



# **New York State Department of Health**

## **Closeout 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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## **Closeout Report**

*January 17, 2025*

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## Letter of Attestation from State of New York

January 17, 2025

### **BY E-MAIL**

Mr. Daniel Tsai  
Deputy Administrator  
Director, Center for Medicaid & CHIP Services  
Centers for Medicare & Medicaid Services  
7500 Security Blvd, Mail Stop S2-25-26  
Baltimore, MD 21244-1850  
[HCBSIncreasedFMAP@cms.hhs.gov](mailto:HCBSIncreasedFMAP@cms.hhs.gov)

Re: **New York State Closeout 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 closeout report 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 used 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 used 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 did not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The State preserved 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 maintained HCBS provider payments at a rate no less than those in place as of April 1, 2021.

As reflected in the enclosed report, the State has completely implemented the **37** separate proposals included this report. Critically, on October 2, 2023, the State

received approval from CMS for all proposals submitted in the original Spending Plan and previous quarterly reports.

In this closeout report, the State shares the strategies we intend to implement to sustain the activities that enhanced, expanded, or strengthened HCBS under the Medicaid program. We describe the progress made, implementation challenges faced, and lessons learned from implementing our activities, and describe our process to continue monitoring and auditing the use of the state equivalent funds in cases where the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Please do not hesitate to contact me with any questions.

Very truly yours,

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs  
NYS Department of Health

Enclosure

cc: Ralph Lollar, CMS  
Nicole McKnight, CMS  
Frankeena McGuire, CMS  
Martha Egan, CMS  
Michael Ogborn, DOH  
Trisha Schell-Guy, DOH  
Susan Montgomery, DOH  
Selena Hajiani, DOH

## 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.

This opportunity enabled 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 were 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, the State proposed to make investments to support the needs of our most vulnerable populations. The State's approach prioritized 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.

The New York Spending Plan contains **37** separate proposals across three categories. 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 37 proposals were the result of a 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 (NYSOFA). DOH and the Partner Agencies engaged with stakeholders to inform the development of these proposals for recommendations on the use of the funds. DOH maintained a public website to keep stakeholders apprised of developments and progress regarding 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/).

The State has concluded all 37 activities and has completed spending ARPA HCBS enhanced FMAP funding on all proposals approved by CMS. The details of these proposals and descriptions of strategies and processes to sustain and monitor them can be found, organized by activity, in [Appendix A](#) of this document, and summarized in the [Summary of Proposals](#) section.

The State is working with CMS to adjust reporting through the Form CMS-64.9 ARP 9817 series forms (Column M) to accurately reflect the amount of ARPA HCBS funding spent. Currently, the forms reflect additional HCBS spending that goes beyond the State's ARPA Section 9817 program expenditures. The State expects to reflect this in the Form CMS-64 narrative by May 1, 2025, however, the State would be open to alternative dates if preferred by CMS.

## **Sustainability Plan**

The State was committed to leveraging this significant investment to foster long-term positive impacts on the HCBS system. Twelve of the implemented activities worked 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 helped 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 played an instrumental role in improving the delivery system over the coming years. The State has decided to continue certain efforts beyond the initial period and will continue to assess the impacts of these investments in the future.

Twenty of the proposed activities aimed to increase and strengthen service capacity, foster innovation, and create systems transformation for HCBS. Program designs were developed to encourage investment focused on long-term impact resulting from the COVID-19 pandemic. The State is continuing certain enhancements and activities beyond the conclusion of the ARPA HCBS funding period and will continue to evaluate the impact of investments in the future.

Five of the activities aimed to strengthen the digital infrastructure for HCBS provider agencies in New York. These investments allowed HCBS provider agencies to reopen strategically during times when face-to-face interactions came with a risk, while also supporting the integration of modern technology into service delivery, documentation, and care. The State prioritized activities that were innovative enough to endure beyond the conclusion of the ARPA HCBS funding.

## Summary of Proposals

The below table provides a brief overview of individual activity updates. As of this report, all proposals have been approved and have received federal spending authority if it was required.

| 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><br><br><i>3/31/2022 Implementation</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | Top third of LHCSAs based on 2019 utilization with MLTCP/MAP contracts | \$141.8M; Funds disbursed | CMS approved directed payment preprint on March 4, 2022. | No Modifications |

| Proposal   | Progress Update   | Lead Agency | Eligible Providers                    | Projected Funding (SFE)   | Spending Authority & Status   | Modifications                              |
|--|---|-------------|---------------------------------------|---------------------------|---|--|
| <b>I. B: Improve the OPWDD Workforce</b><br><br><i>3/23/2022 Implementation for Retention and Longevity Bonuses; 11/16/2022 Implementation for COVID-19 Service and Vaccine Incentives; Summer 2022 Implementation for Workforce Innovation Grants; 10/1/2023 Ongoing Implementation for Workforce Recruitment RFAs and Direct Contracts</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OPWDD       | Licensed or certified OPWDD providers | \$506.4M; Funds disbursed | 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, for CY2021 rates and on April 19, 2023, for CY 2023 rates. | <a href="#">Updated Funding Allocation</a> |



| Proposal  | Progress Update   | Lead Agency | Eligible Providers                   | Projected Funding (SFE)  | Spending Authority & Status   | Modifications                              |
|---|---|-------------|--------------------------------------|--------------------------|---|--|
| <b>I. C: Improve the OMH Workforce</b><br><br><i>Payment Effective Dates Vary; Implementation Began March 2022</i>  | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | OMH-licensed mental health providers | \$39.1M; Funds disbursed | CMS approved Adult Behavioral Health HCBS and Rehabilitation Services preprint on March 18, 2022. CMS approved SPA 22-0046 for Mental Health Outpatient Treatment and Rehabilitation services on June 27, 2022. CMS approved Disaster Relief SPA 21-0073 on June 28, 2023. CCBHC adjustments were approved by CMS' CCBHC Medicaid Team. | <a href="#">Updated Funding Allocation</a> |
| <b>I. D: Improve the OASAS Workforce</b><br><br><i>Payments Effective 11/1/2021; Implementation Began 3/1/2022 for Outpatient services and 3/24/22 for Residential services</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OASAS       | OASAS service providers              | \$4.9M; Funds disbursed  | CMS approved Disaster Relief SPA 21-0073 on June 28, 2023. The rate package was approved. This proposal is now fully implemented. Following expiration of the federal public health emergency, OASAS is using 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>I. E: Increase Medicaid Rehabilitation Rates for OMH Community Residence Programs</b><br><br><i>Payments Effective 10/1/2021;<br/>Implementation Began March 2022</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | OMH-licensed Rehabilitation for Community Residence providers   | \$4.7M;<br>Funds disbursed | CMS approved Disaster Relief SPA 21-0073 on June 28, 2023, for payments retroactive to October 1, 2022. Following expiration of the federal public health emergency, OMH is using separate SPA authority to continue provider payments. | <a href="#">Updated Funding Allocation</a> |
| <b>I. F: Enhance the Children's Services Workforce</b><br><br><i>10/1/2023 Implementation</i>  | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | CFTSS providers; Children's HCBS providers; Voluntary Foster Care Agency (VFCA) 29-I Health Facilities                                      | \$4.8M;<br>Funds disbursed | CMS approved directed payment preprint on April 6, 2022. Additional directed payment preprint for qualifying Health Homes approved on May 9, 2023.  | No Modifications                           |
| <b>I. G: Expand Training and Implementation Support for Evidence-Based Practices (EBP)</b><br><br><i>3/1/2023 Implementation</i>   | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | Training and technical assistance agencies with expertise in EBP dissemination; State University of New York; higher education institutions | \$6.8M;<br>Funds disbursed | No need for separate federal authority as funding was limited to the expenditure of the State Funds Equivalent amount.  | <a href="#">Updated Funding Allocation</a> |

| Proposal   | Progress Update   | Lead Agency | Eligible Providers   | Projected Funding (SFE)     | Spending Authority & Status  | Modifications                              |
|--|---|-------------|--|-----------------------------|--|--|
| <b>I. H: Expand Recruitment and Retention of Culturally Competent, Culturally Responsive and Diverse Personnel</b><br><br><i>Payments Effective 3/1/2023;<br/>Implementation Began June 2022</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | SUNY and CUNY educational institutions   | \$4.0M;<br>Funds disbursed  | No need for separate federal authority as funding was limited to the expenditure of the State Funds Equivalent amount. | No Modifications                           |
| <b>I. I: Expand Certified and Credentialed Peer Capacity</b><br><br><i>Payments Effective 3/1/2023;<br/>Implementation Began February 2022</i>   | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | Providers of State Plan rehabilitative services authorized pursuant to 42 CFR § 440.130(d) | \$4.3M;<br>Funds disbursed  | No need for separate federal authority as funding was limited to the expenditure of the State Funds Equivalent amount. | <a href="#">Updated Funding Allocation</a> |
| <b>I. J: Improve and Support the Assisted Living Program (ALP) Workforce</b><br><br><i>6/1/2024 Implementation</i>   | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | DOH-certified ALP providers  | \$19.9M;<br>Funds disbursed | CMS approved SPA #23-0064 on February 7, 2024. CMS approved revised SPA #24-0076 on June 18, 2024.                     | <a href="#">Updated Funding Allocation</a> |

| Proposal  | Progress Update   | Lead Agency | Eligible Providers   | Projected Funding (SFE)     | Spending Authority & Status  | Modifications                              |
|---|---|-------------|--|-----------------------------|--|--|
| <b>I. K: Home Care Minimum Wage Increase</b><br><br><i>10/1/2022 Implementation</i>     | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | Existing providers of personal care services and CDPAS, enrolled in the FFS program or serving as participating providers in Medicaid Managed Care | \$1.29B;<br>Funds disbursed | DOH submitted a SPA 22-75 on September 30, 2022, for FFS rate increases and included the minimum wage increase for managed care providers in the managed care rates. CMS approved the SPA on December 15, 2022 | <a href="#">Updated Funding Allocation</a> |
| <b>I. L: Further Improve the OPWDD Workforce</b><br><br><i>3/31/2023 Implementation</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OPWDD       | Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver  | \$71.7M;<br>Funds disbursed | OPWDD's Appendix K to the NYS OPWDD Comprehensive Waiver was approved by CMS in February 2023.   | <a href="#">Updated Funding Allocation</a> |

| Proposal   | Progress Update   | Lead Agency | Eligible Providers   | Projected Funding (SFE)  | Spending Authority & Status   | Modifications    |
|--|---|-------------|--|--------------------------|---|------------------|
| <b>II. A: Expand Capacity in Nursing Home Transition and Diversion and Traumatic Brain Injury</b><br><br><i>5/13/2022 Implementation</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | 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 | \$39.4M; Funds disbursed | DOH resubmitted Appendix K on July 13, 2022, with the effective date for nursing visits. The Appendix K was approved by CMS on August 18, 2022. | No Modifications |
| <b>II. B: Support the Unique Program of All-Inclusive Care for the Elderly (PACE)</b><br><br><i>6/21/2023 Implementation</i>             | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | PACE Organizations   | \$40.0M; Funds disbursed | No need for separate federal authority as funding was 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>II. C: Improve the OPWDD Delivery System</b><br><br><i>5/1/2022<br/>Implementation for Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process;<br/>Various Implementation Dates for Service Delivery Contracts</i> | Proposal Approved and Federal Spending Authority Approved or 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) | \$43.3M;<br>Funds disbursed | No need for separate federal authority as funding was limited to the expenditure of the State Funds Equivalent amount. | <a href="#">Updated Funding Allocation</a> |
| <b>II. D: Invest in Diversity, Equity, and Inclusion for People with I/DD</b><br><br><i>8/1/2022<br/>Implementation of DEI Evaluation</i>   | Proposal Approved and Federal Spending Authority Approved or Not Required | OPWDD       | Not-for-profit organizations (including OPWDD providers); local government authorities; higher education institutions  | \$10.7M;<br>Funds disbursed | No need for separate federal authority as funding was 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>II. E: Adjust Residential Addiction Treatment Services Rate</b><br><br><i>Payments Effective 11/1/2021; Implementation Began 5/24/2022</i>                               | Proposal Approved and Federal Spending Authority Approved or Not Required | OASAS       | Residential Addiction Treatment providers licensed or certified by OASAS | \$1.4M; Funds disbursed | CMS approved Disaster Relief SPA 21-0073 on June 28, 2023. The rate package has been approved and OASAS provided the approved rates and billing guidance to plans, providers, and other stakeholders. Following expiration of the federal public health emergency, OASAS will use separate SPA authority to continue provider payments. | <a href="#">Updated Funding Allocation</a> |
| <b>II. F: Expand and Implement HCBS and Community Oriented Recovery and Empowerment (CORE) Services</b><br><br><i>Payments Effective 10/1/2021; 1/1/2023 Implementation</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH and OMH | Adult Behavioral Health (BH) HBCS providers; Adult CORE providers        | \$3.5M; Funds disbursed | The first Section 438.6(c) preprint was approved by CMS on March 18, 2022. The second Section 438.6(c) preprint was approved by CMS on May 9, 2023.   | <a href="#">Updated Funding Allocation</a> |

