i>	Approval Needed and Federal Spending Authority in Progress	DOH	Schools; School Districts; other Local Education Agencies	\$5.72M	SPA under development	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>II. X: New Children's Waiver HCBS</b> <i>10/1/2022 Implementation</i>	Approval Needed and Federal Spending Authority in Progress	DOH	Children's HCBS providers	\$2.52M	1915(c) Waiver Amendment and updated Appendix K under development	No Modifications
<b>II. Y: Evidence-Based Children's Services</b> <i>10/1/2022 Implementation</i>	Approval Needed and Federal Spending Authority in Progress	DOH	CFTSS providers	\$4.68M	SPA under development	<a href="#">Removed HCBS Providers from Eligible Provider List</a>
<b>II. Z: Incentivize Child Welfare Step-Down Programs</b> <i>10/1/2022 Implementation</i>	Approval Needed and Federal Spending Authority in Progress	DOH	VFCA 29-I Health Facilities	\$2.19M	Directed payment preprint under development	No Modifications
<b>II. AA: Invest in Mental Health Outpatient Treatment and Rehabilitative Services</b> <i>Payments Effective 2/1/2022; Implementation Begins 10/1/2022</i>	Approval Needed and Federal Spending Authority Submitted	OMH	OMH-Licensed Mental Health Outpatient Treatment and Rehabilitation Services providers	\$31.76M	SPA submitted to CMS on March 31, 2022 and pending CMS approval	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>II. AB: Continuation and Expansion of the Community Care Connections Program Model Funding</b>  <i>7/1/2022 Implementation</i>	Approval Needed and Federal Spending Authority Not Required	DOH	N/A	\$2.75M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications
<b>III. A: Modernize OPWDD IT Infrastructure to Support Medicaid Enterprise &amp; Investments to Expand Operational Capacity</b>  <i>7/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Not Required	OPWDD	Qualified Medicaid Health Information Technology (HIT) vendors	\$42.40M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications
<b>III. B: Strengthen NY Connects Infrastructure</b>  <i>10/1/2021 Implementation; 7/1/2022 Implementation for Expanded Portion</i>	Partial Approval Needed, Federal Spending Authority Not Required	SOFA and DOH	N/A	\$37.75M; Funds are being disbursed	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<b>III. C: Advance Children's Services IT Infrastructure</b>  <i>5/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Approved	DOH	CFTSS providers; HCBS providers; VFCA 29-I Health Facilities	\$7.04M	CMS approved directed payment preprint on April 6, 2022	No Modifications
<b>III. D: Extend Support for Behavioral Health Care Collaboratives (BHCC)</b>  <i>4/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Approved	OMH	Existing BHCCs operating as BH Independent Practice Associations	\$10.00M	Directed payment preprint approved on March 30, 2022	No Modifications
<b>III. E: Study to Develop New CDPAP Care Technology</b>  <i>10/1/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Not Required	DOH	Technology vendor offering referral registry system	\$5.10M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications
<b>III. F: Strengthen the NYS Multiple Systems Navigator</b>  <i>7/1/2022 Implementation</i>	Approval Needed; Federal Spending Authority Not Required	DOH	N/A	\$1.50M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount	No Modifications

## Appendix A: Individual Activity Updates

### I. Supporting & Strengthening the Direct Care Workforce

#### A. Transform the Long Term Care (LTC) Workforce and Achieve Value-Based Payment (VBP) Readiness

*New York seeks to leverage a significant portion of additional FMAP to increase the capacity and quality of its HCBS workforce, such that Licensed Home Care Services Agencies (LHCSAs) can implement evidence-based care interventions, promote quality, and participate effectively in value-based payment (VBP) arrangements, including MLTCs and MAPs. Specifically, investing in evidence-based programs that help LHCSAs recruit, retain, train, and support their direct care workers will ensure that New York has adequate, high-quality personnel to meet the anticipated growth in demand. Providers may not use the funding for capital investments; however, they may use a portion to improve internet connectivity. This component is intended to strengthen HCBS by allowing providers to better access resources and supports to provide higher quality care and can be used to support real-time data collection in preparation for VBP; any spending on this portion will be tracked separately from other spending.*

##### **Eligible Providers:**

LHCSAs that fall into the top third of providers in their designated regions based on 2019 utilization and that contract with MLTCPs and MAPs; these providers offer home care services such as personal care services.

**Implementation Date:** 3/31/2022

##### **Amount of Funding (SFE) Projected to Be Spent:** \$143.04M

DOH has received approval on and made payment pursuant to a directed payment preprint that allocates \$143.04M of SFE funds to providers in the defined provider class. The gross funds available under this pre-print remain materially the same as previous quarterly reports. The decrease in SFE used under this proposal are offset by an increase in the FMAP from 50% to 60%.

##### **Status Update Overall:**

DOH submitted the initial Section 438.6(c) preprint to CMS on November 15, 2021, to direct payments through the MLTCP and MAP HCBS managed care programs using historical utilization data in these programs. CMS provided feedback on December 13, 2021, and DOH submitted a revised preprint to CMS on December 23, 2022, which was formally accepted for review. On February 2, 2022, DOH responded to questions received from CMS on January 25, 2022. CMS approved the preprint on March 4, 2022. DOH made payments to plans in March 2022 and has briefed plans and providers regarding reporting requirements and implementation processes. Plans have reported to DOH that

some initial payments have been remitted to LHCSAs within the approved provider class from the directed payment preprint.

**Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Section 438.6(c) preprint for this proposal was submitted to CMS on November 15, 2021. CMS provided verbal feedback on December 13, 2021, regarding the type of directed payment and the provider class. DOH submitted a revised preprint to CMS on December 23, 2022. CMS approved the preprint on March 4, 2022.

## **B. Improve the OPWDD Workforce**

*There are over 100,000 Direct Support Professionals (DSPs) and Family Care Providers in the New York statewide OPWDD system, who are dedicated to helping people with I/DD to live independent, productive lives. However, there has been considerable turnover and attrition in this space. New York seeks to improve and sustain the workforce by implementing COVID-19 workforce performance incentives, I/DD workforce longevity and retention bonuses, DSP workforce development grants to improve quality, and a workforce recruitment initiative. For the grants distributed via this activity, the State will reinvest ARPA funds and is not seeking an additional match.*

### **Eligible Providers:**

Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver and other not-for-profit organizations, associations, higher education institutions, secondary education organizations, and/or vendors of market research/recruitment/communication or training equipment.

**Implementation Date:** 3/23/2022 Implementation for Retention and Longevity Bonuses; 7/01/2022 Implementation for COVID-19 Service and Vaccine Incentives; 7/01/2022 Implementation for Workforce Innovation Grants; 5/31/2022 Implementation for Workforce Recruitment RFAs and Direct Contracts

**Amount of Funding (SFE) Projected to Be Spent:** \$489.80M

### **Status Update Overall:**

OPWDD developed two surveys to send to providers to collect information to determine funding allocations for two of the four supplemental one-time payments. The surveys were related to COVID-19 Service and Vaccination Incentives. These surveys were released in January 2022 with responses due on February 14, 2022, for the Vaccination Incentive and January 31, 2022, for the COVID-19 Incentive. OPWDD is currently in the process of developing the final payment amounts for the two survey-based payments. The submission of a provider attestation is required prior to the disbursement of any supplemental payments to a provider.

OPWDD developed and posted a Frequently Asked Questions document related to the Workforce Stabilization Initiatives on their webpage in January 2022 to provide additional detail and be responsive to inquiries received by the provider community. In addition, OPWDD finalized and sent providers the fee-for-service funds associated with the Longevity and Retention payments with providers receiving funding on March 23 and March 31, 2022.

OPWDD is determining possible metrics and developing reporting processes to understand the impact of these payments and grants on worker retention, attraction, and vaccination rates.

OPWDD is drafting RFAs for additional workforce-related grant programs. Grant selection, awards, and contract execution are planned to occur in mid-2022. Currently, OPWDD seeks to directly contract with several organizations to execute additional workforce-related grants.

**Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

For the four supplemental one-time payments, OPWDD submitted an Appendix K to the NYS OPWDD Comprehensive Waiver (0238.R06.00) on September 7, 2021 and received CMS approval on November 16, 2021. OPWDD also submitted a preprint modifying the Fully Integrated Duals Advantage for IDD program within managed care on December 30, 2021, provided responses to CMS questions on February 29, 2022, and received CMS approval on March 18, 2022. Specific provider payments will be confirmed as part of authority approval, and final grant award amounts are pending review of applications.

### **C. Expand Advanced Training Incentive (ATI) Program for HCBS Transitions from Nursing Homes**

*New York proposes to use the enhanced FMAP for HCBS to offer new training programs for direct care workers to recognize signs of patient clinical improvement and the potential for HCBS programs and services to allow for community discharge and reintegration. This program will be offered to all eligible nursing home facilities and provide funding to those providers that have shown a commitment to giving direct care staff tools to help assist in appropriate discharge to community-based settings. This program will continue New York's work toward ensuring that individuals receive Medicaid-funded services in the least restrictive setting and permitting facility discharge when appropriate HCBS services and supports are identified. This would be a training program that has not existed previously and thus would enhance, expand, and strengthen the ability of these providers to transition individuals to home and community-based settings.*

#### **Eligible Providers:**

Nursing facilities: these are health care facilities for patients that require long-term nursing or rehabilitation services.

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$69.10M

#### **Status Update Overall:**

DOH is finalizing a rate package and anticipates the release of payments after March 31, 2022.

#### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

#### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH published this proposal with an effective Implementation Date of October 1, 2021, in the Federal Public Notice on September 29, 2021. DOH submitted the SPA to CMS on December 30, 2021. CMS has shared questions with DOH regarding this SPA. DOH remains in active dialogue with CMS on approval of the application of spending authorities and will make the necessary modifications to this proposal. Specific rate increases will be confirmed when the proposed rate package receives approval.