| Proposal  | Progress Update   | Lead Agency | Eligible Providers                  | Projected Funding (SFE) | Spending Authority & Status   | Modifications                              |
|---|---|-------------|-------------------------------------|-------------------------|---|--|
| <b>II. G: Support the Transition to Voluntary Foster Care Agencies Core Limited Health Related Services</b><br><br><i>Payments Effective 4/1/2021; 8/24/2022 Implementation</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | Article VFCA 29-I Health Facilities | \$7.5M; Funds disbursed | Disaster SPA 21-0054 submitted to CMS on October 8, 2021, and approved by CMS on June 28, 2023. | <a href="#">Updated Funding Allocation</a> |



| Proposal   | Progress Update   | Lead Agency | Eligible Providers  | Projected Funding (SFE)  | Spending Authority & Status   | Modifications                              |
|--|---|-------------|---|--------------------------|---|--|
| <b>II. H: Expand Crisis Services for People with I/DD</b><br><br><i>8/1/2021<br/>Implementation for Expand CSIDD Services;</i><br><i>11/1/2021<br/>Implementation for Enhanced Rates for Intensive Behavioral Services (IBS); 5/1/2022<br/>Implementation for Connecting I/DD Service System and County-Based Crisis Services Funding Support Services</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OPWDD       | 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 | \$15.6M; Funds disbursed | CMS approved Appendix K Waiver submitted on September 7, 2021, for CSIDD Services; CMS approved the Appendix K for the enhanced rate for IBS on November 1, 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 was limited to the expenditure of State Funds Equivalent amount. | <a href="#">Updated Funding Allocation</a> |

| Proposal  | Progress Update   | Lead Agency | Eligible Providers                 | Projected Funding (SFE)  | Spending Authority & Status   | Modifications                              |
|---|---|-------------|------------------------------------|--------------------------|---|--|
| <b>II. I: Enhanced Rates for Private Duty Nursing (PDN)</b><br><br><i>11/1/2021 Implementation</i>            | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | PDN providers                      | \$30.3M; Funds disbursed | CMS approved Disaster Relief SPA 21-0073 on June 28, 2023.<br>DOH submitted SPA 22-0037 on June 30, 2022.<br>SPA 22-0037 was subsequently withdrawn and replaced with SPA 23-0067. SPA 23-0067 was approved by CMS on September 27, 2023. | <a href="#">Updated Funding Allocation</a> |
| <b>II. J: Supportive Residential Habilitation Transformation Grant</b><br><br><i>7/31/2023 Implementation</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OPWDD       | Residential Habilitation providers | \$9.0M; Funds disbursed  | No need for separate federal authority as funding was limited to the expenditure of the State Funds Equivalent amount.  | <a href="#">Updated Funding Allocation</a> |

| Proposal  | Progress Update   | Lead Agency | Eligible Providers  | Projected Funding (SFE)    | Spending Authority & Status  | Modifications                              |
|---|---|-------------|---|----------------------------|--|--|
| <b>II. K: Invest in OASAS Outpatient Addiction Rehabilitation Treatment Services Adjustments</b><br><br><i>Payments Effective 11/1/2021;<br/>Implementation Began 3/31/2022</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OASAS       | OASAS-licensed or certified Outpatient Addiction Rehabilitation Treatment Service providers | \$5.3M;<br>Funds disbursed | CMS approved Disaster Relief SPA 21-0073 on June 28, 2023.   | <a href="#">Updated Funding Allocation</a> |
| <b>II. L: Invest in Personalized Recovery Oriented Services (PROS) Redesign</b><br><br><i>Payments Effective 10/14/2021;<br/>Implementation Began 3/28/2022</i>                 | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | OMH-licensed rehabilitation for PROS providers  | \$3.3M;<br>Funds disbursed | CMS approved Disaster Relief SPA 21-0073 on June 28, 2023, for payments retroactive to October 14, 2021. Following expiration of the federal public health emergency, OMH is using 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. M: CFTSS Rate Adjustments</b><br><br><i>Payments Effective 3/23/2022; 2/18/2022 Implementation</i>                                       | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | CFTSS providers            | \$11.5M; Funds disbursed  | Disaster SPA 21-0054 submitted to CMS on October 8, 2021, and approved by CMS on June 28, 2023.   | <a href="#">Updated Funding Allocation</a> |
| <b>II. N: Children's Waiver HCBS Rate Adjustments</b><br><br><i>Payments Effective 4/1/2021; 3/31/2022 Implementation</i>                       | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | Children's HCBS providers  | \$164.3M; Funds disbursed | CMS approved Appendix K on February 1, 2022.  | <a href="#">Updated Funding Allocation</a> |
| <b>II. O: Invest in Assertive Community Treatment (ACT) Services</b><br><br><i>Payments Effective 10/7/2021; Implementation Began 3/14/2022</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | OMH-licensed ACT providers | \$2.6M; Funds disbursed   | CMS approved Disaster Relief SPA 21-0073 on June 28, 2023, for payments retroactive to October 6, 2021. Following expiration of the federal public health emergency, OMH is using 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. P: Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening</b><br><br><i>March 2024<br/>Implementation SADC;<br/>June 2024<br/>Implementation ADHC</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | Adult Day Health Centers; Social Adult Day Centers                                    | \$10.0M; Funds disbursed | CMS approved a Section 438.6(c) preprint for SADCs on October 31, 2023. CMS approved SPA 23-0020 for ADHC on June 21, 2023. CMS approved amended SPA #24-0075 on June 18, 2024.                               | No Modifications                           |
| <b>II. Q: Invest in Mental Health Outpatient Treatment and Rehabilitative Services</b><br><br><i>Payments Effective 2/1/2022; 9/1/2022<br/>Implementation</i>                                     | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | OMH-Licensed Mental Health Outpatient Treatment and Rehabilitation Services providers | \$26.7M; Funds disbursed | SPA 22-0014 approved by CMS on June 23, 2022. An enhanced rate package for OMH-Licensed Mental Health Outpatient Treatment and Rehabilitation Services was developed and rates were loaded in September 2022. | <a href="#">Updated Funding Allocation</a> |

| Proposal   | Progress Update   | Lead Agency  | Eligible Providers                            | Projected Funding (SFE) | Spending Authority & Status  | Modifications                              |
|--|---|--------------|---|-------------------------|--|--|
| <b>II. R: Continuation and Expansion of the Community Care Connections Program Model Funding</b><br><br><i>1/1/2023 Implementation</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | SOFA and DOH | N/A   | \$2.8M; Funds disbursed | No need for separate federal authority as funding was limited to the expenditure of the State Funds Equivalent amount. | No Modifications                           |
| <b>II. S: Personalized Recovery Oriented Services (PROS) – Enhance Community Access</b><br><br><i>7/1/2023 Implementation</i>          | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH          | OMH-licensed rehabilitation PROS providers    | \$7.7M; Funds disbursed | No need for separate federal authority as funding was limited to the expenditure of the State Funds Equivalent amount. | <a href="#">Updated Funding Allocation</a> |
| <b>II. T: Invest in Certified Community Behavioral Health Clinics (CCBHC)</b><br><br><i>7/1/2023 Implementation</i>                    | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH          | Certified Community Behavioral Health Clinics | \$5.1M; Funds disbursed | No need for separate federal authority as funding was 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. A: Modernize OPWDD IT Infrastructure to Support Medicaid Enterprise &amp; Investments to Expand Operational Capacity</b><br><br>12/31/2023<br>Implementation | Proposal Approved and Federal Spending Authority Approved or Not Required | OPWDD        | Qualified Medicaid Health Information Technology (HIT) vendors | \$5.2M; Funds disbursed  | No need for separate federal authority as funding was limited to the expenditure of the State Funds Equivalent amount. | <a href="#">Updated Funding Allocation</a> |
| <b>III. B: Strengthen NY Connects Infrastructure</b><br><br>10/1/2021 Implementation;<br>4/3/2023 Implementation for NY Connects Resource Directory and Training     | Proposal Approved and Federal Spending Authority Approved or Not Required | SOFA and DOH | N/A  | \$30.1M; Funds disbursed | No need for separate federal authority as funding was 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><br><br><i>10/1/2023 Implementation</i>   | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | CFTSS providers; HCBS providers; VFCA 29-I Health Facilities     | \$5.6M; Funds disbursed  | CMS approved directed payment preprints on April 6, 2022. A directed payment preprint for qualifying Health Homes was approved by CMS on May 9, 2023.                          | No Modifications |
| <b>III. D: Extend Support for Behavioral Health Care Collaboratives (BHCC)</b><br><br><i>First payment in 9/1/2022; Second Payment 6/1/2023</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | OMH         | Existing BHCCs operating as BH Independent Practice Associations | \$10.0M; Funds disbursed | Directed payment preprint approved on March 30, 2022. First payment was made in September 2022 and was retroactive to April 1, 2022. The second payment was made in June 2023. | No Modifications |



| Proposal   | Progress Update   | Lead Agency | Eligible Providers | Projected Funding (SFE) | Spending Authority & Status  | Modifications    |
|--|---|-------------|--------------------|-------------------------|--|------------------|
| <b>III. E: Strengthen the NYS Multiple Systems Navigator</b><br><br><i>7/1/2023 Implementation</i> | Proposal Approved and Federal Spending Authority Approved or Not Required | DOH         | N/A                | \$1.5M; Funds disbursed | No need for separate federal authority as funding was 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 leveraged a significant portion of additional FMAP to increase the capacity and quality of its HCBS workforce, such that Licensed Home Care Services Agencies (LHCSAs) could implement evidence-based care interventions, promote quality, and participate effectively in value-based payment (VBP) arrangements, including Managed Long Term Care Plans (MLTCs) and Medicaid Advantage Plus plans (MAPs). Specifically, New York invested in evidence-based programs that help LHCSAs recruit, retain, train, and support their direct care workers to ensure that New York has adequate, high-quality personnel to meet the anticipated growth in demand. Providers were not permitted to use the funding for capital investments; however, they were permitted to use a portion to improve internet connectivity. This component was intended to strengthen HCBS by allowing providers to better access resources and supports to provide higher quality care and could be used to support real-time data collection in preparation for VBP.*

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

LHCSAs that fell 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:** March 31, 2022

**Completion Date:** March 31, 2022

**Amount of Funding (SFE) Spent:** \$141.8M

DOH received approval and made payment pursuant to a directed payment preprint that allocated \$141.8M of SFE funds to providers in the defined provider class.

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

Approved by CMS on October 31, 2022.

##### **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.

### **Implementation Progress:**

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 briefed plans and providers regarding reporting requirements and implementation processes. All plans reported to DOH that they made all payments to participating LHCSAs within the approved provider class from the directed payment preprint. DOH issued guidance to providers that clarified that ongoing internet connectivity costs were not eligible uses of funds. All participating LHCSAs spent their directed payment funds by March 31, 2024.

DOH required participating LHCSAs to submit quarterly surveys in which they reported on their spending progress and operations. Overall, 63% of funds were spent on workforce recruitment and retention, with the rest of funds split across technology, training, diversity, and cultural competency, VBP readiness, emergency preparedness, and care management. Key changes reported after the distribution of funds include:

- An increase in the average hourly rate for direct care workers employed by participating LHCSAs;
- A reduction in the percentage of LHCSAs needing to turn down or delay requests for services due to lack of staffing;
- An increase in access to personal protective equipment; and
- Increased levels of preparation to participate in VBP arrangements, including participating in reporting quality data, submitting data reports, and managing agency financial risk.

### **Future Activity:**

This one-time state directed payment is complete. However, access to these funds allowed participating LHCSAs to make critical investments in their workforce and VBP readiness. These investments have already rendered positive impacts and will likely continue to benefit participating LHCSAs as they continue to increase their service capacity and enter VBP arrangements.

## **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 intellectual and developmental disabilities (I/DD) to live independent, productive lives. However, there has been considerable turnover and attrition in this space. New York sought 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 reinvested ARPA funds and did not seek 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 Dates:**

March 23, 2022, Implementation for Retention and Longevity Bonuses; November 16, 2022, Implementation for COVID-19 Service and Vaccine Incentives. Additional contracts were executed in the summer of 2022 with the NY Alliance for Inclusion and Innovation, National Association for Direct Support Professionals, and University of Minnesota. Direct contracts were executed through February 2024 with Community Colleges across NYS. In October 2023, a contract was executed with Vibrant Brands following a competitive RFP process.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$506.4M

### **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 I/DD 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, for CY2021 rates and on April 19, 2023 for CY 2023 rates.

### **Implementation Progress:**

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. The submission of a provider attestation was 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. 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, and OPWDD effectuated payment of the COVID-19 Service and Vaccination Incentives to fee-for-service providers on November 16, 2022. With respect to Waiver providers supporting people enrolled in the FIDA program, the balance of the funds owed for the Longevity and COVID-19 Service Incentives were also made available on November 16, 2022; the remainder of the funds owed to providers for the Retention and Vaccination Incentives were paid in the first calendar quarter of 2024 following federal approval on April 19, 2023 of a second pre-print submission.

OPWDD directly contracted with several organizations to execute additional workforce-related grants, including the NY Alliance for Inclusion and Innovation to provide technical assistance, NADSP to support credentialing efforts and the University of Minnesota to evaluate the workforce investments. OPWDD executed contracts with SUNY Community Colleges across NYS to establish credentialing programs.

OPWDD released an RFP for a vendor to create a marketing campaign to recruit Direct Support Professionals. Vibrant Brands was selected as a vendor and a contract was executed in October 2023. OPWDD contracted with OpAd for the media buy portion of the project.

### **Future Activity:**

For the DSP Microcredential initiative, OPWDD intends to continue to work with SUNY and community college partners to continue to offer a DSP Microcredential program at campuses around the state. For the NADSP credentialing initiative, OPWDD intends to pursue a path towards ongoing sustainability of this project beyond the ARPA grant period and offer professional credentialing opportunities to as many employees as possible in both voluntary and State-operated facilities. For the New York Alliance Technical Assistance project, many of the deliverables and work products in this initiative will continue to be offered to the field via the State's contract with the Regional Centers for Workforce Transformation (RCWT) which operates under the auspices of the New York Alliance. OPWDD anticipates that much of the work and lessons

learned from this ARPA funded technical assistance project will be sustained via our engagement with the RCWT.

All contractors and grantees are required to submit routine progress reports, a final report, and project deliverables over the life of the contract/grant. OPWDD is using a project management framework to ensure the contractors are following agreed upon workplans and deliverables are submitted and approved by OPWDD.

### **C. Improve the OMH Workforce**

*This proposal allowed prescribers, licensed practitioners, and program staff in community, rehabilitation, and housing settings to receive funding for the support of the direct care workforce, including salary, 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 were implemented through Medicaid fee-for-service rates, Medicaid managed care premiums, and a directed payment preprint to Medicaid MCOs to administer uniform rate increases to adult home and community-based service providers based on service utilization. Funding went directly to mental health providers.*

#### **Eligible Providers:**

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

#### **Implementation Dates:**

Payments were effective for Adult Behavioral Health HCBS and Rehabilitation and Community Residences on October 1, 2021, ACT on October 7, 2021, PROS on October 14, 2021; implementation began in March 2022. Payments were effective for Mental Health Outpatient Treatment and Rehabilitation Services on February 1, 2022. Implementation began in September 2022. Pursuant to CMS guidance clarifying that Certified Community Behavioral Health Clinics (CCBHC) are eligible providers under Section 9817 of ARP, these demonstration providers received comparable OMH Workforce funding, effective July 1, 2022.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$39.1M

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

Investments in Adult Behavioral Health HCBS and Rehabilitation and Community Residences, ACT, and PROS were approved by CMS on January 31, 2022. Investment in Mental Health Outpatient Treatment and Rehabilitation Services was approved by CMS on May 18, 2022. Investments for CCBHC demonstration providers were approved on November 16, 2022.

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

DOH and OMH have completed rate enhancements under the Disaster Relief SPA 21-0073 which was approved on June 28, 2023. Federal approval for BH HCBS and Community Oriented Recovery and Empowerment (CORE) services were approved through a Section 438.6(c) preprint on March 18, 2022. CMS approved

SPA 22-0046 for Mental Health Outpatient Treatment and Rehabilitation services on June 27, 2022. CCBHC adjustments were approved in agreement with CMS's CCBHC Medicaid Team.

### **Implementation Progress:**

Federal Public Notices were published with NYS Department of State for the applicable dates for each state plan rehabilitative service authorized pursuant to 42 Code of Federal Regulations (CFR)§ 440.130(d) program including Personalized Recovery Oriented Services (PROS) (SPA 16-0041), Assertive Community Treatment (ACT) (SPA 01-0001; SPA 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 authorized in a recent amendment to a section 1115(a) waiver. Rate packages for Community Residences, ACT, and PROS were finalized. OMH loaded the rates in the last qualifying cycle for SFY23 and OMH facilitated 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 (SPA 22-0046) was approved by CMS on June 27, 2022. OMH, in collaboration with State Partners, finalized the enhanced rate package for Mental Health Outpatient Treatment and Rehabilitation Services and the rates were loaded to eMedNY on September 27, 2022.

OMH, working in collaboration with CMS's PPS Technical Assistance Team, State Agency Partners, and providers, developed workforce adjustments for CCBHC demonstration projects, for the period beginning July 1, 2022. These adjustments were approved and included in the CCBHC Medicaid rates effective July 1, 2022, in agreement with CMS's CCBHC Medicaid Team. The CMS CCBHC Medicaid Team approved continuation of these adjustments in the CCBHC Medicaid rates effective July 1, 2023.

### **Future Activity:**

While the Workforce Recruitment and Retention funding available through ARPA has expired, the State continues to work collaboratively with stakeholders to address ongoing workforce challenges in the behavioral health sector and assist wherever possible. This assistance has included cost of living adjustments (COLAs) totaling over 12% since the end of the WRR funding made available through ARPA, as well as other NYS programs targeting workforce development such as loan repayment.

The State continues to evaluate the impacts of WRR over time through provider cost reporting and other means.



#### **D. Improve the OASAS Workforce**

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

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

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

##### **Implementation Date:**

March 1, 2022 for outpatient services, March 24, 2022 for residential services; payments were retroactive to November 1, 2021.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$4.9M

##### **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. The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and a further revision submitted in May 2023 (also at CMS's request). The SPA was approved on June 28, 2023.

##### **Implementation Progress:**

These are rehabilitative 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. The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and approved on June 28, 2023. The rate package was approved and outpatient and residential rates were loaded and paid. OASAS notified plans and developed billing and programmatic guidance to circulate to providers to support implementation of this proposal. This proposal is fully implemented.

**Future Activity:**

These rate enhancements are fully implemented, as is the provider spending on the associated workforce enhancements. Those enhancements strengthened the OASAS workforce and the State expects more workforce stability and improved outcomes going forward.

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

*Rate increases were 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 was disbursed through rate increases paid across fee-for-service (FFS) Medicaid claims as services were 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 were effective October 1, 2021. Implementation began March 2022.

**Completion Date:** December 2022

**Amount of Funding (SFE) Spent:** \$4.7M

### **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 submitted the consolidated Disaster Relief SPA 21-0073 in draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022. The SPA was approved on June 28, 2023.

### **Implementation Progress:**

Rate packages for Community Residences were finalized and paid out and the providers were notified of their specific provider impacts.

### **Future Activity:**

An ongoing rate increase of 4.8% has continued after the expiration of ARPA funding using General Fund appropriations.

Additionally, the State has increased Medicaid rates totaling over 12% in inflationary increases in subsequent Enacted Budgets. These funds may be used to assist with direct care staff costs which are needed to operate these programs more effectively and to address the current critical workforce shortages.

## **F. 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 was recommended that would offer eligible providers flexibility in utilizing the enhanced FMAP. This funding was used to impact capacity building, eliminate waitlists, and maintain providers' workforces and services.*

### **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:** October 1, 2023

**Completion Date:** October 20, 2023

**Amount of Funding (SFE) Spent:** \$4.8M

### **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 pursued State Share Only payments for remaining providers, for which CMS approval was not needed. An additional Section 438.6(c) preprint for this proposal which establishes a methodology to award qualifying Health Homes additional funds was approved on May 9, 2023.

### **Implementation Progress:**

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 drafted communications to both providers and plans regarding these approvals and detailed necessary next steps. An additional Section 438.6(c) preprint for this proposal (NY\_Fee\_HCBS5\_New\_20220401-20230331) that establishes a methodology to award qualifying Health Homes additional funds was approved by CMS on May 9, 2023.

Funding disbursement for these initiatives was completed by October 20, 2023.

Many providers offer a variety of services to children/youth/families. A number of providers are authorized to provide community-based services, including HCBS and CFTSS and 29-I health-related services, while also providing residential services or running group boarding homes, as an example. NYS ensured that the funding was provided to maintain and build service capacity for children/youth who need community-based services to prevent higher level of care and or assist with stepping down from a higher level of care. This funding is being utilized to maintain, build, and expand preventive and community-based services to serve children/youth in the least restrictive setting. ARPA funding is not being used for services provided in inpatient facilities, including facilities that may meet the definition of an IMD or Psychiatric Residential Treatment Facility (PRTF).

**Future Activity:**

The State will continue to monitor workforce shortages, retention, and turnover in collaboration with designated provider entities through regular meetings and focused workgroups with stakeholders. Additionally, the State is considering future 1915c Children's Waiver amendments that will help address workforce and capacity challenges.

The State will send a survey to recipients of this funding through which they will report how they spent their funds. The survey will be distributed following the spending deadline of September 30, 2024.

## **G. Expand Training and Implementation Support for Evidence-Based Practices (EBP)**

*OMH undertook a significant system redesign initiative to foster provision of evidence-based practices, recovery-oriented care, and psychiatric rehabilitation services. Under this redesign, OMH expanded training and implementation support in 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 included leadership and workforce training and implementation support in psychiatric rehabilitation. A Psychiatric Rehabilitation Academy was 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 included workforce training in EBP and supported the development and expansion of training and technical assistance programs to allow providers to implement such practices with fidelity and sustainability. Specific practices included those with a focus on the family unit and on supporting youth in high-risk situations.*

*Funding was dispersed via existing or new contracts with training and technical assistance agencies and the State University of New York (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 targeted 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 reinvested ARPA funds for this activity and did not seek 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:** March 1, 2023

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$6.8M

**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):**

The State did not require federal authority to execute this proposal. Specific payments were confirmed as part of contract finalization.

**Implementation Progress:**

OMH finalized and submitted the programmatic design for this proposal. OMH identified a contractor and finalized the contract with the New York Association for Psychiatric Rehabilitation Services (NYAPRS) to implement the New York Psychiatric Rehabilitation Training Academy (NYPRTA). NYAPRS engaged in assertive outreach and education for providers and enrolled more than 700 direct service staff and more than 200 supervisors into the first training cohort. NYPRTA released a total of five learning modules for the first cohort. Each learning module was accompanied by follow-up office hours. Additionally, 18 in-person trainings were offered as an opportunity to practice the skills learned in the modules. NYPRTA has implementation specialists who work directly with organizations to ensure continued engagement in the training academy. Implementation specialists have held a total of 117 consultation/technical assistance sessions to date.