## **D. Workforce Transportation Incentive**

*New York will invest a portion of the enhanced FMAP in worker transportation grants to eligible home care agencies that apply to the State to address identified transportation barriers to worker recruitment or retention. The grants will have to be expended in full to support mitigating these barriers in a geographically appropriate manner that is included in the application and approved by the State. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

Certified Home Health Agencies (CHHA): these agencies provide home health services to individuals who need part-time, intermittent health care, and support services at home. Home health services include nursing services, home health aide services, medical supplies, equipment, and appliances suitable for use in the home, and at least one additional service that may include physical therapy, occupational therapy, speech pathology, nutritional services, and medical social services.

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$10.0M

### **Status Update Overall:**

DOH is finalizing the programmatic design for this proposal. Guidance and programmatic detail will be developed and communicated to providers in the near future.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for separate federal authority in order to execute this proposal. Final grant award amounts are pending review of applications.

## **E. Improve the OMH Workforce**

*This proposal would provide prescribers, licensed practitioners, and program staff in community, rehabilitation, and housing settings to receive targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, shift differential pay, expanded retirement contributions, relocation incentives, and internship, fellowship and/or other career development opportunities. Funds will be implemented through Medicaid fee-for-service rates and a directed payment preprint to Medicaid MCOs administered uniform rate increases to adult home and community-based service providers based on service utilization. Funding would go directly to mental health providers.*

### **Eligible Providers:**

OMH-licensed mental health providers: these providers diagnose mental health conditions and provide treatment.

### **Implementation Dates:**

Payments will be effective for Adult Behavioral Health HCBS and Rehabilitation and Community Residences on 10/01/2021, ACT on 10/07/2021, PROS on 10/14/2021, and Mental Health Outpatient Treatment and Rehabilitation Services on 2/01/2022. Implementation began in March 2022.

**Amount of Funding (SFE) Projected to Be Spent: \$39.17M**

### **Status Update Overall:**

Federal Public Notices have been published with NYS Department of State for the applicable dates for each state plan rehabilitative services authorized pursuant to 42 CFR§ 440.130(d) program including Personalized Recovery Oriented Services (PROS) (SPA #16-0041), Assertive Community Treatment (ACT) (SPA #01-0001; pending #21-0015), Rehabilitation Services in Community Residences for adults and children (SPA #94-0027), Behavioral Health (BH) HCBS authorized pursuant to a section 1115(a) waiver, and Community Oriented Recovery and Empowerment (CORE) services proposed to be authorized in a recent amendment to a section 1115(a) waiver. Rate packages for Community Residences, ACT, and PROS have been finalized. OMH loaded the rates in the last qualifying cycle for SFY23. OMH continues to work in collaboration with State Partners to finalize the enhanced rate package for Mental Health Outpatient Treatment and Rehabilitation Services. OMH continues to facilitate communication between providers and stakeholders, including specific provider impacts.

A Federal Public Notice was published on January 26, 2022 for Mental Health Outpatient Treatment and Rehabilitation services, and the State Plan Amendment was submitted to CMS on March 31, 2022.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022. Investment in Mental Health Outpatient Treatment and Rehabilitation Services is pending federal approval. This investment was submitted in the Second Quarterly Report.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH and OMH are pursuing rate enhancements under SPAs as well as seeking federal approval through a Section 438.6(c) preprint. SPAs for Community Residences, ACT, and PROS were submitted to CMS on December 30, 2021. CMS approved the Section 438.6(c) preprint for Adult Behavioral Health HCBS and Rehabilitation Services on March 18, 2022. A Federal Public Notice was published on January 26, 2022, subsequently addressing similar investments for Mental Health Outpatient Treatment and Rehabilitation Services, and the State Plan Amendment was submitted to CMS on March 31, 2022. Specific rate increases will be confirmed when the proposed rate package receives approval.

## **F. Improve the OASAS Workforce**

*To sustain staffing levels and maintain services while also allowing for maximum flexibility, OASAS proposes to use a temporary rate increase to provide funding for OASAS providers to offer one or more workforce development strategies. OASAS has set specific goals for this funding to impact capacity building and lower waitlists. The funding will be evaluated for specific outcomes.*

### **Eligible Providers:**

OASAS providers: these providers offer substance use disorder and/or problem gambling services.

### **Implementation Date:**

3/01/2022; payments will be retroactive to 11/01/2021.

**Amount of Funding (SFE) Projected to Be Spent: \$7.20M**

### **Status Update Overall:**

These are services authorized to be delivered consistent with 42 § CFR 440.130(d) and pursuant to SPA #16-0004.

Federal Public Notice for OASAS Workforce rate changes was published by the NYS Department of State on November 1, 2021. SPA 22-0033 was submitted to CMS on March 22, 2022. The rate package has been approved and OASAS is developing billing and programmatic guidance to circulate to providers to support implementation of this proposal.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Federal Public Notice for OASAS Workforce rate changes was published by the NYS Department of State on November 1, 2021. SPA 22-0033 was submitted to CMS on March 22, 2022.

## **G. Increase Medicaid Rehabilitation Rates for OMH Community Residence Programs**

*Rate increases will be targeted towards direct care staff costs in order to meet critical challenges to workforce recruitment and retention, which are needed to operate these programs more effectively and to address the current critical workforce shortages. Funding will be disbursed through rate increases paid across FFS Medicaid claims as services are provided to eligible Medicaid recipients.*

### **Eligible Providers:**

OMH-licensed Rehabilitation for Community Residence providers; these providers offer interventions, therapies, and activities to people in community residences to reduce functional and adaptive behavior deficits associated with mental illness.

### **Implementation Date:**

Payments will be effective 10/01/2021. Implementation begins March 2022.

**Amount of Funding (SFE) Projected to Be Spent: \$6.90M**

### **Status Update Overall:**

Rate packages for Community Residences have been finalized, the rates have been loaded and the providers have been notified of their specific provider impacts.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

NYS is currently working with CMS on submission of a consolidated Disaster Relief SPA.

## H. Enhance the Children's Services Workforce

*Due to provider diversity and differing needs of agencies regarding staffing, as well as to ensure the maximum ability to maintain or build service capacity, a model is recommended that would offer eligible providers flexibility in utilizing the enhanced FMAP. Specific goals will be attached to this funding to impact capacity building and eliminate waitlists, and agencies receiving funds will be evaluated for specific outcomes.*

### **Eligible Providers:**

Children and Family Treatment and Support Services (CFTSS) providers: these providers offer services and benefits to better meet the behavioral health needs at earlier junctures in a child/youth's life to prevent the onset or progression of behavioral health conditions.

Children's HCBS providers: these providers offer support and services to children and youth in non-institutionalized settings that enable them to remain at home and in the community or return to their community from an institutional setting.

Voluntary Foster Care Agencies (VFCA) Health Facilities, which are licensed under Article 29-I of the New York Public Health Law (referred to as 29-I Health Facilities): these providers offer five health-related core services including skill building and Medicaid treatment and discharge planning helping children and youth move to and remain in home and community settings.

**Implementation Date:** 3/31/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$4.64M

### **Status Update Overall:**

On April 6, 2022, CMS approved two Section 438.6(c) preprints for this proposal (NY\_Fee\_HCBS.BHO2\_New\_20210401-20220331 and NY\_Fee\_HCBS.BHO1\_New\_20210401-20220331) which establish a methodology to award 84% of the funding to 86% of targeted providers. DOH is drafting communications to both providers and plans regarding these approvals and detailing necessary next steps. Additionally, DOH is exploring alternative means of distribution for remaining funds to the providers not captured in the preprint and will submit appropriate authorities for those alternative means of distribution if required.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Section 438.6(c) preprints for this proposal were approved by CMS on April 6, 2022, to distribute 84% of available funds. DOH is investigating additional means to distribute remaining funds and will submit subsequent appropriate authorities for those alternative means of distribution if required.

## I. Expand Training and Implementation Support for Evidence-Based Practices

*OMH has undertaken a significant system redesign initiative to foster provision of evidence-based practices, recovery-oriented care, and psychiatric rehabilitation services. Under this redesign, OMH must expand training and implementation support in Evidence-Based Practices (EBP), including diagnosis and treatment across the provider continuum, with incentivization of EBP uptake and fidelity, with particular focus on the assessment and treatment of co-occurring disorders, treatment of marginalized and underrepresented demographics, and specialty clinical populations (including but not limited to clinical high risk for psychosis and obsessive-compulsive disorder), leadership training, addressing provider costs associated with training attendance, and development/expansion of rehabilitation programs and services with in-person training leading to Certified Psychiatric Rehabilitation Practitioner (CPRP) credential. The adult services component will include leadership and workforce training and implementation support in psychiatric rehabilitation. A Psychiatric Rehabilitation Academy will be established to provide in-person and web-based technical assistance and training, continuing education opportunities, and certifications leading to the increase in applicable direct care staff obtaining the CPRP credential. The children's services component will include workforce training in EBP and will support the development and expansion of training and technical assistance programs to allow providers to implement such practices with fidelity and sustainability. Specific practices will include those with a focus on the family unit and on supporting youth in high-risk situations.*

*Funding will be dispersed via existing or new contracts with training and technical assistance agencies and SUNY or other institutions of higher education to enhance training in best practices for psychiatric rehabilitation for the behavioral health workforce. This workforce is critical to enhance and strengthen HCBS in Medicaid.*

*The training and technical assistance will target providers of children's mental health services which are State Plan-authorized rehabilitative services pursuant to 42 CFR § 440.130(d), including Children's Rehabilitation Services in Community Residences (SPA #94-0027), Other Licensed Practitioner Services (SPA #19-0003), which are State Plan-authorized Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services which could be authorized under 42 CFR § 440.130(d). Other targeted providers deliver services that could be authorized under 42 CFR § 440.130(d). The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

Training and Technical Assistance agencies with expertise in EBP dissemination; these are agencies designed to improve the operation and performance of Evidence-Based Practices training and implementation dissemination.