The second training cohort began in January 2024. There were 295 individuals enrolled in the second training cohort as of May 2024. New training modules were created based on feedback from the first cohort. A new learning management system was also developed to house recorded webinars and better track training completion. NYPRTA has also implemented a series of supervisor-specific trainings as well as monthly learning sessions to support practitioners working with individuals with mental illness and substance use disorders.

Participants in the NY Psychiatric Rehabilitation Training Academy had technical challenges with the existing platforms used for online webinars. As noted above, a new learning management system was developed, and these concerns have

been addressed. Coming out of the pandemic, it was unclear whether the workforce was prepared to return to in-person training opportunities. The Training Academy has been designed as a hybrid training model, with live webinars, online modules, in-person training, and consultation support. Based on the feedback from training participants, the State has learned that the in-person trainings are strongly preferred for building skills and competencies. NYPRTA has been quick to incorporate participant feedback and suggestions, tweaking the online modules and increasing the time spent on in-person trainings for the 2<sup>nd</sup> training cohort.

On the children's services side, OMH identified specific evidence-based models and approaches to disseminate. Implementation activities included a needs assessment and design of a state-wide implementation plan of EBPs, expanding training from EBP model developers, and procuring training on diagnostic and case consultation EBP approaches. Three awardees were identified through a solicitation of interest, issued in December 2022 for EBP needs assessment for children's mental health services and for EBP diagnostic and case conceptualization. The EBP expansion of training is being implemented through an existing contract with New York University (NYU) for continuation of training services at the Evidence-Based Treatment Dissemination Center (EBTDC). These projects were implemented and rolled out throughout 2023. The NYS projects that were implemented include the piloting of an evidence-based screening tool in children's clinic settings, the piloting of computerized structured diagnostic assessment in children's inpatient and Psychiatric Residential Treatment Facility (PRTF) settings, and a statewide needs assessment on EBPs in the mental health system to drive strategic planning for further EBP implementation.

Through this process, OMH has learned that there is significant systems interest in low-barrier tools to support accurate diagnostic impressions. The diagnostic pilots have been received with interest. The statewide needs assessment is through a preliminary phase of data collection and is moving towards gathering provider-level feedback. The process has identified opportunities for improvement in data collection and has been instrumental in consolidating data sources that had previously not been analyzed together.

**Future Activity:**

OMH has secured funding through the State budget to support the New York Psychiatric Rehabilitation Training Academy on an ongoing basis. As an ongoing training partner, NYPRTA will continue to provide training and technical assistance on evidence-based psychiatric rehabilitation. OMH will be working with NYPRTA to expand their offerings to capture staff in additional program types (e.g., psychosocial clubs, housing/residential and care management). There will also be opportunities to support continuing education for staff who have completed the initial training and the potential for specialization tracks. NYS continues to meet with NYPRTA on a biweekly basis to monitor



implementation of this contract. Quarterly and annual reports are completed by NYPRTA and reviewed by OMH staff.

On the children's side, NYS has rolled the continuation of the successful EBP activities (to be determined after the end of the pilots) as expected deliverables into a procurement for a statewide children's behavioral health training and technical assistance entity for five years. State funding is being used to support this initiative. For the tail end of activities continuing beyond March 2024, State staff are meeting regularly with contractors, reviewing written materials, and monitoring processes. All projects are subject to routine State audits.

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

*OMH funded the State University of New York (SUNY) and City University of New York (CUNY) to support culturally and/or linguistically diverse students with achieving mental health degree program completion (e.g., social work, psychology, etc.).*

*These funds were used to support educational attainment for underserved students by providing the students with financial support (tuition assistance, paid internships, direct stipends, credentialing costs) to facilitate their employment in State Plan rehabilitative services authorized pursuant to 42 CFR § 440.130(d), including PROS (SPA 16-0041), ACT (SPA 01-0001; 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 authorized in a recent amendment to a section 1115(a) waiver. The State reinvested ARPA funds for this activity and did not seek an additional match.*

*Collaboration between OMH and SUNY/CUNY provides a pathway program designed to encourage students from historically marginalized communities to enter mental health-specific degree programs. The program provides students with direct financial assistance to help support their degree completion.*

*Eligibility: Students must be a member of a group traditionally underrepresented in the mental health field and/or a multilingual student as defined in the eligibility requirements.*

*Multilingual: Students who receive a passing score on language certification exam (exam fees to be covered by SUNY/CUNY) or students cross-enrolled in an advanced language-specific degree program.*

*As of 2020, more than 84 percent of the psychology workforce across the nation self-identified as white, according to the American Psychological Association. There is also a shortage of multilingual clinicians, thus driving disparities in access, quality, and treatment outcomes for individuals who have limited English proficiency.*

### **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:** June 30, 2022

**Completion Date:** March 13, 2023

**Amount of Funding (SFE) Spent:** \$4.0M

**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):**

The State did not require additional federal authority to execute this proposal.

**Implementation Progress:**

OMH finalized the programmatic design for this proposal, executed a Memorandum of Understanding (MOU) with SUNY and CUNY, and provided direct funding to both systems. NYS published an announcement of the program on August 25, 2022. The program began in the Fall 2022 semester.

OMH enhanced its understanding of initiatives which develop a culturally competent, culturally responsive, and diverse workforce through collaboration with the State and NYC university systems. 19 of the 25 eligible schools elected to participate, including 45 different programs. OMH's Office of Population Health and Evaluation worked with these university systems to develop an evaluation tool for these different programs which will collect data.

SUNY started a webinar series as part of the development for the scholarship recipients. OMH is working with both systems to promote these activities more broadly throughout the campuses to promote better student turnout.

The recent Supreme Court decision related to Affirmative Action has brought into focus the importance of diversity, equity, and inclusion in higher education. Both OMH and these university systems continue to evaluate the impact of this decision.

**Future Activity:**

This pathway program has a direct impact on future providers by diversifying the prospective field. This works by allowing access and representation for those communities that are historically underrepresented in New York State. By increasing the number of providers from underserved and/or multilingual backgrounds, the State is able to make a significant effort within these populations.

Both SUNY and CUNY have opened their second round of applications and are already looking ahead to the third round.

With the current projections, OMH is estimating to incentivize over 100 mental health professionals from traditionally underrepresented and/or multilingual backgrounds.

Upon enrollment in an Eligible Program, students are required to complete an

attestation certifying they will made a good faith effort to work for a minimum of two years in a NYS Medicaid-funded mental health program.

The Office of Population Health and Evaluation has provided two reporting tools via REDCap; one each for SUNY And CUNY. These evaluations will be “live documents” and will allow OMH to work with both agencies to improve upon the program once assessed.

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

*New York expanded 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 continued to grow its capacity to provide Peer Support services across the OMH system of care, agencies that did not offer Peer Support services needed 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, were needed to ensure the Peer Support workforce was adequately equipped to provide effective services to these groups.*

*Eligible providers for this activity include PROS (SPA 16-0041), ACT (SPA 01-0001; SPA #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 previously 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 reinvested ARPA funds for this activity and did not seek an additional match.*

### **Eligible Providers:**

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

**Implementation Date:** February 21, 2022

**Completion Date:** January 6, 2023

**Amount of Funding (SFE) Spent:** \$4.3M

### **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):**

The State did not require additional federal authority to execute this proposal.

### **Implementation Progress:**

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.

**Future Activity:**

The State does not intend to formally continue this project. OMH is currently working with providers who received funding to assist them in correctly reporting contract expenditures. Monitoring and auditing of providers are ongoing.

## **J. 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 proposed 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 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;*
- *Enhanced ability to support individualized community integration through improved workforce recruitment and retention efforts; and*
- *Build appropriate personal protective equipment (PPE) stockpiles from state authorized sources for ensuring that ALP workers can 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:** June 13, 2024

**Completion Date:** Spending was loaded into lump sum payments in Medicaid cycle 2444, with checks delivered to all eligible providers no later than July 10, 2024.

**Amount of Funding (SFE) Spent:** \$19.9M

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

Approved by CMS on May 18, 2022; revised SPA 24-0076 approved June 18, 2024.

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

DOH pursued a SPA (SPA #23-0064) to administer the funds via a one-time lump sum payment to ALP providers. The FPN was published in the NYS Register on May 17, 2023, and the SPA was submitted to CMS June 29, 2023. CMS approved SPA #23-0064 on February 7, 2024. Authority to load payment under the initial SPA expired, and an amended SPA (SPA #24-0076) was approved June 18, 2024.

**Implementation Progress:**

Eligibility standards for participation were completed, guidance issued, attestations and initial spending plans collected and reviewed. Final award notices were issued June. There were unforeseen delays in implementation due to longer than anticipated review of the initial SPA and the required submission of an amended SPA. All SPAs written by this office now and in the future will consider “on or after” language prior to any date being included in the SPA language itself.

**Future Activity:**

The State hopes that providers learn what strategies help recruit, retain, and train direct care workers to facilitate the growth of ALP as a viable community-based option that provides supports and services in a residential setting that allows independence and full integration into the community. The State hopes to learn from the efforts ALPs make to support a more robust workforce into the future.

Providers will have until July 31, 2025, to fully expend their awards. This will give providers ample time to see the benefits associated with their strategies in supporting both the direct care workforce and the needs of the ALP residents. Providers will be required to file quarterly reports with the State detailing their spending progress according to approved plans. If the providers wish to make any changes to their approved spending plans, they will have to submit them for review to DOH Staff. Approval is required before new strategies may be pursued. At the end of the period (July 31, 2025), DOH will conduct a survey to see how successful these strategies were in enhancing the ALP workforce of these providers based on a pre-award survey.



## **K. 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 was initially planned to be phased-in over SFY2022-2023 and SFY 2023-2024. This minimum wage increase served 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 increased by \$2. Subsequently, on October 1, 2023, the minimum wage was planned to increase by an additional \$1, for a total of \$3; however, the SFY 2023-24 Enacted Budget delayed implementation of this additional increase until January 1, 2024, and changed the additional increase to \$1.55 for providers in New York City, Long Island, and Westchester, and \$1.35 for provider in the rest of the state. Individuals eligible to receive this increase include home health aides, personal care aides, home attendants, and personal assistants performing Consumer Directed Personal Assistance Program (CDPAP) services. Given the availability of ARPA HCBS eFMAP funds, the minimum wage increase is supplemented with State resources during the second phase. After the conclusion of the ARPA HCBS eFMAP funding period, the State is continuing 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:** October 1, 2022

**Completion Date:** June 30, 2024

**Amount of Funding (SFE) Spent:** \$1.29B

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

Approved by CMS on August 15, 2022.

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

DOH submitted a SPA for FFS rate increases (SPA #22-0075) on September 30, 2022, and included the minimum wage increase for managed care providers in the managed care rates. CMS approved the SPA on December 15, 2022.

### **Implementation Progress:**

DOH developed and initiated rate increases in early November 2022 that include

the minimum wage increase for all eligible providers retroactive to October 1, 2022. The additional rate increase was initiated in March 2022 for eligible providers retroactive to January 1, 2024.

**Future Activity:**

After the conclusion of the ARPA HCBS eFMAP funding period, the State is continuing to fund the minimum wage increase using State resources.

## **L. Further Improve the OPWDD Workforce**

*There are nearly 15,000 full-time positions employed by OPWDD's network of non-profit provider agencies engaged in non-direct care activities that support the I/DD delivery system in New York State. These staff perform non-administrative support functions, such as food service, cleaning, maintenance, and security, as well as critical clinical activities. To ensure the availability of a comprehensive workforce to meet the residential, day and employment needs of people with I/DD, New York offered a one-time supplemental payment to providers to retain staff engaged in these activities. The State used Section 9817 funds to offer this one-time incentive.*

### **Eligible Providers:**

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

**Implementation Date:** March 31, 2023

**Completion Date:** December 22, 2023

**Amount of Funding (SFE) Spent:** \$71.7M

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

Approved by CMS on April 6, 2023.