The State University of New York (SUNY): a system of public colleges and universities in New York State.

Other institutions of higher education.

**Implementation Date:** Estimated 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$8.60M

**Status Update Overall:**

OMH finalized and submitted the programmatic design for this proposal. OMH has identified a contractor and is moving forward with the Psychiatric Rehabilitation Academy. Once contracts are finalized, vendors will notify providers of expanded implementation and training support in adult and children's EBPs. On the children's services side, OMH has identified specific evidence-based models to disseminate. Implementation activities include design of a state-wide implementation plan and procuring training from model developers.

**Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for federal authority in order to execute this proposal. Specific payments will be confirmed as part of contract finalization.

## **J. Expand Recruitment and Retention of Culturally Competent, Culturally Responsive and Diverse Personnel**

*OMH will provide funding to SUNY and City University of New York (CUNY) schools based on geographic location and programs offered to underserved students to complete study in fields with the highest identified need (e.g., social work, psychology, etc.).*

*These funds would be used to support educational attainment for underserved students by providing the students with financial support including activities such as tuition assistance, paid internships and direct stipends, and credentialing fully or partially for providers of State Plan rehabilitative services authorized pursuant to 42 CFR § 440.130(d), including PROS (SPA #16-0041), ACT (SPA #01-0001; pending #21-0015), Rehabilitation Services in Community Residences for adults and children (SPA #94-0027), BH HCBS authorized pursuant to a section 1115(a) waiver, and CORE services proposed to be authorized in a recent amendment to a section 1115(a) waiver. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

SUNY and CUNY educational institutions: these are a system of public colleges and universities in New York State and New York City.

**Implementation Date:** 4/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$4.00M

### **Status Update Overall:**

OMH has finalized the programmatic design for this proposal and is developing a Memorandum of Understanding (MOU) with SUNY and CUNY schools. OMH will publish a press release to publicize the program. The program will begin in the Fall 2022 semester.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for additional federal authority in order to execute this proposal.

## **K. Expand Certified and Credentialed Peer Capacity**

*New York proposes to expand certified peer capacity (inclusive of adult peer, youth peer, family peer) in OMH programs through investment in resources for recruitment, education/training, and career pipeline investments. As New York continues to grow its capacity to provide Peer Support services across the OMH system of care, agencies that currently do not offer Peer Support services need additional guidance on how to implement these services effectively in their settings. Additionally, training expansion and capacity to best support underserved and emerging populations, such as justice-involved individuals and older adults with mental illness, will be needed to ensure the Peer Support workforce is adequately equipped to provide effective services to these groups.*

*Eligible providers for this activity include PROS (SPA #16-0041), ACT (SPA #01-0001; pending #21-0015), Rehabilitation Services in Community Residences for adults and children; Family Peer Support Services; Youth Peer Support Services; BH HCBS authorized pursuant to a section 1115(a) waiver; CORE services authorized in a recent amendment to a section 1115(a) waiver; and other provider types, not currently receiving Medicaid funding for the provision of rehabilitative services, that utilize peers to engage individuals with mental health conditions in the mental health system and whose efforts will expand HCBS in Medicaid by promoting awareness about and engagement in HCBS. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

Providers of State Plan rehabilitative services authorized pursuant to 42 CFR. § 440.130(d).

**Implementation Date:** 2/21/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$4.00M

### **Status Update Overall:**

OMH finalized the programmatic detail, payment mechanism, guidance for providers, and monitoring and evaluation strategy. OMH sent guidance out to eligible providers, published a press release, and offered informational sessions for eligible providers about the procurement request. OMH initiated grant payments to mental health providers in February 2022.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for additional federal authority in order to execute this proposal. Final grant award amounts are pending review of applications.

## **Activity Submitted in the Second Quarterly Report**

### **L. Improve and Support the Assisted Living Program (ALP) Workforce**

*New York's ALP program serves individuals who are medically eligible for nursing home placement but serves them in a less medically intensive, lower cost HCBS setting. To these ends, ALP provides personal care, room, board, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services, and the case management services of a registered professional nurse, and thus qualify as an appropriate service category for HCBS funding under Section 9817 of ARPA.*

*Similar to investments in other HCBS sectors, to sustain staffing levels and maintain services while also allowing for maximum flexibility in ALPs, DOH proposes to use a time-limited program, which would provide payments to ALP service providers who offer one or more workforce development strategies. As a Medicaid service that requires significant training and experience in order to serve older adults with functional and/or cognitive impairment and who need these valuable services to remain in a home and community-based setting, DOH will set specific goals for this funding to impact recruitment and retention rates. Recommendations for implementation include:*

- Tuition reimbursement;*
- Loan forgiveness;*
- Hiring and sign-on incentives;*
- Longevity pay;*
- Training funding inclusive of home health aide and personal care aide certification, continuing education units (CEUs) and professional licenses; the development of mentoring or apprenticeship programs; and the development of infection prevention and control;*
- Differential pay for nights and weekends;*
- Retirement contributions, extending health insurance benefits, supporting day care, or other fringe benefits for staff; and*
- Build appropriate personal protective equipment (PPE) stockpiles from state authorized sources for ensuring that ALP workers are able to deliver care in a safe and effective manner through the end of COVID-19 and beyond.*

#### **Eligible Providers:**

DOH certified ALP providers; these providers deliver services to people who are medically eligible for nursing home placement in a less medically intensive, less restrictive setting.

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$20.00M

**Status Update Overall:**

This program is in the initial planning stages and more information will be included in the next quarterly report.

**Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH is considering the most appropriate authority to utilize as part of initial planning but will likely use a time-limited rate increase for ALP providers through a SPA. Specific provider payments will be confirmed as part of the authority approval.

## **New Activity**

### **M. Home Care Minimum Wage Increase**

*As part of the Enacted Budget for State Fiscal Year (SFY) 2022-23, New York included a \$3 increase to the minimum wage for home care workers, which will be phased-in over the next two SFYs. This minimum wage increase serves to both recognize the tireless efforts of home care workers in continuing to provide services for some of our most vulnerable New Yorkers through the COVID-19 pandemic and to attract and retain talented people in the profession at a time of such significant strain.*

*On October 1, 2022, the minimum wage will increase by \$1. Subsequently, on October 1, 2023, the minimum wage will increase by an additional \$2, for a total of \$3. Individuals eligible to receive this increase include home health aides, personal care aides, home attendants, and personal assistants performing CDPAP services. Given the availability of ARPA HCBS eFMAP funds, the minimum wage increase will be supplemented with State resources during the second phase. After the conclusion of the ARPA HCBS eFMAP funding period, the State will continue to fund the minimum wage increase using State resources.*

#### **Eligible Providers:**

Existing providers of personal care services and CDPAS, enrolled in the FFS program or serving as participating providers in Medicaid Managed Care.

**Implementation Date:** 10/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$1.22B

#### **Status Update Overall:**

This program is in the initial planning stages and more information will be included in the next quarterly report.

#### **Status for Federal Approval of Spending Plan:**

New proposal; Pending approval from CMS.

#### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH is considering the most appropriate authority to utilize as part of initial planning. Specific provider payments will be confirmed as part of authority approval.

## **II. HCBS Capacity, Innovations, and Systems Transformation**

### **A. Expand Capacity in Nursing Home Transition and Diversion and Traumatic Brain Injury**

*Amend both the 1915(c) Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) waivers to adjust payments for Nursing Visits for Home and Community Support Services (HCSS), add independent providers to Substance Abuse Services in the TBI waiver, establish rate differentials, provide a recruitment and retention stipend for all direct service staff who provide face-to-face services, implement a training stipend program, and build an enhanced provider community. The NHTD and TBI waiver programs will also complete a contract amendment to add provider recruitment and housing specialist positions to the Regional Resource Development Centers (RRDCs).*

#### **Eligible Providers:**

- Existing and new 1915(c) NHTD and TBI Waiver providers including:
- Structured Day Program Providers: these are centers designed for older individuals who need help with activities of daily living or who are isolated and lonely.
- Home and Community Support Services (HCSS): these are services utilized to discreetly oversee and/or supervise the health and welfare of a participant living in the community.
- Community Integration Counseling (CIC): these are services individually designed to assist waiver participants to manage the emotional responses inherent in adjusting to a significant physical or cognitive disability while living in the community.
- Independent Living Skills Training (ILST): these are services individually designed to improve or maintain the ability of the waiver participant to live as independently as possible in the community.
- Positive Behavioral Interventions and Supports (PBIS): these are services individually designed and provided to waiver participants to support them to respond more appropriately to events in their environment in order to remain in their community of choice.
- Regional Resource Development Centers (RRDCs): these are centers responsible for the administration of the NHTD waiver program initiatives with an emphasis on ensuring participant choice, availability of waiver service providers, and cost effectiveness of waiver services within its contracted region.

#### **Implementation Date:**

Different provisions of the Appendix K will be phased in beginning April 15, 2022, contingent on CMS approval.

**Amount of Funding (SFE) Projected to Be Spent: \$46.40M**

**Status Update Overall:**

DOH submitted an Appendix K waiver request modifying the 1915(c) NHTD and TBI waivers to CMS on December 8, 2021. DOH has resubmitted the Appendix K to CMS three times, after receiving feedback. The Appendix K was first resubmitted on January 12, 2022, was later resubmitted on February 9, 2022, and most recently submitted on March 11, 2022. A formal Request for Additional Information (RAI) was received from CMS after the March 11, 2022 submission. The response was submitted with a corrected Appendix K on April 5, 2022. DOH is setting the groundwork on each of the adjustments proposed, including establishing necessary rate codes and assigning rates to existing providers.

**Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH submitted the Appendix K waiver amendments to CMS on December 8, 2021. CMS provided feedback and DOH resubmitted the Appendix K waiver on January 12, 2022, February 9, 2022, and March 11, 2022. Feedback was requested by CMS and a subsequent Appendix K was submitted to CMS on April 5, 2022. Specific rate increases will be confirmed when the proposed rate package receives approval.

## **B. Invest in the Expansion of the Community First Choice Option Services**

*With this funding, New York proposes to expand its Community First Choice Option (CFCO) platform to include additional services along with its robust personal care and consumer directed personal care services. These additional services would expand access to individuals with physical, emotional/behavioral, and intellectual/developmental disabilities of all ages to many options available currently only to those enrolled in one of New York's 1915(c) waivers.*

### **Eligible Providers:**

Providers of CFCO services; these providers offer home and community-based personal care and consumer directed personal care services to eligible Medicaid enrollees.

**Implementation Date:** 10/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$46.80M

### **Status Update Overall:**

DOH is finalizing the programmatic design for this proposal. Billing guidance and programmatic detail will be developed and communicated to providers in the CFCO program as soon as it is available.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

A SPA was approved by CMS in October 2015. At this time, DOH does not anticipate any amendments to the original SPA.

### **C. Support the Unique Program of All-Inclusive Care for the Elderly (PACE)**

*Support a fully integrated care model to enhance PACE Organizations as an option for dually eligible beneficiaries in New York. The State proposes to invest \$40M in State Funds Equivalent as part of capitated premiums paid to PACE Organizations to assist PACE centers to reopen safely and institute effective control measures and provide PACE programs workforce development funds to recruit and retain qualified staff.*

#### **Eligible Providers:**

All authorized PACE Organizations in New York, operating as of April 1, 2021; these organizations provide comprehensive medical and social services to certain frail, elderly people living in the community.

**Implementation Date:** 9/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$40.00M

#### **Status Update Overall:**

DOH requested guidance from CMS on appropriate funding mechanisms for investing in PACE, given inherent limitations under federal rules regarding maximum funding that PACE Organizations may receive under their premiums. CMS provided guidance on February 8, 2022, and DOH is using the guidance to develop the programmatic design for this proposal.

#### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

#### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for separate federal authority in order to execute this proposal.

## **D. Improve the OPWDD Delivery System**

*OPWDD will fund several contracts, grants, and cooperative agreements to improve and stabilize HCBS delivery, enhance state and local infrastructure to support people and their families through person-centered practices and services, and increase access to HCBS. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

Not-for-profit organizations, including OPWDD providers, Local Departments of Social Services (LDSS), institutions of higher education, and/or qualified vendors meeting state-specified requirements.

**Implementation Date:** 4/30/2022 for Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process Implementation; 7/01/2022 for Service Delivery Contracts Implementation

**Amount of Funding (SFE) Projected to Be Spent:** \$30.00M

### **Status Update Overall:**

OPWDD released the Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process Request for Proposals (RFP) on 12/23/21. The contract is expected to start in April 2022.

OPWDD is drafting RFPs for the Coordinated Care Program Evaluation and Managed Care Evaluation while simultaneously developing grants and contracts processes to ensure an efficient and timely distribution of funds. Grant selection, award, and contract execution are planned to occur in mid-2022.

OPWDD is also directly contracting with Supported-Decision Making New York and others for service delivery improvement-related grant programs. These contract executions are planned to occur in mid-2022.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

As funds will be distributed through grants, direct contracts, and existing procurement processes, OPWDD does not anticipate the need for federal authority to execute this proposal. Final grant award amounts are pending review of applications.

## **E. Invest in a Community Engagement Initiative – HCBS Day Service**

*OPWDD is developing a comprehensive initiative to convert center-based day services into more community-based day services that will allow for greater interaction and independence in the community.*

*During the COVID-19 pandemic, site-based services were suspended to mitigate the spread of COVID-19; however, the ability of such providers to deliver services was curtailed. As we began to reopen, site-based services were and continue to be utilized at rates below pre-pandemic service levels. OPWDD is proposing to use the additional FMAP afforded under Section 9817 of ARP to support providers that develop and submit plans for new, innovative, and person-centered alternatives to traditional site-based day services. This funding will also include options for the development of telehealth infrastructure as a component of model changes.*

*Funds will be available to providers through a grant application process. The funding will support the acquisition of technology, staff training, and, under limited circumstances, the payment of capital costs. The payment of capital costs may be allowed when the payment of such costs accelerates the development of alternate program models delivered in settings fully compliant with the HCBS settings criteria. These alternate program models would expand access to HCBS. These payments could be used to accelerate the repayment of approved, cost-verified property costs for sites that are no longer needed; however, no more than 10% of the grant award could be used for this purpose. In this case, any profit that the provider gains from the sale of the property must be reinvested in a manner that expands and promotes the delivery of HCBS.*

*As a result, the biggest impediment to transitioning from site-based services – the carrying costs of the properties in which they are provided – would be eliminated, paving the way forward for more individualized alternatives that would enhance the lives of people with developmental disabilities in New York State.*

*To receive funds, providers must commit to participation in a learning Community of Practice (CoP) and must achieve operational changes to expand more integrated models of community-based day service delivery as a condition of receipt of payment. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

OPWDD certified HCBS Waiver Day Service providers; these providers assist with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication, and travel that regularly takes place in a non-residential setting, separate from the person's private residence or other residential arrangement.

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent: \$30.00M**

**Status Update Overall:**

OPWDD is drafting an RFA for the Community Engagement Day Services Grant. Grant selection, awards, and contract execution are planned to occur in mid-2022.

**Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

As funds will be distributed through grants, we do not anticipate the need for federal authority to execute this proposal. Final grant award amounts are pending review of applications.

## **F. Invest in Diversity, Equity, and Inclusion for People with I/DD**

*OPWDD seeks to leverage the CoP work and initial agency assessments of equity issues to develop and implement a comprehensive strategic initiative, inclusive of culture, ethnicity, language, sexual orientation, gender identity, and ability. This one-time investment will provide for equity analyses of data, focus group research, and partnerships with people and organizations in underserved communities to inform longer-term equity and access efforts, as well as investments in early-stage strategies to address identified equity and access needs. OPWDD will directly contract with a third-party to oversee the implementation of this grant. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

Not-for-profit organizations (including OPWDD providers), local government authorities, and/or institutions of higher education with demonstrated expertise in addressing the needs of underserved and historically marginalized populations.

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$30.00M

### **Status Update Overall:**

OPWDD is drafting an RFA for a Diversity, Equity, and Inclusion (DEI) Capacity building grant. Grant selection, awards, and contract execution are planned to occur in mid-2022.

OPWDD will directly contract with Georgetown Consulting Services to execute another DEI-related grant.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

As funds will be distributed through grants and existing procurement processes, OPWDD does not anticipate the need for additional federal authority to execute this proposal. Final grant award amounts are pending review of applications.

## **G. Integrated Living Transformation Grant**

*This initiative establishes a grant opportunity to assess the effectiveness of housing investments that expand access to affordable, accessible, non-certified housing options for OPWDD Waiver participants, including individuals seeking to transition from certified settings. The initiative would be implemented through competitive grant funding. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

Not-for-profit organizations (including OPWDD providers) and/or local government authorities with demonstrated experience and skills in developing housing options for populations of individuals who have experienced housing access barriers.

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$20.00M

### **Status Update Overall:**

OPWDD is drafting a RFA for the Integrated Living Transformation grant. Grant selection, awards, and contract execution are planned to occur in mid-2022.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

As funds will be distributed through grants, OPWDD does not anticipate the need for additional federal authority to execute this proposal. Final grant award amounts are pending review of applications.

## H. Adjust Residential Addiction Treatment Services Rate

*To maintain crucial services, New York proposes to temporarily increase rates for existing residential services and to increase services for individuals in early recovery to assist with reintegrating into their community by incorporating the residential reintegration service into the Medicaid benefit package; apply the 10 percent rate adjustment to OASAS residential addiction treatment services; and utilize enhanced FMAP monies to support necessary staffing and start-up costs for OASAS residential reintegration addiction treatment services through enhanced Medicaid rates once incorporated into the Medicaid benefit. The letter to State Medicaid Directors (21-003; see Appendix B) provides that enhanced FMAP funds may be utilized for rehabilitative services or Section 1115 waivers that cover rehabilitative services. New York State has an existing State Plan Amendment for Substance Use Disorder (SUD) rehabilitative services (SPA 16-0004) for non-hospital facilities licensed under 820 with an associated 1115 waiver demonstration authority for SUD services otherwise covered under the Rehabilitative section of the State Plan approved August 2, 2019. ARPA funding will not be available to hospital-based facilities and Institutions of Mental Disease (IMDs) because they are not covered under the rehabilitative State Plan. To the extent that a non-hospital rehabilitation facility is providing a rehabilitation service, it is covered under the State Plan Amendment for rehabilitative services or is a Cost Not Otherwise Matchable under the 1115 for Rehabilitative Services. The intent is to supplement the implementation of these rehabilitative services to support institutional diversion and strengthen community transition to non-hospital-based rehabilitation services for individuals with substance use disorders who have been substantially impacted by both COVID and increasing overdose rates.*

### **Eligible Providers:**

Residential Addiction Treatment providers licensed or certified by OASAS; these providers offer direct intervention for individuals with substance use or co-occurring mental and substance use disorders in nonhospital, licensed residential facilities. IMDs are not eligible for this funding.

**Implementation Date:** 3/31/2022; payments will be effective 1/01/2022.

**Amount of Funding (SFE) Projected to Be Spent:** \$17.66M

### **Status Update Overall:**

These are services authorized to be delivered consistent with 42 CFR § 440.130(d) and pursuant to SPA #16-0004, with the exception of expansion of HCBS services through the addition of a SPA for residential addiction rehabilitation benefits, which would assist individuals in reintegration to independent living.

Federal Public Notice was published with the New York Department of State on

November 1, 2021. SPA 22-0033 was submitted to CMS on March 22, 2022. Rate packages have been approved and OASAS will provide guidance to providers and stakeholders soon.

**Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

OASAS submitted State Plan Amendment 22-0033 to CMS on March 22, 2022 . The rate package was approved.

## **I. Expand and Implement HCBS and Community Oriented Recovery and Empowerment (CORE) Services**

*HCBS and CORE services expansion and implementation support aimed to complement current infrastructure funding via enhanced rates, marketing, and outreach funds; expanded provider capacity via workforce funding; and improved access and engagement via transportation and telehealth infrastructure. Ensuring access to critical treatment and rehabilitation services for individuals identified as having significant behavioral health needs and service utilization (Health and Recovery Plan (HARP) enrollees). Funding will be disbursed through rate increases paid across MCO Medicaid claims as services are provided to eligible Medicaid recipients, and through state directed grants in areas where there is insufficient provider capacity. Funding will be allocated to Adult Behavioral Health HCBS and CORE providers.*

### **Eligible Providers:**

Adult Behavioral Health (BH) HCBS providers; these providers offer services that assist with daily living and social skills, individual employment support, and education support to start, return to, or graduate from school to learn skills to get or keep a job in order to allow individuals to be more involved in their community.

Adult CORE providers: these providers offer nursing assessment, medical administration, case management, peer supports, psychological testing, individual, family, or group counseling for people with diagnosed mental illness, and/or co-occurring substance use disorder, whose level of functioning is significantly affected by the behavioral health illness.

### **Implementation Date:**

Payments will be effective for dates of service beginning October 1, 2021. Implementation begins July 2022.

**Amount of Funding (SFE) Projected to Be Spent: \$9.20M**

### **Status Update Overall:**

CMS approved the corresponding directed payment template on March 18, 2022. OMH has finalized its monitoring and evaluation strategy under the State's directed payment preprint as approved by CMS. OMH guidance was communicated to Medicaid Managed Care Plans (MMCP) and providers on February 11, 2022. CORE services are section 1115(a)-authorized rehabilitation services, authorized pursuant to 42 CFR § 440.130(d).

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Section 438.6(c) preprint was approved by CMS on March 18, 2022.

**J. Support the Transition to Voluntary Foster Care Agencies (i.e., Article 29-I providers, as licensed under State Law) Core Limited Health Related Services**

*Implement a temporary rate adjustment of 25 percent, retroactive to April 1, 2021, until September 30, 2022 for Article 29-I Health Facility Core Limited Health Related Services Per Diem Rates. Services will be delivered consistent with 1905(a)(13) of the SSA, 42 CFR § 440.130(d) and rehabilitative services authorized in SPA #21-0003. This temporary increase would assist providers to build capacity to meet the increasing needs of children.*

**Eligible Providers:**

Article 29-I Health Facilities

**Implementation Date:**

By 4/18/2022, 25% temporary rate increase payments will be paid retroactive to 4/01/2021 and continuing through 9/30/2022.

**Amount of Funding (SFE) Projected to Be Spent: \$16.25M**

**Status Update Overall:**

DOH is awaiting CMS approval of the Disaster SPA #21-0055 and Disaster SPA #21-0054. These address the 29-I program with services delivered consistent with 1905(a)(13) of the SSA, 42 CFR § 440.130(d) and rehabilitative services authorized in SPA #21-0003. DOH drafted guidance for providers and Medicaid Managed Care Plans (MMCP) regarding billing. MMCP rate distribution will occur April 18, 2022 and the FFS rate distribution will follow.

Additionally, DOH is defining more clearly the scope of services covered in this rate increase to cover both Rehabilitative and Prevention Services. Since these services are being delivered by the same providers and same practitioners this increased rate in both areas will allow providers to expand overall capacity to serve both children with behavioral health issues and children who are at risk of developing them as a result of trauma and other adverse childhood experiences.

**Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH developed a Disaster SPA 21-0054 "Enhanced FMAP" that was submitted to CMS October 8, 2021. Specific rate increases will be confirmed when the proposed rate package receives approval. Federal Public Notice for SPA 21-0055, "CFTSS/29I Enhanced FMAP" was posted on September 15, 2021. The SPA was submitted on December 31, 2021.

## **K. Expand Crisis Services for People with I/DD**

*There is a growing need for enhanced behavioral health services that exceeds current service capacity. In order to address the behavioral health needs of people with I/DD the State will: expand Crisis Services for People with I/DD (CSIDD), enhance rates for Intensive Behavioral Support Services (IBS), and connect I/DD Service System and Community-Based Services.*

### **Eligible Providers:**

CSIDD State Plan providers licensed by OPWDD; these providers offer targeted services for individuals with I/DD who have significant behavioral or mental health needs. CSIDD are delivered by multi-disciplinary teams who provide personalized and intensive time-limited therapeutic clinical coordination of Medicaid services for individuals age six and older.

Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver.

**Implementation Date:** 11/01/2021 for Expand CSIDD Services; 11/01/2021 for Enhanced Rates for Intensive Behavioral; 7/01/2022 for Connecting I/DD Service System and County-Based Crisis Services Funding Support Services (IBS)

**Amount of Funding (SFE) Projected to Be Spent:** \$11.30M

### **Status Update Overall:**

CSIDD services are covered under the State Plan Rehabilitation benefit. The CSIDD SPA #19-0014, was approved on December 16, 2019, with an effective date of January 1, 2019.

OPWDD developed and released an RFA for a grant focused on expanding CSIDD services. The contract start date for the Region 2 CSIDD Expansion was November 1, 2021. For Region 3 CSIDD Transition, the contract start date is tentatively planned for April 2022.

For the enhanced rate for IBS, OPWDD submitted an Appendix K for the NY OPWDD Comprehensive Waiver (0238.R06.00) and received approval.

OPWDD will directly contract with a single entity to invest a portion of the funding to support pilot projects at the county level to address gaps in crisis response and children's services.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in**

**the Spending Plan):**

For the enhanced rate for IBS, OPWDD submitted an Appendix K Waiver September 7, 2021 and received approval. A 1915(c) Waiver Amendment will be submitted to continue these enhancements and align with the end of the Appendix K Authority.

## **L. Enhanced Rates for Private Duty Nursing (PDN)**

*New York proposes to invest state and federal enhanced matching funds, on a one-time basis, to supplement FFS Medicaid private duty nursing (PDN) rates for adult recipients receiving services in HCBS settings to align with the rates recently enhanced for the under-23 population. The investment would apply until March 31, 2022. This proposal would ensure adequate reimbursement and access to PDN services for FFS members who turn 23 years old and remain in the program and help with staffing cases, which has been even more challenging during the COVID-19 pandemic. The FFS Medicaid base fees are currently lower than the Medicaid Managed Care fees creating a disincentive for providers to service FFS adult members.*

### **Eligible Providers:**

PDN providers; these providers offer substantial, complex, and continuous skilled nursing care provided in the home for medically fragile Medicaid beneficiaries.

**Implementation Date:** 11/01/2021

**Amount of Funding (SFE) Projected to Be Spent:** \$12.45M

### **Status Update Overall:**

The SPA was submitted to CMS on December 30, 2021. This impacts the PDN program. 42 CFR § 440.80 authorizes PDN in a home, hospital, or SNF setting. Consistent with those requirements and the updated standards in 42 CFR § 440.70 regarding home health services, PDN services funded under this proposal are only available in HCBS settings, rather than in a facility. DOH has established the rate package and has notified providers of the rate change. The new rates were implemented on November 1, 2021, and will end March 31, 2022. The temporary rate increases are as follows: for the Upstate Region, Code S9123 increased by \$16.38, Code S9123 High Tech increased by \$18.79, Code S9124 increased by \$13.75, and Code S9124 increased by \$15.56. For the Downstate Region, Code S9123 increased by \$18.54, Code S9123 High Tech increased by \$20.39, Code S9124 increased by \$14.83, and Code S9124 increased by \$17.30.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH submitted a SPA to CMS on December 30, 2021.

## **M. Supportive Residential Habilitation Transformation Grant**

*Establishes a grant opportunity to increase the ability of providers to employ flexible strategies to enhance person-centered service delivery and to further incentivize the provision of supports and services that will allow individuals with I/DD to live in a more integrated setting of their choosing. These resources will be used to incentivize Residential Habilitation Providers to expand the use of innovative tools and technologies, investments in capital and start-up costs associated with staffing “hubs”, planning and development of service delivery options costs, and the identification, hiring, and training of neighbors or staff to expand Supportive Residential Habilitation and Family Care Residential Habilitation options that support people in a more independent manner in the most integrated settings, consistent with their needs and preferences. Funds will not be used for participants’ room and board costs. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

Residential Habilitation Providers; these providers offer care, skills training, and supervision to participants in a non-institutional setting.

**Implementation Date:** 6/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$10.00M

### **Status Update Overall:**

OPWDD released an RFA for a Supportive Residential Habilitation Transformation grant on March 22, 2022. Contract execution is tentatively planned for June 1, 2022.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

As funds will be distributed through grants, OPWDD does not anticipate the need for federal authority to execute this proposal. Final grant award amounts are pending review of applications.

## **N. Invest in OASAS Outpatient Addiction Rehabilitation Treatment Services Adjustments**

*Utilize enhanced funding to increase access by incentivizing providers that deliver services in the community for all outpatient addiction rehabilitation services through a 10 percent temporary rate enhancement.*

### **Eligible Providers:**

OASAS licensed or certified Outpatient Addiction Rehabilitation Treatment Service providers; these providers offer clinical services for people with addiction to substances and their families.

### **Implementation Date:**

3/31/2022; payments effective 11/01/2021.