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

OPWDD submitted an Appendix K to the NYS OPWDD Comprehensive Waiver in January 2023. CMS approved the Appendix K on February 24, 2023.

### **Implementation Progress:**

OPWDD valued this payment for non-administrative support and clinical positions in the non-profit sector at approximately \$71.7M (SFE), and effectuated payments to all eligible HCBS Waiver service providers by the final quarter of calendar year 2023.

### **Future Activity:**

While the State continues to assess approaches to sustaining targeted enhancements to wages for staff employed by non-profit providers in clinical and support roles, funding has been provided to incrementally address the issue through the statutory requirement to increase reimbursement by prescribed cost-of-living adjustments (COLAs) to provider rates and fees. Most recently, the COLA mandated that employees in these and other roles receive at least a 1.7% salary increase.

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

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

*Amended 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), added independent providers to Substance Abuse Services in the TBI waiver, established rate differentials, provided a recruitment and retention stipend for all direct service staff who provide face-to-face services, implemented a training stipend program, and built an enhanced provider community. The NHTD and TBI waiver programs also completed 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:** May 13, 2022

#### **Completion Date:**

The final Workforce Stability Stipend payments were issued November 8, 2023.

The final Training Stipends were issued August 23, 2023.

The Structured Day Program rate code add-on was removed November 11,

2023.

**Amount of Funding (SFE) Spent: \$39.4M**

**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. CMS approved the Appendix K on May 13, 2022. DOH resubmitted the Appendix K on July 13, 2022, with the effective date for nursing visits. CMS approved the re-submitted Appendix K on August 18, 2022.

**Implementation Progress:**

DOH submitted an Appendix K waiver request modifying the 1915(c) NHTD and TBI waivers to CMS on December 8, 2021. DOH 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. CMS sent a formal Request for Additional Information (RAI) after the March 11, 2022, submission. The response was submitted with a corrected Appendix K on April 5, 2022, and approved on May 13, 2022. DOH resubmitted the Appendix K on July 13, 2022, with the effective date for nursing visits. CMS approved the Appendix K on August 18, 2022.

DOH held a webinar for providers on June 16, 2022, setting the groundwork on each of the adjustments, including establishing necessary rate codes and assigning rates to existing providers. DOH hosted a second webinar for providers on August 24, 2022, to review final steps for providers to complete to receive payments.

As of December 16, 2022, all provider submissions were reviewed by the Regional Resource Development Centers and DOH. The data analysis was completed on January 13, 2023.

Provider level data was sent to provider agencies for confirmation of contents the week of January 9, 2023. Corrections were implemented by DOH in conjunction with the Regional Resource Development Centers and completed on February 14, 2023. Corrected workforce stability stipend data was sent to the rates unit on February 27, 2023. The workforce stability stipend payments were made to providers on June 6, 2023. Corrected training stipend data was sent to the rates unit by program on April 27, 2023.

Due to the volume of provider responses to these programs, the data collection method initially implemented had to be enhanced to accommodate the amount of data that needed to be tracked. This gave greater insight into the size of the provider base (number of employees in each agency) and also helped to create a provider database for ongoing use.

**Future Activity:**

The State does not intend to continue the stipends, training reimbursement, or structured day program in-person rate add-on. These initiatives were focused on stabilizing and growing the workforce during the PHE and encouraging day programs to return to in-person service delivery safely. As these goals were met, the projects were successful.

The data system built for these ARPA projects has helped the State to improve monitoring and communication for these waiver programs, as this system is capable of tracking provider status, conflict of interest information, and creating mass mailings.

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

*Supported a fully integrated care model to enhance PACE Organizations as an option for dually eligible beneficiaries in New York. The State invested \$40M in State Funds Equivalent in 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:** June 21, 2023

**Completion Date:** June 21, 2023

**Amount of Funding (SFE) Spent:** \$40.0M

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

Approved by CMS on November 23, 2022.

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

The State did not require separate federal authority to execute this proposal.

### **Implementation Progress:**

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 developed an updated funding distribution methodology to provide funding to all PACE organizations.

DOH distributed funding across the nine PACE organizations in New York proportional to the size of each organization in June 2023. The payment complies with regulation § 460.182(c), which states that “PACE organization[s] must accept the capitation payment amount as payment in full for Medicaid participants and may not bill, charge, collect, or receive any other form of payment from the State administering agency or from, or on behalf of, the participant” as it was not tied to members or the utilization of services for members enrolled in the PACE plan.

DOH did not materially modify the original spending plan proposal as approved by CMS with regard to the allowable investment areas. PACE organizations were able to use funding for site re-opening, workforce supports, and growing the

PACE program. The below table provides a more detailed list of activities for which PACE organizations were permitted to use funding under this proposal.

| <b>Site Reopening and Infrastructure Upgrades</b>  | <b>Investments in the Workforce</b>   | <b>Growing the PACE Program</b>   |
|--|---|---|
| <ul style="list-style-type: none"> <li>▪ Purchasing PPE</li> <li>▪ Funding COVID-19 testing, compensation and education for staff</li> <li>▪ Renovating/improving PACE centers for infection prevention (e.g., HVAC)</li> <li>▪ Installing symptom screening devices</li> <li>▪ Improving infection prevention strategies in PACE transportation</li> <li>▪ Renovating PACE center to enhance social distancing</li> <li>▪ Making infrastructure enhancements that allow PACE centers to withstand and continue operating during natural disasters, public health emergencies, and other emergency situations</li> </ul> | <ul style="list-style-type: none"> <li>▪ Adopting workforce recruitment and retention activities to attract and retain a qualified workforce</li> <li>▪ Addressing current shortage of aides and transport drivers</li> </ul> | <ul style="list-style-type: none"> <li>▪ Expanding capabilities for telehealth and telemedicine</li> <li>▪ Increasing outreach and education</li> <li>▪ Expanding capacity to address social determinants of health and health disparities</li> </ul> |

DOH shared an updated proposal summary with CMS for approval on June 14, 2022. CMS approved the proposal on November 23, 2022. DOH distributed funds to PACE organizations on June 21, 2023. PACE organizations finished spending all funds by March 31, 2024.

#### **Future Activity:**

PACE organizations received a one-time payment intended to support infrastructure enhancements, investments in the workforce, and program growth. DOH believes that these payments will contribute to long-term improvements in access to this integrated care model for dually eligible beneficiaries in New York.





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

*OPWDD funded 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 reinvested ARPA funds for this activity and did not seek 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:**

OPWDD implemented 6 contracts to improve the OPWDD delivery system.  
May 1, 2022 - Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process Implementation;  
March 1, 2022 - CANS Assessment;  
March 1, 2022 - Supported Decision Making;  
November 7, 2022 - Managed Care Assessment;  
August 1, 2023 - Care Coordination Organization (CCO) Program Evaluation;  
January 30, 2024 - Self Direction Assessment;

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$43.3M

#### **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 were distributed through grants, direct contracts, and existing procurement processes, OPWDD did not require federal authority to execute this proposal.

#### **Implementation Progress:**

OPWDD released the Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process Request for Proposals (RFP) on December 31, 2021. The contract start date was May 1, 2022.

OPWDD completed an RFP and executed a contract with the selected vendor on November 7, 2022, to conduct the Managed Care Assessment. OPWDD released an RFP for the Coordinated Care Organization (CCO) Program Evaluation and executed in August 2023. OPWDD released an RFP for the Self

Direction Assessment and executed the contract in January 2024.

OPWDD has also directly contracted with Supported-Decision Making New York and Maximus for service delivery improvement-related grant programs.

OPWDD is documenting lessons learned throughout the projects. For program Evaluation efforts, OPWDD is coordinating across projects to share information and identify common challenges. These will be formally recorded at project closeout.

**Future Activity:**

For program evaluation projects, the activities are time limited and will result in final reports, analyses, and recommendations that will inform future planning and decision making. These specific deliverables will be submitted to OPWDD, and once complete, OPWDD will close the projects.

The Supported Decision-Making and Maximus contracts are time limited and will result in deliverables that may inform future activities and services.

All contractors and grantees are required to submit routine progress reports, a final report, and project deliverables over the life of the contract/grant. OPWDD is using a project management framework to ensure the contractors are following agreed upon workplans and deliverables are submitted and approved by OPWDD.

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

*OPWDD leveraged 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 provided 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. The State reinvested ARPA funds for this activity and did not seek 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:** Contract work with Georgetown for DEI Evaluation began on August 1, 2022.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$10.7M

##### **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 were distributed through grants and existing procurement processes, OPWDD did not require additional federal authority to execute this proposal.

##### **Implementation Progress:**

OPWDD directly contracted with Georgetown University in August 2022 to execute a DEI-related evaluation grant.

OPWDD is documenting lessons learned throughout the projects. For program evaluation efforts, OPWDD is coordinating across projects to share information and identify common challenges. These will be formally recorded at project closeout.

##### **Future Activity:**

Georgetown is documenting their work and submitting deliverables that will inform OPWDD's DEI strategy. Their efforts will be sustained through the agency's DEI Office.

Georgetown is required to submit routine progress reports, a final report, and project deliverables over the life of the contract. OPWDD is using a project management framework to ensure contractors are following agreed upon workplans and deliverables are submitted and approved by OPWDD.

## **E. Adjust Residential Addiction Treatment Services Rate**

*To maintain crucial services, New York temporarily increased rates for existing residential services and increased services for individuals in early recovery to assist with reintegrating into their community by incorporating the residential reintegration service into the Medicaid benefit package; applied the 10 percent rate adjustment to OASAS residential addiction treatment services; and utilized 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 had 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 was not available to hospital-based facilities and IMDs because they are not covered under the rehabilitative State Plan. To the extent that a non-hospital rehabilitation facility was providing a rehabilitation service, it was covered under the State Plan Amendment for rehabilitative services or was a Cost Not Otherwise Matchable under the 1115 for Rehabilitative Services. The intent was 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 non-hospital, licensed residential facilities. IMDs were not eligible for this funding.

**Implementation Date:** May 24, 2022; payments were effective November 1, 2021

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$1.4M

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

Approved by CMS on May 18, 2022.

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

The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on

September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, further revision submitted in May 2023 (based on CMS requested additions and wording changes) and approved on June 28, 2023. The rate package was approved. This proposal is fully implemented.

**Implementation Progress:**

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 Disaster SPA 21-0073 and SPA 21-0064 for residential addiction reintegration benefits, which assists individuals in reintegration to independent living.

Federal Public Notice was published with the New York Department of State on November 1, 2021. The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and approved on June 28, 2023. The rate package was approved and OASAS provided the approved rates and billing guidance to plans, providers, and other stakeholders.

**Future Activity:**

These rate enhancements are fully implemented, as is provider spending on the associated workforce enhancements. Additionally, providers of residential reintegration, which was a newly covered Medicaid services at the same time as eFMAP-funded rate enhancements went into effect, have begun successfully billing for the service and service delivery volume is expanding as planned.

## **F. 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, expand provider capacity via workforce funding, and improve 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 was 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 was 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 were effective for dates of service beginning October 1, 2021. Implementation began in January 2023.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$3.5M

### **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):**

The First Section 438.6(c) preprint was approved by CMS on March 18, 2022. The Second Section 438.6(c) preprint was approved by CMS on May 9, 2023.

### **Implementation Progress:**

CMS approved the corresponding directed payment template on March 18, 2022.



OMH 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). On May 9, 2023, CMS approved a second directed payment preprint for provider payments effective April 1, 2022.

Funding was distributed through a rate enhancement, which allowed providers to receive compensation commensurate with the frequency and intensity of services that were provided. Providers were able to use the funding to make investments in their staffing and infrastructure to support census building and engagement efforts.

**Future Activity:**

Rates associated with this activity have continued to receive an ongoing 10.0% increase using General Fund appropriations after the expiration of the ARPA funding.

Additionally, the State has increased Medicaid rates totaling over 12% through inflationary increases in subsequent Enacted Budgets. These funds may be used to assist with staffing and infrastructure costs which in turn will help providers expand these needed services to more individuals.