**Amount of Funding (SFE) Projected to Be Spent: \$8.17M**

### **Status Update Overall:**

A Federal Public Notice for OASAS Outpatient rate changes was published by the New York Department of State on November 1, 2021. State Plan Amendment 21-0033 was submitted to CMS on March 22, 2022. The rate package has been approved and OASAS is developing billing and programmatic guidance to circulate to providers to support implementation of this proposal. These services are authorized to be delivered consistent with 42 CFR §440.130(d) and pursuant to SPA #16-0004.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

State Plan Amendment 22-0033 was submitted to CMS on March 22, 2022. The rate package was approved.

## **O. Invest in Personalized Recovery Oriented Services (PROS) Redesign**

*Supporting a PROS redesign via enhanced rates within PROS to include an increase in offsite capacity and one-on-one service, program specific staffing investments including peers and rehabilitation staff, and grants for physical plant improvements. Physical plant improvements would not be directly funded by this proposal; rather, the State is providing 10% rate enhancements for existing State Plan services, which providers may use to cover operational, workforce, and other costs required to preserve access to HCBS. Investment is based upon Consolidated Financial Report (CFR) gap-to-actual costs and recent provider closure. The PROS model must be updated to accommodate changing population and system need and demographics (i.e., telehealth, desire for more one-on-one, off-site capability, unemployment), while right-sizing financial models to support it. Funding will be disbursed through rate increases paid across FFS or MMCP.*

### **Eligible Providers:**

OMH-licensed rehabilitation for PROS providers; these providers offer a comprehensive model that integrates rehabilitation, treatment, and support services for people with serious mental illness. These are State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA #16-0041.

### **Implementation Date:**

Payments will be effective for dates of service beginning 10/14/2021. Implementation began 3/28/2022.

**Amount of Funding (SFE) Projected to Be Spent: \$3.00M**

### **Status Update Overall:**

Federal Public Notice was published with NYS Department of State on October 13, 2021. The rate package for PROS has been finalized, the rates have been loaded, and the providers have been notified of the changes. OMH continues to facilitate communication between providers and stakeholders including specific provider impacts.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

NYS published a Federal Public Notice for the State Plan Amendment on October 13, 2021. NYS is currently working with CMS on submission of a consolidated Disaster Relief SPA.

## **P. CFTSS Rate Adjustments**

*Apply the 25 percent rate adjustment to Children and Family Treatment and Support Services (CFTSS) rates, including “off-site” rates, retroactive to April 1, 2021, until September 30, 2022.*

### **Eligible Providers:**

CFTSS providers designated to provide CFTSS consistent with 1905(a)(13) of the SSA, 42 CFR § 440.130(d) and as outlined in SPA #20-0018.

### **Implementation Date:**

By 4/18/2022, payments will be effective 4/01/2021.

**Amount of Funding (SFE) Projected to Be Spent: \$7.87M**

### **Status Update Overall:**

DOH is awaiting CMS approval of the Disaster SPA 21-0055 and Disaster SPA 21-0054. Guidance was drafted and sent out for providers and MMCP regarding billing. Additionally, DOH is defining more clearly the scope of services covered in this rate increase to cover both Rehabilitative and Prevention Services. Since these services are being delivered by the same providers and same practitioners this increased rate in both areas will allow providers to expand overall capacity to serve both children with behavioral health issues and children who are at risk of developing them as a result of trauma or other adverse childhood experiences. Included programs are consistent with 1905(a)(13) of the SSA, 42 CFR § 440.130(d) as outlined in SPA #20-0018.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH developed a Disaster SPA 21-0054 “Enhanced FMAP” that was submitted to CMS on October 8, 2021. Specific rate increases will be confirmed when the proposed rate package receives approval.

Federal Public Notice for SPA 21-0055, “CFTSS/29I Enhanced FMAP” was posted on September 15, 2021. The SPA was submitted on December 31, 2021.

## **Q. Children's Waiver HCBS Rate Adjustments**

*Implement a HCBS rate adjustment of 25 percent retroactive to April 1, 2021, until September 30, 2022. This would assist providers to build capacity to meet the increasing need.*

### **Eligible Providers:**

Children's HCBS providers.

### **Implementation Date:**

By 3/31/2022, payments will be effective 4/01/2021.

**Amount of Funding (SFE) Projected to Be Spent: \$19.44M**

### **Status Update Overall:**

CMS approved the Appendix K NY. 4125.R05.12 modification of the 1915(c) NY Children's Waiver (4125.R05.00) on February 1, 2022. DOH developed updated rates and prepared a notice to providers and MMCP about the rate adjustment.

FFS rate distribution occurred on March 23, 2022 and MMCP rate distribution occurred March 31, 2022.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH submitted Appendix K to CMS on January 14, 2021. CMS approved the Appendix K on February 1, 2022. Specific rate increases will be confirmed when the proposed rate package receives approval.

## **R. Invest in Assertive Community Treatment (ACT) Services**

*Increasing the existing service payment rates for ACT teams serving the highest need individuals in the mental health system. ACT services are State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA #01-0001 and pending SPA #21-0015. Funding will be disbursed through rate increases paid across FFS or MCO Medicaid claims following a State Plan Amendment as services are provided to eligible Medicaid recipients.*

### **Eligible Providers:**

OMH-licensed ACT providers; these providers consist of a community-based group of medical, behavioral health, and rehabilitation professionals who use a team approach to meet the needs of an individual with severe and persistent mental illness.

### **Implementation Date:**

Payments will be effective for dates of service beginning 10/07/2021. Implementation began 3/14/2022.

**Amount of Funding (SFE) Projected to Be Spent: \$2.70M**

### **Status Update Overall:**

NYS published a Federal Public Notice for the State Plan Amendment on October 6, 2021. A SPA was submitted to CMS on December 30, 2021. This proposal impacts State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA #01-0001 and pending SPA #21-0015. Rate packages have been finalized, rates have been loaded, and OMH has notified providers of rate changes. OMH continues to facilitate communication between providers and stakeholders including specific provider impacts.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Federal Public Notice was issued with NYS Department of State on October 6, 2021. NYS is currently working with CMS on submission of a consolidated Disaster Relief SPA.

## **S. Implement Youth ACT programs**

*Support the implementation of Youth ACT programs through start-up, training, and monitoring funds, and pre-discharge Residential Treatment Facility (RTF) transitional services supported via reinvestment in the out years. As part of OMH's mission to reduce reliance on out of home care, Youth ACT is an important model that is being pioneered across the State to serve children and families with high needs who may not have the supports to successfully engage in more traditional models, and to divert them from long-term stays in higher levels of care. This model is being developed and launched in 2021-2022 and includes a multidisciplinary approach to the family in their own settings and builds in support to transition across levels of care. Specifically, supporting funding of stepdown from Residential Treatment Facilities can decrease lengths of stay outside the home. ACT services are State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA #01-0001 and pending SPA #21-0015. Funds will be distributed through start-up Medicaid rate increases.*

### **Eligible Providers:**

OMH-licensed ACT providers.

### **Implementation Date:**

Payments will be effective for dates of service beginning 10/07/2021. Implementation began 3/14/2022.

**Amount of Funding (SFE) Projected to Be Spent: \$1.60M**

### **Status Update Overall:**

NYS published Federal Public Notice for the State Plan Amendment on October 6, 2021. A SPA was submitted to CMS on December 30, 2021, regarding ACT services, State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA #01-0001 and pending SPA #21-0015. Rate packages have been finalized, rates have been loaded, and OMH has notified providers of rate changes. OMH continues to facilitate communication between providers and stakeholders including specific provider impacts.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Federal Public Notice published with NYS Department of State on October 6, 2021. NYS is currently working with CMS on submission of a consolidated Disaster Relief SPA.

## **T. Health Home Serving Children Rate Adjustments**

*Provide a temporary annual assessment fee of \$200 to Health Homes for conducting an HCBS eligibility determination.*

### **Eligible Providers:**

Health Homes Serving Children (HHSC).

### **Implementation Date:**

4/25/2022, payments effective 4/01/2021.

**Amount of Funding (SFE) Projected to Be Spent: \$1.56M**

### **Status Update Overall:**

DOH completed a Disaster SPA 21-0054 and is awaiting approval for the assessment fee retroactive to April 1, 2022. DOH will pursue a SPA for continuing this activity after the Public Health Emergency (PHE) and is finalizing billing guidance for HHSC.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH completed a Disaster SPA 21-0054 awaiting approval for the assessment fee retroactive to April 1, 2022. DOH will pursue a SPA for continuing this activity after the PHE and is finalizing billing guidance for HHSC.

## U. Implement Young Adult ACT Teams

*Support the implementation of Young Adult ACT programs through startup, training, monitoring funds, and pre-discharge. Young Adult Alternative Payment Model (APM) and program model development to support individuals upon discharge from a First Episode Psychosis (FEP) program, and support for foster-care transitions. The Young Adult ACT teams will serve young adults ages 18 to 25 with Serious Mental Illness (SMI) who have continuous high service needs that have not been met by traditional outpatient services or who are at risk for not being able to live in the community. The Young Adult ACT teams will provide clinical treatment, as well as additional services and supports to help the individuals gain the skills necessary to be independent adults. The multi-disciplinary, community-based teams will include an evidence-based supportive vocational and employment program, support to develop the real-world skills needed for independence, and support to develop or expand the young adult's family and social network. ACT services are State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) as outlined in SPA #01-0001 and pending SPA #21-0015. Funds will be distributed through start-up Medicaid rate increases. Investments will be recurring and funding transitions to OMH reinvestment funds for sustainability. These funds are currently included in the State Financial Plan.*

### **Eligible Providers:**

OMH-licensed ACT providers serving individuals aged 18-25; these providers consist of a community-based group of medical, behavioral health, and rehabilitation professionals who used a team approach to meet the needs of an individual with severe and persistent mental illness.