OMH continues to monitor the uptake of BH HCBS and CORE services on a monthly basis. OMH has implemented several initiatives to support and strengthen the rehabilitation workforce, including the New York Psychiatric Rehabilitation Training Academy, which will provide ongoing training and support to BH HCBS and CORE staff and supervisors. This summer, OMH is hosting the 2<sup>nd</sup> annual CORE Summit, which is an in-person event intended to bring CORE providers together to learn and share best practices. OMH will continue to provide direct technical assistance to providers.

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

*Implemented 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 were 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 assisted providers to build capacity and maintain services to meet the increasing needs of children.*

**Eligible Providers:**

Article 29-I Health Facilities

**Implementation Date:**

Payments were loaded on July 27, 2022, and went into effect on August 24, 2022. The 25% temporary rate increase payments were paid retroactive to April 1, 2021 and continued through September 30, 2022.

**Completion Date:** June 30, 2024

**Amount of Funding (SFE) Spent:** \$7.5M

**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. CMS approved the SPA on June 28, 2023. Specific rate increases were confirmed when the proposed rate package received approval.

**Implementation Progress:**

CMS approved Disaster SPA 21-0054 on June 28, 2023. This addresses 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 MMCP regarding billing.

Additionally, DOH clearly defined the scope of services covered in this rate increase to cover both Rehabilitative and Prevention Services. Since these services are delivered by the same providers and same practitioners, this increased rate in both areas allowed 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.

Many providers offer a variety of services to children/youth/families. A number of providers are authorized to provide community-based services, including HCBS and CFTSS and 29-I health-related services, while also providing residential services or running group boarding homes, as an example. NYS ensured that the funding was provided to build service capacity for children/youth who need community-based services to prevent higher level of care and or assist with stepping down from a higher level of care. This funding was utilized to build and expand preventive and community-based services to serve children/youth in the least restrictive setting. ARPA funding was not used for services provided in inpatient facilities, including facilities that may meet the definition of an IMD or PRTF.

**Future Activity:**

The State continues to assess the fiscal viability of 29-I Health Facility Core Limited Health-Related Services rates and is in the process of updating the annual cost report format used to collect annual costs from providers, for comparison with Medicaid rates. The State continues to discuss and solution for reported challenges in collaboration with 29-I providers, including through Stakeholder Advisory Workgroup Meetings and regular meetings with State Agencies to review and discuss proposals for child welfare system transformation.

## **H. 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 expanded Crisis Services for People with I/DD (CSIDD) and provided additional supplemental funding to CSIDD providers, enhanced rates for Intensive Behavioral Support Services (IBS), and connected 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 ages six and older.

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

### **Implementation Dates:**

August 1, 2021 for Expand CSIDD Services;  
November 1, 2021 for Enhanced Rates for Intensive Behavioral Services (IBS);  
May 1, 2022 for Connecting I/DD Service System and County-Based Crisis Services Funding Support Services.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$15.6M

### **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 on September 7, 2021, and received approval on November 1, 2021. A 1915(c) Waiver Amendment was submitted and approved to continue these enhancements and align with the end of the Appendix K Authority.

### **Implementation Progress:**

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 was executed in July 2023.

For the enhanced rate for IBS, OPWDD submitted an Appendix K for the NY OPWDD Comprehensive Waiver (0238.R06.00) and received approval. Furthermore, the fee increase was permanentized in a formal amendment to the Waiver.

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

**Future Activity:**

Services connected to CSIDD will continue following the grant period through normal agency operations. The grant focused on connecting I/DD Service System and County-Based Crisis Services is a pilot project that may inform future planning and decisions.

The vendors are required to submit routine progress reports, a final report, and project deliverables over the life of the contract. OPWDD is using a project management framework to ensure contractors are following agreed upon workplans and deliverables are submitted and approved by OPWDD.

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

*New York invested 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 the home to align with the rates recently enhanced for the under-23 population. The investment applied until June 30, 2024. This proposal ensured 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:** November 1, 2021

**Completion Date:** June 30, 2024

**Amount of Funding (SFE) Spent:** \$30.3M

### **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 SPA 21-0066 to CMS on December 30, 2021, and subsequently withdrew it. The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022 and was approved on June 28, 2023. DOH submitted SPA 22-0037 to CMS on June 30, 2022. SPA22-0037 was subsequently withdrawn and replaced with SPA 23-0067. CMS approved SPA 23-0067 on September 27, 2023.

### **Implementation Progress:**

SPA 21-0066 was submitted to CMS on December 30, 2021, and subsequently withdrawn. This proposal was moved under the Disaster Relief SPA 21-0073, a draft of which was submitted to CMS on September 18, 2022, with a revision submitted on November 28, 2022. The SPA was approved on June 28, 2023. DOH submitted SPA 22-0037 to CMS on June 30, 2022. There were several requests for additional information and several resubmissions. None, however, involved a PDN. The entire end date was extended to May 11, 2023. As such,

PDN SPA 22-0037 was withdrawn and replaced with SPA 23-0067. CMS approved SPA 23-0067 on September 27, 2023.

No significant challenges were presented during implementation, as enhanced fees were previously enacted for PDN services for medically fragile Medicaid members under the age of 23.

**Future Activity:**

In order to sustain the provider network and PDN services achieved, New York Fee-for-Service Medicaid will continue to reimburse enhanced fees for private duty nursing providers enrolled in the Medically Fragile Children and Adult Provider Directory.

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

*Established 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 were 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 were not used for participants’ room and board costs. The State reinvested ARPA funds for this activity and did not seek 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:** July 31, 2023

**Completion Date:** December 31, 2023

**Amount of Funding (SFE) Spent:** \$9.0M

### **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 were distributed through grants, OPWDD did not require federal authority to execute this proposal.

### **Implementation Progress:**

OPWDD released an RFA for a Supportive Residential Habilitation Transformation grant on March 22, 2022. Contracts started on May 1, 2023. Grantees have implemented grant programs, submitted their first progress report, and participated in their first Community of Practice.

This was a unique grant program and resulted in significant learning around the design and implementation of a grant program, including the development of an RFA, monitoring grantees, and creation of a Community of Practice.



**Future Activity:**

This grant program was designed to last 18 months. During that time the grantees are participating in a community of practice to share best practices and learning – with a specific focus on long-term sustainability and stability of models.

The grant program will continue through October 31, 2024. To support ongoing monitoring, grantees are required to submit progress reports and a final report documenting their activities, accomplishments, and lessons learned. Grantees are also expected to participate in a Community of Practice that will continue to meet through the close of the project.

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

*Utilized 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:** March 31, 2022; payments were effective November 1, 2021

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$5.3M

### **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 submitted the draft consolidated Disaster Relief SPA 21-0073 in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, with a further revision submitted in May 2023. The SPA was approved on June 28, 2023. The rate package was approved.

### **Implementation Progress:**

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 21-0073 was submitted to CMS as a draft on September 18, 2022 (with revision submitted November 28, 2022) and approved on June 28, 2023. The rate package was approved and OASAS developed billing and programmatic guidance that was circulated to providers to support implementation of this proposal. These services were authorized to be delivered consistent with 42 CFR §440.130(d) and pursuant to SPA 16-0004. This proposal is fully implemented.

### **Future Activity:**

These rate enhancements are fully implemented, as is the provider spending on the associated workforce enhancements. Cost report data is showing that the investment in the OASAS outpatient workforce was successful.



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

*This investment supported 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 were not directly funded by this proposal; rather, the State provided 10 percent rate enhancements for existing State Plan services, which providers used to cover operational, workforce, and/or other costs required to preserve access to HCBS. Investment was based upon Consolidated Financial Report (CFR) gap-to-actual costs and recent provider closure. The PROS model needed to 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 was disbursed through rate increases paid across FFS and 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 were effective for dates of service beginning October 14, 2021. Implementation began March 28, 2022.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$3.3M

### **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 submitted the draft consolidated Disaster Relief SPA 21-0073 on September 18, 2022, with a revision submitted on November 28, 2022, and approved on June 28, 2023.

### **Implementation Progress:**

Federal Public Notice was published with NYS Department of State on October 13, 2021. The rate package for PROS was finalized, the rates were loaded and paid, and the providers were notified of the changes. OMH continued to facilitate

communication between providers and stakeholders including specific provider impacts throughout the payment period.

**Future Activity:**

In order to support the future sustainability of this model, a programmatic and fiscal redesign is necessary. NYS submitted a State Plan Amendment on December 28, 2023, with a redesigned program and reimbursement model for PROS (SPA 23-0098), which is currently pending approval with CMS. The intent of the new SPA is to preserve the rate enhancements provided through this ARPA investment, while modernizing the program and reimbursement model to support and enhance the provision of off-site, telehealth, and 1:1 services, in addition to the on-site, group modalities. When approved, the PROS Redesign SPA will streamline and simplify the model, add vital new services like Peer Support, and respond to the workforce crisis by adding Certified Psychiatric Rehabilitation Practitioners to the list of qualified Professional Staff.

The PROS Redesign will simplify the reimbursement methodology and stabilize revenue during the transition from billing under Public Health Emergency (PHE) rules to post-PHE standard billing practices.

## **M. CFTSS Rate Adjustments**

*Applied a 25 percent rate adjustment to Children and Family Treatment and Support Services (CFTSS) rates, including “off-site” rates, retroactive to April 1, 2021, until the end of the ARPA HCBS eFMAP funding period.*

### **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:** Payments were loaded on February 18, 2022, and went into effect on March 23, 2022.

**Amount of Funding (SFE) Spent:** \$11.5M

**Completion Date:** June 30, 2024

### **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. CMS approved the SPA on June 28, 2023.

### **Implementation Progress:**

DOH received CMS approval of the Disaster SPA 21-0054 on June 28, 2023. Guidance was drafted and sent out for providers and MMCP regarding billing. Additionally, DOH more clearly defined the scope of services covered in this rate increase to cover both Rehabilitative and Prevention Services. Since these services are delivered by the same providers and same practitioners, this increased rate in both areas allowed 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.

### **Future Activity:**

The State continued the 25% rate increase under approved SPA 22-0091 with no end date. Additionally, the State has implemented a COLA increase of 5.4% starting April 1, 2022, a 4% COLA starting April 1, 2023, and a 2.84% COLA starting April 1, 2024.

The State continues to monitor and assess the fiscal viability of CFTSS rates. In addition, the State has promoted the expansion of CFTSS through the creation of

rates for Evidence-Based Practices (EBPs) under the State Plan and is currently pursuing approval for an additional EBP.

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

*Implemented a HCBS rate adjustment of 25 percent retroactive to April 1, 2021, until the end of the ARPA HCBS eFMAP funding period. This assisted providers to build capacity to meet the increasing need.*

### **Eligible Providers:**

Children's HCBS providers.

**Implementation Date:** By March 31, 2022, payments effective April 1, 2021.

**Completion Date:** June 30, 2024

**Amount of Funding (SFE) Spent:** \$164.3M

### **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 an Appendix K to CMS on January 14, 2021. CMS approved the Appendix K on February 1, 2022.

### **Implementation Progress:**

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.

Since 1915c Waivers cannot be retroactive, the State implemented waiver language to automatically implement rate adjustments and COLAs enacted by the State Legislature. Therefore, providers were able to benefit from these increases as they were enacted and not wait for an amendment approval, which would have delayed rate increases.

### **Future Activity:**

The State continued the 25% rate increase under approved Waiver Amendment NY 4125.R06.00 with no end date. Additionally, the State has implemented a COLA increase of 5.4% starting April 1, 2022, a 4% COLA starting November 1, 2023, and a 2.84% COLA starting April 1, 2024.

The State continues to monitor and assess the fiscal viability of HCBS rates. Additionally, the State engages in discussion with HCBS providers on a regular



basis, as well as topic-specific stakeholder workgroups, to elicit feedback and develop solutions to challenges providers are facing.

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

*Increased 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 SPA 21-0015. Funding was disbursed through rate increases paid across FFS and MCO Medicaid claims following a State Plan Amendment as services were 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 were effective for dates of service beginning October 7, 2021. Implementation began March 14, 2022.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$2.6M

### **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 submitted the draft consolidated Disaster Relief SPA 21-0073 on September 18, 2022, with a revision submitted on November 28, 2022, and approved on June 28, 2023.