### **Implementation Date:**

Payments will be effective for dates of service beginning 10/07/2021. Implementation began 3/14/2022.

**Amount of Funding (SFE) Projected to Be Spent: \$0.18M**

### **Status Update Overall:**

NYS published Federal Public Notice for the State Plan Amendment on October 6, 2021. A SPA was submitted to CMS on December 30, 2021. These impact ACT services, State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) as outlined in SPA #01-0001 and pending SPA #21-0015. Rate packages have been finalized, rates have been loaded, and OMH has notified providers of rate changes. OMH continues to facilitate communication between providers and stakeholders including specific provider impacts.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Federal Public Notice published with NYS Department of State on October 6, 2021. NYS is currently working with CMS on submission of a consolidated Disaster Relief SPA.

## **V. Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening**

*New York State proposes to use a directed payment template with MLTCs, with the possibility of capital investments, to fund ADHCs and SADCs based on utilization of services in an effort to strengthen, enhance, and expand the availability of these HCBS which were closed during the height of the pandemic. This is in an effort to assist SADCs and ADHCs to reopen safely and institute effective infection control measures and provide SADCs and ADHCs workforce development funds for recruitment and retention of qualified staff. Providers pursuing any capital investments will be required to confirm their resulting location is fully compliant with the HCBS settings criteria.*

### **Eligible Providers:**

All ADHCs and SADCs operating in NYS or having closed operations in the time period 2019 to present; these centers provide a coordinated program of professional and compassionate services for adults in a community-based group setting.

**Implementation Date:** 1/01/2023

**Amount of Funding (SFE) Projected to Be Spent:** \$10.00M

### **Status Update Overall:**

DOH is finalizing the programmatic design for this proposal. Guidance and programmatic detail will be developed and communicated to providers in the near future.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH is in the process of developing Section 438.6(c) preprints for SADCs and ADHCs. DOH will seek CMS approval of these preprints in order to include this funding within managed care rates. After approval, information will be shared with both providers and health plans which details program requirements, measures used to drive funding amounts, and other elements of program design.

## **Activities Submitted in the Second Quarterly Report**

### **W. School Supportive Health Services Expansion**

*This proposal includes an expansion of covered services under the School Supportive Health Services Program (SSHSP) to allow school districts to provide Medicaid covered behavioral health services to Medicaid enrolled children while in school.*

#### **Eligible Providers:**

Schools will be eligible for this funding.

**Implementation Date:** 10/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$5.72M

#### **Status Update Overall:**

DOH will prepare a Federal Public Notice for the State Plan Amendment. Once this Federal Public Notice is published, DOH will work in collaboration with its State partners to finalize a State Plan Amendment and rate package for the SSHSP. Contingent upon Federal and State approvals, DOH will notify providers.

#### **Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

#### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH is developing a SPA for submission to CMS in the coming months. Specific rate increases will be confirmed as part of authority approval.

## **X. New Children's Waiver HCBS**

*This proposal will support the establishment of new Children's Waiver HCBS to address access issues and returning children/youth to their home and community from an institutional level of care.*

### **Eligible Providers:**

Children's HCBS Providers.

**Implementation Date:** 10/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$2.52M

### **Status Update Overall:**

DOH will develop a waiver amendment for the 1915(c) NY Children's Waiver (4125.R05.00) and updated Appendix K.

### **Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH is developing a waiver amendment and Appendix K. Specific provider payments will be confirmed as part of authority approval.

## Y. Evidence-Based Children's Services

*This activity increases funding to incentivize Children's Behavioral Health providers to use EBP in the delivery of care to Medicaid-enrolled children, including the use of principles in the delivery of services to children at greatest risk.*

### **Eligible Providers:**

CFTSS Providers

**Implementation Date:** 10/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$4.68M

### **Status Update Overall:**

DOH will prepare a Federal Public Notice for the State Plan Amendment. Once this Federal Public Notice is published, DOH will work in collaboration with its State Partners to finalize a State Plan Amendment and enhanced rate packages for CFTSS. Contingent upon Federal and State approvals, DOH will notify providers of rate development.

### **Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH is developing a SPA for submission to CMS in the coming months. Specific rate increases will be confirmed as part of authority approval.

## **Z. Incentivize Child Welfare Step-Down Programs**

*Child welfare agencies must actively enhance their care delivery systems for children with behavioral health conditions in order to reduce the number of children and lengths of stay of children in Qualified Residential Treatment Programs (QRTPs) considered to be Institutes of Mental Disease (IMD) by CMS. Specifically, this proposal will support the QRTPs in establishing additional community supports to allow children to step down from an institutional level of care.*

### **Eligible Providers:**

29-I providers

**Implementation Date:** 10/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$2.19M

### **Status Update Overall:**

DOH is developing a Section 438.6(c) preprint modifying the 29-I program within Medicaid Managed Care for submission to CMS in the coming months.

### **Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

DOH is developing a preprint for submission to CMS in the coming months. Specific rate increases will be confirmed as part of authority approval.

## **AA. Invest in Mental Health Outpatient Treatment and Rehabilitation Services**

*Increase the existing service payment rates for Mental Health Outpatient Treatment and Rehabilitation Services, a critical access point in the mental health system. Funding will be disbursed through rate increases paid across FFS or MCO Medicaid claims following a State Plan Amendment as services are provided to eligible Medicaid recipients. As more Medicaid recipients seek access for behavioral health services under the current pandemic, these investments will be used to target peer support service provision, offsite service delivery, electronic health record (EHR) changes, and strengthening provider staffing resources.*

### **Eligible Providers:**

OMH-Licensed Mental Health Outpatient Treatment and Rehabilitation Services Providers; these providers offer counseling, group therapy, medical consultations, and psychiatry to help patients learn to cope with stressors and manage their mental health.

**Implementation Date:** Payments will be effective for dates of service beginning 2/01/2022. Implementation is anticipated to begin on 10/01/2022.

**Amount of Funding (SFE) Projected to Be Spent:** \$31.76M

### **Status Update Overall:**

NYS published a Federal Public Notice for the SPA on January 26, 2022. The SPA was submitted to CMS on March 31, 2022, and an enhanced rate package for OMH-Licensed Mental Health Outpatient Treatment and Rehabilitation Services has been developed. Contingent upon Federal and State approvals, OMH will notify providers of rate changes.

### **Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

SPA 22-0046 was submitted to CMS on March 31, 2022. Specific rate increases will be confirmed when the proposed rate package receives approval.

## **AB. Continuation and Expansion of the Community Care Connections Program Model Funding**

*New York proposes to invest a portion of this enhanced funding to support the continuation and expansion of the Community Care Connections (CCC) model and the integration of community-based social workers and nurse care coordinators into the medical system of care. The CCC model integrates traditional community-based aging services with medical systems of care to positively impact the aims of cost, quality, and patient satisfaction. Due to the CCC's proven ongoing success of improving health outcomes while also reducing healthcare utilization for older adults, NYSOFA proposes to utilize this funding to support the continuation and expansion of the CCC model into other counties within New York State.*

*Funding will be used to address the social, economic, and clinical needs of older adults, which supports New York State's movement from a volume-based system to value-based system. NYSOFA intends to leverage the NY Connects No Wrong Door (NWD) System as a key component within the CCC model and incorporate care transitions programming to successfully facilitate referrals between institutional care and home and community-based settings.*

### **Eligible Providers:**

N/A

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$2.75M

### **Status Update Overall:**

This program is in the initial planning stages and more information will be included in the next quarterly report.

### **Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for additional federal authority in order to execute this proposal.

### **III. Digital Infrastructure Investment**

#### **A. Modernize OPWDD IT Infrastructure to Support Medicaid Enterprise & Investments to Expand Operational Capacity**

*Investments to Expand Operational Capacity. OPWDD will collaborate with the DOH and New York State Information Technology Services (ITS) to seek investments to access and leverage ongoing federal Health Information Technology funding for OPWDD's Medicaid IT infrastructure, including billing, incident management, needs assessments and service determinations, care management, and statewide case management. In addition, resources will be used to develop new interactive dashboards, reporting, and data integration for stakeholder transparency to ensure quality supports and services are delivered to New Yorkers with developmental disabilities. Resources will also be used to make one-time investments in areas such as systems to manage scheduling and deployment of the direct support staff workforce and inventory tracking.*

#### **Eligible Providers:**

Qualified Medicaid Health Information Technology (HIT) vendors; these design, develop, create, use, and maintain information systems for the healthcare and LTSS industries.

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$42.40M

#### **Status Update Overall:**

A scope of work for an RFP for a consultant to develop an HIT plan for federal review is currently in development. The anticipated release date of the RFP, and the contract start date, is tentatively planned for mid-2022.

#### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

#### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

As funds will be distributed through existing procurement processes, OPWDD does not anticipate the need for federal authority to execute this proposal. Final grant award amounts are pending review of applications.

## B. Strengthen NY Connects Infrastructure

*New York proposes to invest a portion of this enhanced funding for NY Connects to include additional resources in the directory, across the services sectors serving individuals with physical disabilities, children with special needs, persons with intellectual disabilities or developmental disabilities, and those with serious behavioral health conditions. SOFA would develop and deliver specific training for NY Connects operators about changes in accessing services and supports across the disability continuum. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Providers:**

N/A

### **Implementation Date:**

10/01/2021 for the approved portion of the proposal; 7/01/2022 for the expanded portion of the proposal.

### **Amount of Funding (SFE) Projected to Be Spent:**

\$37.75M in total, as compared to the initial approved investment of \$29.80M.

### **Status Update Overall:**

DOH and SOFA have finalized the initial investment areas for NY Connects, as proposed in and approved as part of the July 2021 Spending Plan and have begun the initial phase of the investment and implementation process.

NYSOFA seeks to expand this proposal in the following two areas:

**1. Data Collection and Reporting System Improvements (\$7.7M):** The current NYSOFA Statewide Client Application is a collaboration-based Case Management system that connects individuals and their family/caregivers with service providers. It enables care professionals to better share information among their peers and improves service delivery and outcomes. The system utilizes a suite of program modules and tools connecting multiple programs across a community. To administer their local functions, the Area Agencies on Aging (AAAs) utilize the Statewide Client Application, as well as a variety of in-house, locally developed and maintained systems. Included in the data collection, is a defined minimum data set (MDS) established by NYSOFA that addresses standardized information for community based LTSS. The State seeks to invest a portion of this enhanced funding for NY Connects to improve the data collection and reporting system across the service sectors serving individuals with physical disabilities, children with special needs, people with I/DD, and those with serious behavioral health conditions. This system will track and analyze service utilization, Care and Case Management services and referral, administration requirements, federal reporting requirements, compliance

monitoring, data validation and verification, production of standard reports, as well as ad hoc reporting functionality, and querying of data for custom tabulations to fully assess all feasible data elements/options.

**2. Enhance NY Connects Resource Directory and Training for NY Connects Staff (\$0.25M):** In coordination with all NY Connects NWD system partners, NYSOFA proposes to invest a portion of this funding to further enhance the NY Connects Resource Directory with information and resources specific to individuals with mental and/or behavioral health conditions, individuals with SMI and/or SUD, individuals with I/DD, and individuals with other chronic health conditions. To support the enhancements to the NY Connects Resource Directory, NYSOFA will collaborate with the NWD system partners to continue developing and providing effective training curricula for NY Connects staff across the state. NY Connects staff will receive updated training specific to each population so that they may help individuals and their family/caregivers who are served by other state agencies, explore their options, and make informed choices on LTSS and other available resources. NY Connects staff will also receive training and education on caregiver resources and supports for each population.

**Status for Federal Approval of Spending Plan:**

Initial proposal approved by CMS on August 25, 2021.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for federal authority in order to execute this proposal.

### **C. Advance Children's Services IT Infrastructure**

*Create a flexible mechanism by which providers can enhance their IT infrastructure to meet the needs of children and families they serve. This can include integrating EHR systems, developing billing platforms/hiring billing vendors, Health Home build system to take oversight of Modifications, HCBS Requirements, POC, and Linkages to Services Oversight, EVV reimbursement, funding for administrative staff, funding for training staff, telehealth equipment, necessary facility changes, and a funding pool to incentivize Article 29-I providers meeting established performance targets and criteria.*

#### **Eligible Providers:**

CFTSS Providers, HCBS providers, VFCA 29-I Health Facilities

**Implementation Date:** 5/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$7.04M

#### **Status Update Overall:**

On April 6, 2022, CMS approved two Section 438.6(c) preprints for this proposal (NY\_Fee\_HCBS.BHO2\_New\_20210401-20220331 and NY\_Fee\_HCBS.BHO1\_New\_20210401-20220331) which establish a methodology to award 84% of the funding to 86% of targeted providers. DOH is drafting communications to both providers and Medicaid Managed Care Plans regarding these approvals and detailing necessary next steps. Additionally, DOH is exploring alternative means of distribution for remaining funds to the providers not captured in the preprint and will submit appropriate authorities for those alternative means of distribution if required.

#### **Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

#### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Section 438.6(c) preprints for this proposal were approved by CMS on April 6, 2022, to distribute 84% of available funds. DOH is investigating additional means to distribute remaining funds and will submit subsequent appropriate authorities for those alternative means of distribution if required.

## **D. Extend Support for BH Care Collaboratives (BHCC)**

*Beginning in 2018, New York State invested \$60M to develop BHCC service networks across the behavioral and physical health continuum to prepare the BH system to enter into value-based reimbursement through supporting fiscal and clinical integration that is the foundation of BHCCs. Funds supported BH provider system culture change, moving from competition to collaboration across networks. BH providers in these BHCC networks gained knowledge and insight about how to define and measure the value BH brings to the overall health care system and managed care organizations. Most of these provider networks incorporated as Behavioral Health Independent Practice Association (BH IPAs), in order to enter contract arrangements. These BH IPAs developed significant infrastructure to drive integrated care, measure and manage data across networks, and improve service delivery across the behavioral and physical health spectrum. This additional development funding would allow for BH IPAs to continue their pre-pandemic work including enhancing data platforms and quality assurance processes, measuring quality and continuity of care across the provider network and through the larger system of care, and supporting engagement with payers for alternative payment models or value-based reimbursement arrangements with a focus on rehabilitation and recovery services.*

### **Eligible Providers:**

Existing BHCCs operating as BH IPA: these providers expand, enhance, and strengthen HCBS in the Medicaid program by assisting HCBS providers become empaneled to provide services to more Medicaid Managed Care enrollees and engage with payors in beneficial value-based contracting arrangements. BHCC network providers are licensed behavioral health providers under Article 31 and Article 32 of the New York Mental Hygiene Law, including mental health clinics, substance use disorder providers, PROS, ACT and related HCBS providers, and, in that capacity, are authorized to deliver Appendix B services, including State Plan rehabilitative services pursuant to 42 CFR § 440.130(d) and Adult BH HCBS, which are section 1115(a) authorized HCBS.

### **Implementation Date:**

First payment retroactive to 4/01/2022. Implementation began on April 1, 2022.

**Amount of Funding (SFE) Projected to Be Spent: \$10.00M**

### **Status Update Overall:**

OMH, in collaboration with the Department of Health, submitted a directed payment template to CMS on January 20, 2022, subsequently revised and resubmitted on March 29, 2022. CMS approved the directed payment preprint on March 30, 2022.

**Status for Federal Approval of Spending Plan:**

Approved by CMS on January 31, 2022.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

Section 438.6(c) preprint was resubmitted to CMS on March 29, 2022. CMS approved the directed payment preprint on March 30, 2022.

Specific provider payments will be confirmed as part of authority approval.

## **E. Study to Develop New CDPAP Care Technology**

*New York will support the exploration and piloting of a private registry system to assist participants in CDPAP in finding individuals willing to serve as personal assistants in a small number of designated service areas to study whether this type of registry is useful to those participants who have someone in mind that may cover some, but not all, of their authorized hours, or who require a backup and do not have additional people to meet that need. In addition, this type of registry may also be helpful in reducing overtime for high hour cases where the participant may not be able to identify sufficient assistants to meet their needs. It may also allow personal assistants to serve multiple consumers and improve their ability to make this work a fulltime job. The State will reinvest ARPA funds for this activity and is not seeking an additional match.*

### **Eligible Applicant:**

A technology vendor that offers a referral registry system.

**Implementation Date:** 10/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$5.10M

### **Status Update Overall:**

DOH is finalizing specifications for the referral registry pilot. Selection of a technology vendor capable of providing such a pilot is forthcoming. Further programmatic detail will be developed and communicated to providers in the near future.

### **Status for Federal Approval of Spending Plan:**

Approved by CMS on August 25, 2021.

### **Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for additional federal authority in order to execute this proposal.

## **Activities Submitted in the Second Quarterly Report**

### **F. Strengthen the NYS Multiple Systems Navigator**

*New York proposes to invest a portion of this enhanced funding to grow and improve the accessibility of the NYS Multiple Systems Navigator sponsored by the NYS Council on Children and Families (CCF). The NYS Multiple Systems Navigator ([www.msnavigator.org](http://www.msnavigator.org)) is a website for youth with multiple disabilities, parents, caregivers, and direct care professionals that serves as a one-stop resource on high-quality supports and services available from health, education, and human services agencies that serve vulnerable New Yorkers. Since its creation, the Multiple Systems Navigator has simplified a complex process of accessing information from numerous child- and family-serving agencies by compiling it on one consumer-friendly site, helping provide access to comprehensive, current, relevant, and easy-to-find information for those typically in need of multiple intensive services and supports including health, mental health, developmental disability, and other services. Specifically, the funds would enable youth, families, and the workforce supporting this target population to access available HCBS more easily and other services and supports across the State.*

*The creation of a bi-directional automated connection between the Multiple Systems Navigator and the NY Connects website ([www.nyconnects.ny.org](http://www.nyconnects.ny.org)), would enable significant improvements to the information shared and presented on both sites. Together, these resources would further support vulnerable New Yorkers seeking to understand and access HCBS and other community-based supports and services.*

*The Multiple Systems Navigator Mapping Tool would be redesigned so that users would be able to enter their address and the category or keyword for the programs and services of interest to see a map and listing of programs and services within a user-defined distance of the address entered. These investments would support improvements to advance the Multiple Systems Navigator as a repository of easy-to-locate available home and community-based supports and many other related services. It would also allow users to print a listing of their map search results and driving directions if needed.*

*The widespread promotion of the Multiple Systems Navigator website in collaboration with NYSOFA and other State agencies including OMH, OPWDD, DOH, OCFS, New York Office of Temporary and Disability Assistance (OTDA), New York State Education Department (SED) and others, will help ensure that vulnerable youth, their families, and the professionals supporting them are aware of this comprehensive and user-friendly resource.*

*In addition, CCF would develop a program and service equity mapping application to help State and local agencies make more informed funding decisions to target resources to populations in the greatest need. This application would map current service and program information from multiple State agencies and organize these*

*maps by categories with optional data overlays. An interactive dashboard would use the data to ensure necessary resources are reaching the populations most in need.*

**Eligible Providers:**

N/A

**Implementation Date:** 7/01/2022

**Amount of Funding (SFE) Projected to Be Spent:** \$1.50M

**Status Update Overall:**

This program is in the initial planning stages and more information will be included in the next quarterly report.

**Status for Federal Approval of Spending Plan:**

Pending approval from CMS.

**Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):**

We do not anticipate the need for additional federal authority in order to execute this proposal.