### **Implementation Progress:**

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 impacted State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA 01-0001 and SPA 21-0015. Rate packages were finalized, rates were loaded and paid, and OMH notified providers of rate changes. OMH continued to facilitate communication between providers and stakeholders including specific provider impacts throughout the payment period.

### **Future Activity:**

The State will continue to work with ACT teams to support workforce challenges and expansion areas. This includes significant State/federally-funded resources

in the State Enacted Budget to expand the availability of ACT teams statewide. The State also submitted SPA 23-0100 which makes further investments enhancing the program model.

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

*New York State submitted a State Plan Amendment to permit one-time lump sum payments to eligible Adult Day Health Centers and AIDS Adult Day Health Centers under the approved spending plan. These funds are to be used to support enhanced workforce strategies to recruit, train, and retain direct care workers in these settings that provide vital health care services as well as socialization and meals to individuals who need these services to live and function in the community. Before the pandemic, there were 113 active ADHC/AIDs ADHC (AADHC) programs. This effort will fund 45 sites that were open as of August 1, 2023.*

*New York State used a directed payment template with MLTCs to fund 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 effort assisted SADCs to reopen safely and institute effective infection control measures and provide SADCs workforce development funds for recruitment and retention of qualified staff. Providers were not permitted to use the funding for capital investments.*

### **Eligible Providers:**

All ADHCs and SADCs operating in NYS that are determined to be compliant with or in the process of becoming compliant with the HCBS Settings Final Rule; these centers provide a coordinated program of professional and compassionate services for adults in a community-based group setting.

**Implementation Date:** January 1, 2024

### **Completion Date:**

Final awards were distributed to SADCs in Medicaid Cycle 2430 (March 2024).

Final Awards were distributed to ADHC/AADHCs in Medicaid Cycle 2444, with checks going out by July 10, 2024.

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

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

Approved by CMS on October 31, 2022.

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

CMS approved the preprint submitted for SADC sites on October 31, 2023. DOH submitted SPA 23-0020 for ADHCs on March 30, 2023. CMS approved the SPA on June 21, 2023. The SPA was approved on June 18, 2024.

**Implementation Progress:**

DOH submitted a Section 438.6(c) preprint for SADCs and a SPA for ADHCs. CMS approved both federal authorities. Guidance regarding the SADC Directed Payment was provided to eligible SADC sites. Information was shared with both SADC sites and health plans which detailed program requirements, measures used to drive funding amounts, and other elements of program design. SADC sites were required to have been in the process of being verified for compliance with the Home and Community-Based Services (HCBS) Settings Final Rule by DOH as of February 1, 2023. They had to have attested to remediating any compliance issues identified by DOH during the verification process, submitted completed attestations to both their assigned Managed Long-Term Care (MLTC) plan and to DOH, submitted a completed Performance Survey to DOH by the assigned deadline indicating completion of at least one of three performance measures and its ability to deliver a Medicaid-covered service between April 1, 2023 - March 31, 2024, and remained operational through the date of payment. Sites that met these requirements received payments through one of their contracted MLTC plans. Providers are not permitted to use this funding on capital expenditures.

DOH made payments to participating managed care organizations on April 3, 2024. Plans were required to pass payments on to eligible SADC sites in early May 2024.

For ADHC providers, the initial SPA (23-0020) contained a date by which funds would be distributed to providers. This date passed before the DOH obtained State approval of education materials and guidance for these providers. An amended SPA was filed (24-0075) moving the date to March 31, 2025, and it was approved on June 18, 2024.

Program requirements for funding eligibility have been shared with ADHC providers and DOH provided additional detailed guidance to providers prior to the release of funds. Providers submitted attestations that they would abide by the program rules and initial spending plans to address their workforce needs. DOH will monitor spending through quarterly reports, and providers were made aware that if their strategies change in their approved spending plans, they must resubmit for approval.

In the future, to prevent the need to submit an amended SPA due to delays in funding distribution, DOH will use “on or after” language prior to any date included in a SPA.

**Future Activity:**

The state directed payment for SADC sites was a one-time lump sum payment. DOH anticipates that access to these funds will support SADC sites' investments in enhancing training resources, making workforce improvements, prioritizing

person-centered planning, and improving policy effectiveness. All of these activities will strengthen SADC sites' abilities to provide high-quality care to Medicaid beneficiaries in New York.

SADC sites will have until March 31, 2025, to spend their directed payment funds. DOH will send participating sites a survey in April 2025 in which sites will be required to report how they spent their funds.

The State hopes that ADHC/AAHDC providers learn what strategies help recruit, retain, and train direct care workers to facilitate the growth of ADHC/AAHDC as a viable community-based option for providing supports and services in a non-residential setting that allows for independence and full integration into the community. The State plans to learn from ADHC/AAHDC providers' effort to enhance the workforce.

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

*Increased the existing service payment rates for Mental Health Outpatient Treatment and Rehabilitation Services, a critical access point in the mental health system. Funding was disbursed through rate increases paid across FFS and 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, these investments will be used to target peer support service provision, offsite service delivery, electronic health record (EHR) changes, and strengthen 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 are effective for dates of service beginning February 1, 2022. Implementation began in September 2022.

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$26.7M

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

Approved by CMS on May 18, 2022.

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

SPA 22-0014 was approved by CMS on June 23, 2022.

### **Implementation Progress:**

NYS published a Federal Public Notice for the SPA 22-0014 on January 26, 2022. The SPA was submitted to CMS on March 31, 2022, and approved by CMS on June 23, 2022. An enhanced rate package for OMH-licensed Mental Health Outpatient Treatment and Rehabilitation Services was developed and rates were loaded in September 2022. OMH notified providers of rate changes.

### **Future Activity:**

Rates associated with this activity have continued to receive an ongoing 5.0% increase using General Fund appropriations after the expiration of the ARPA funding.

Additionally, the State has increased Medicaid rates totaling over 12% through inflationary increases in subsequent Enacted Budgets, as well as program

reforms related to quality incentives (SPA 23-0101), the strengthening of group services and services provided in a language other than English (SPAs 23-0082 and 23-0083), and school-based MHOTRS rate enhancements (SPA 23-0068).



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

*New York State invested 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 CCC's proven ongoing success of improving health outcomes while also reducing healthcare utilization for older adults, NYSOFA utilized this funding to support the continuation and expansion of the CCC model into other counties in New York State by expanding the CCC model to an additional six counties, supporting consultation and guidance for community-based organizations (CBOs) to facilitate program replication, continuing support for the evaluation of the CCC model, and continuing to develop contracts with payers for sustainable funding.*

*Funding was 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 a value-based system. NYSOFA leveraged the NY Connects No Wrong Door (NWD) System as a key component within the CCC model and incorporated care transitions programming to successfully facilitate referrals between institutional care and home and community-based settings. Costs and services funded through this proposal included staffing, staff mileage to home visits and client medical appointments, IT equipment for documentation and care planning, program management, subcontracts with CBOs, travel required for outreach and expansion, and the independent evaluation of the CCC model by the New York Academy of Medicine (NYAM).*

### **Eligible Providers:**

N/A

**Implementation Date:** January 1, 2023

**Completion Date:** Lifespan received the balance of the grant funding on April 3, 2024.

**Amount of Funding (SFE) Spent:** \$2.8M

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

Approved by CMS on October 31, 2022.

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

The State did not require additional federal authority to execute this proposal.

**Implementation Progress:**

Lifespan continued outreach activities to rural counties targeted for expansion. To date, a total of 16 public events occurred in the following counties: Genesee, Livingston, Ontario, Seneca, Steuben, and Yates. In addition to outreach to medical practices, Lifespan participated in presentations and meetings and has tabled events in multiple counties to educate older adults and community-based organizations about the availability of CCC programs in their regions. Education meetings and events have taken place with Adult Protective Services (APS), local Area Agencies on Aging, the Department of Health and Human Services, Resources and Advocacy for the Aging and Disabled (RAAD), Senior Housing, Housing Councils, Independent Living Centers, the Institute for Human Services in Bath, and home health care agencies. In the third quarter, Lifespan conducted outreach and education at senior housing locations including Lyceum Heights in Seneca County; Village Square Apartments in Steuben County; St. Mark's Terrace in Yates County; North St. Apartments and Farmington Gardens in Ontario County; Jerome Apartments, 400 Towers Apartments, LeRoy Meadows Housing, Washington Towers, and La Rosa Villas in Genesee County. There were also community tabling events in Livingston County, a Fall Prevention Workshop, and a Senior Health and Wellness Expo at the YMCA in Ontario County.

Lifespan's outreach activities have also included potential sub-contracted partners for conversation about the replication of CCC across New York State. Effective February 1, 2024, Lifespan sub-contracted with Self-Help Community Services in New York City and Broome County AAA to mentor and support them in the replication of the CCC model in their respective regions. Weekly meetings are being held with each organization to provide technical assistance and implementation tools. With the approval of the New York Health Equity Reform 1115 Waiver Amendment and the 2024 Medicare Physician Fee Schedule Rule, a focus of Lifespan's coaching is to prepare the sub-contracted organizations to be ready for the new payment models.

Lifespan met with potential payers (Monroe County Department of Human Services, Greater Rochester Independent Practice Association, MVP Insurer and the Veterans Administration Finger Lakes Healthcare System) to discuss program objectives and share information related to the value proposition of this integrated healthcare model. Monroe County Department of Health and Human Services approved Lifespan's proposal to fund a collaborative partnership between CCC and APS, serving older adults referred to CCC by APS in Monroe County. The contract time frame is 3/1/2024 to 12/31/2024. Accountable Health Partners (AHP), an Accountable Care Organization (ACO), renewed their contract with Lifespan to provide CCC services to patients in their Monroe and Livingston County Practices effective 1/1/2024 to 12/31/2024.

To achieve the project's expansion goals, Lifespan hired one Yates County-based Social Work Care Manager and three LPN Healthcare Coordinators who

live in rural counties: one in Livingston, one in Steuben and one at the border of Yates, Steuben, and Ontario Counties. Lifespan's base operations in Monroe, Ontario, Livingston, and Genesee Counties are supported by six additional LPN Healthcare Coordinators and five Social Work Care Managers. To date, Lifespan is on target to achieve the expansion plan to serve an additional 500 older adults for a total of 1,940 individuals in the targeted counties over the 24-month period. Nine hundred and forty-three (943) older adults have been served since January 2023. Lifespan has connected with primary care practices and their patients in all ten counties in the Finger Lakes.

Lifespan has also reconvened the CCC Advisory Committee to review the workplan for the CCC expansion project.

Lifespan's CCC model has been down one LPN since August 2023 and another in November 2023. Lifespan has had some difficulty hiring LPNs due to high community demand and salary disparity challenges. It has been difficult to compete with healthcare systems' pay rates.

To fill the staffing needs, Lifespan has adjusted its recruitment strategy and has added a new position of "Medical Liaison" that does not require an LPN and includes an incentive for a higher rate of pay if licensure is obtained within two years of hire. This position will have a supportive role for the team by implementing LPN created non-clinical care plans. The advantages of the position including the ability to work 100% remotely after training, no on-call responsibility, and a Monday through Friday 8:30 to 4:30 work schedule. In an interesting turn of events, two LPNs responded to the posting for this position, and both were hired. The newly hired LPNs are currently in training and the staffing plan for the CCC model is now fulfilled. Lifespan is open to considering non-LPNs in the future.

Lifespan has strengthened technical assistance skills by mentoring the sub-contracted organizations. Input and questions from the organizations have informed the development of many new coaching and implementation tools. In addition to teaching the CCC model, Lifespan has helped the organizations develop and deliver outreach materials and presentations to healthcare organizations to begin collaborative, integrated partnerships.

#### **Future Activity:**

NYSOFA and Lifespan will continue to meet to discuss options to sustain and expand the CCC model.

Because the funding for the January 1, 2023 start date was delayed, Lifespan needs more time to complete the following deliverables of the project by March 31, 2025:

- Achieve enrollment goal to serve 1,950 older adults across all ten counties.
- Complete mentoring project to support Broome County AAA and SelfHelp

- Community Services to achieve full integration with primary care practices.
- Complete data analysis and program evaluation in partnership with the Rochester Regional Health Information Organization (RHIO) and NYAM.
  - Use program evaluation results to update Lifespan's value proposition presentation.
  - Complete a Technical Assistance Manual to use for future community-based organization CCC replication mentoring activities.
  - Explore sustainability options in partnership with NYSOFA and other potential funders to support Lifespan in making the transition to new payment models such as the 1115 Waiver and the CY24 Medicare Physician Fee Schedule Rule.

The State will continue to hold monthly check-in meetings with Lifespan and collect a quarterly narrative update and expense reports for the CCC program.

## **S. Personalized Recovery Oriented Services (PROS) – Enhance Community Access**

Personalized Recovery Oriented Services (PROS) is a comprehensive model that integrates rehabilitation, treatment, and support. Primarily a site-based service model since inception in 2006, changes in recipient demographics and acuity began to drive changes in recipient behavior related to program attendance time and service choices. Prior to 2020, OMH began to consider options for redesign of the program and reimbursement for the PROS program.

January 31, 2020, brought the declaration of a Public Health Emergency (PHE), due to Novel Coronavirus-19, which remained in effect until May 11, 2023. During this time OMH issued guidelines for provision of services and related documentation and billing intended to afford providers sustained revenue to maintain operations, while ensuring the best possible provision of ongoing care and support. The PHE caused additional lasting effects on recipient choice and service acquisition behavior, as well as PROS direct care staff recruitment and retention and, accordingly, OMH is in the process of developing adjustments to the PROS program and reimbursement models to address this unprecedented shift.

New York State addressed these challenges through the investment of State grants to PROS providers based on program census. Allowable uses for this funding were workforce recruitment and retention, expanding tele-mental health services, updating electronic health records and management and billing systems, and the expansion of recipient outreach efforts and activities that establish and promote better coordination with referral sources.

### **Eligible Providers:**

OMH-licensed rehabilitation 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:** July 1, 2023

**Completion Date:** June 30, 2024

**Amount of Funding (SFE) Spent:** \$7.7M

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

Approved by CMS on October 2, 2023.

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

The State did not require additional federal authority to execute this proposal.

**Implementation Progress:**

OMH finalized the programmatic design and received the prerequisite State and federal approvals to advance this proposal. OMH has finalized its contracts with providers and disbursed funding.

**Future Activity:**

Several providers have begun making exciting investments in staffing, materials, and technology that will support increased access and capacity in PROS. As OMH reviews and approves provider budgets and workplans, there is an ongoing opportunity to evaluate these one-time investments. Providers are enhancing their capacity and preparing for the redesigned model (pending SPA approval 23-0098). The Office of Mental Health will continue to provide technical assistance and support to providers to ensure that the expenses paid for these funds are either one-time investments or sustainable under program revenue.

## **T. Invest in Certified Community Behavioral Health Clinics (CCBHC)**

*On April 1st, 2014, Congress passed the Protecting Access to Medicare Act of 2014 (H.R. 4302) which led to the creation of the Certified Community Behavioral Health Clinic (CCBHC). In December 2016, NYS was one of 8 states chosen by Substance Abuse and Mental Health Services Administration (SAMHSA) to begin a 2-year Section 223 Demonstration Program, with the understanding that all the CCBHC clinics had to start their Demonstration Programs no later than July 1st, 2017. Of the 29 mental health and substance use disorder treatment providers who helped to create the CCBHC model, 13 providers are included in the State's Demonstration.*

*This funding was distributed proportionately to add additional service sites or services to their current CCBHC operation that were not included in their original proposal for inclusion in the Demonstration. Once these sites were identified and verified to be eligible for reimbursement as a CCBHC, funds were made available to support the development of these additional program sites or services to become fully operational. This included steps necessary to comply with the new CCBHC Certification Criteria issued by SAMHSA in March 2023.*

*Allowable uses for this funding included staffing, policy and procedure development, expanding tele-mental health services, updating electronic health records and management and billing systems, site specific alterations to improve provider care, increasing integration with local crisis centers and development of triage capacity, development of care coordination agreements/designated collaborating organization (DCO) agreements, and the cost of accreditation should NYS require it as part of the certification process.*

### **Eligible Providers:**

Certified Community Behavioral Health Clinics (CCBHC) established pursuant to Section 223 of the Protecting Access to Medicare Act of 2014.

**Implementation Date:** July 1, 2023

**Completion Date:** March 18, 2024

**Amount of Funding (SFE) Spent:** \$5.1M

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

Approved by CMS on October 2, 2023.

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

The State does not anticipate the need for additional federal authority to execute this proposal.

**Implementation Progress:**

Plans to add additional sites and/or enhance services in the existing CCBHCs have been submitted and approved, and Award Notices have been sent to the providers. Contracts necessary to distribute the funds were executed, and all funding has been issued to the providers. The only challenge to implementation was the implementation of a new State contract management system during the process.

**Future Activity:**

OMH continues to meet with each provider to assist the awardees with staying on task with carrying out the plans for use of the funding as described in their Project Summary/Workplan. These meetings will occur at set time frames during the period the providers have been given to spend the funds on the plans that were approved and will allow for a more fluid and accurate process when the end of the award expense reporting and closeout period occurs.



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

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

*Investments to Expand Operational Capacity. OPWDD collaborated with the DOH and New York State Information Technology Services (ITS) to seek investments to access and leverage ongoing federal Health Information Technology (HIT) 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 were 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 were also 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:** December 31, 2023

**Completion Date:** March 31, 2024

**Amount of Funding (SFE) Spent:** \$5.2M

##### **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 were distributed through existing procurement processes, OPWDD did not require federal authority to execute this proposal.

##### **Implementation Progress:**

Contracts to retain a vendor to draft an HIT plan as well as to support additional OPWDD IT initiatives designed to support community integration were fully executed by February 2024.

##### **Future Activity:**

The HIT plan will serve as the basis to provide ongoing federal assistance in modernizing OPWDD's information technology platforms/infrastructure.

## **B. Strengthen NY Connects Infrastructure**

*New York State invested a portion of this enhanced funding for NY Connects to include additional resources in the statewide Resource Directory across the service sectors serving individuals with: intellectual and developmental disabilities (I/DD), including children, and individuals with mental health and chronic behavioral health conditions, serious mental illness (SMI), and substance use disorder (SUD). NYSOFA developed and delivered specific training for NY Connects operators about changes in accessing services and supports across the disability continuum. The State reinvested ARPA funds for this activity and did not seek an additional match.*

### **Eligible Providers:**

N/A

**Implementation Date:** October 1, 2021 for the initially approved portion of the proposal; April 3, 2023 for the enhancements to the NY Connects Resource Directory and Training.

**Completion Date:** February 21, 2024

**Amount of Funding (SFE) Spent:** \$30.1M

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

Initial proposal approved by CMS on August 25, 2021. Expanded proposal approved by CMS on May 18, 2022.

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

The State did not require federal authority to execute this proposal.

### **Implementation Progress:**

DOH and NYSOFA executed the initial investment areas for NY Connects, as proposed in and approved as part of the July 2021 Spending Plan.

In coordination with all NY Connects No Wrong Door system partners, NYSOFA invested a portion of this funding to further enhance the statewide NY Connects Resource Directory with information and resources specific to individuals with I/DD (including children), and individuals with mental health and chronic behavioral health conditions, SMI, and SUD.

To support the enhancements to the NY Connects Resource Directory, NYSOFA collaborated with the No Wrong Door system partners to develop and provide effective training curricula for NY Connects staff across the state. NY Connects staff received updated training content specific to each population so that they

may help individuals and their family/caregivers who are served by other state agencies with exploring their options and making informed choices on LTSS and other available resources. NY Connects staff also received training and education on caregiver resources and supports for each population as applicable/available to each service system.

The newly developed training curricula was provided to the training contractor, Center for Aging and Disability Education and Research at Boston University, for successful integration into a new online platform for Information and Assistance (I&A) and Person-Centered Counseling (PCC) Certificate programs. The NY Connects Certificate programs were specifically tailored to accommodate the learning needs of NY Connects staff. The online training platform is fully accessible to meet all recommended standards. A total of 536 NY Connects staff were registered into the new training system. Online training has been supplemented by monthly webinars provided by the NY Connects Resource Directory vendor (CareDirector) and NYSOFA staff to assign quality assurance exercises and ensure that content gleaned from the training is applied to practice by requiring that staff update directory listings on a regular basis reflective of populations served and applicable service/program types. Quality assurance reports are made available by CareDirector to allow NYSOFA to monitor progress over time.

**Future Activity:**

Beyond 2024, NYSOFA will continue monitoring the completion of the online training courses and Resource Directory listing updates by local NY Connects staff. NYSOFA will provide ongoing technical assistance to achieve this last phase. Training courses are required to be completed by December 2024 while Resource Directory updates are expected to occur on an ongoing basis as required by the annual NY Connects grant deliverables required of local agencies.

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

*Created a flexible mechanism by which providers can enhance their IT infrastructure to meet the needs of children and families they serve. This could 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, Electronic Visit Verification (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:** October 1, 2023

**Completion Date:** October 20, 2023

**Amount of Funding (SFE) Spent:** \$5.6M

#### **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. Attestations for all approved Section 438.6(c) preprints for this proposal were sent to providers who received funds via this method and/or via State-Share Only Payments. An additional Section 438.6(c) preprint for this proposal which establishes a methodology to award qualifying Health Homes additional funds was approved on May 9, 2023.

#### **Implementation Progress:**

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. An additional Section 438.6(c) preprint for this proposal (NY\_Fee\_HCBS5\_New\_20220401-20230331) that established a methodology to award qualifying Health Homes additional funds was approved by CMS on May 9, 2023. DOH sent communications to both providers and Medicaid Managed Care Plans regarding these approvals and detailing necessary next steps and distributed remaining funds to the providers not captured in the preprint via State Share Only payments. Attestations for the three approved Section 438.6(c)

preprints for this proposal were sent to providers who received funds via this method and/or via State-Share Only payments.

Funding disbursement for these initiatives was completed by October 20, 2023.

Many providers offer a variety of services to children/youth/families. A number of providers are authorized to provide community-based services, including HCBS and CFTSS and 29-I health-related services, while also providing residential services or running group boarding homes, as an example. NYS ensured that the funding is provided to build service capacity for children/youth who need community-based services to prevent higher level of care and or assist with stepping down from a higher level of care. This funding was utilized to build and expand preventive and community-based services to serve children/youth in the least restrictive setting. ARPA funding was not used for services provided in inpatient facilities, including facilities that may meet the definition of an IMD or PRTF.

**Future Activity:**

This funding was utilized to impact capacity building, eliminate waitlists, and maintain providers' workforces and services.

The State will send a one-time survey to recipients of this funding through which they will report how they spent their funds. The survey will be distributed following the spending deadline of September 30, 2024.

#### **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 allowed 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 was made in September 2022 and was retroactive to April 1, 2022. The second payment was made in June 2023.

**Completion Date:** July 5, 2023

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

**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 were confirmed as part of authority approval.

**Implementation Progress:**

OMH and OASAS, 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.

As the first CMS-approved VBP state-directed payment template for NYS, lessons were learned primarily regarding the timing needed for contracting, communications, and evaluation.

**Future Activity:**

On April 30, 2024, NYS submitted an extension to the directed payment template to CMS for an additional \$5.0M to be matched with State General Fund dollars. The intention of this funding is to improve hospital discharge planning for high-risk individuals with mental health or addiction needs and establish systemic accountability to ensure these individuals receive immediate access to outpatient mental health or addiction services while also assisting BH IPAs with sustainability.

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

*New York invested 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). Building on the many strengths of the NYS Multiple Systems Navigator, the “Help Hub for Families” was created to be a more user-friendly web resource for youth with multiple disabilities, parents, caregivers, and direct care professionals. This web resource 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 (now the Help Hub for Families) 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 enable youth, families, and the workforce supporting this target population to access available HCBS more easily and other services and supports across the State.*

*This project met the dual goals of supporting the direct care workforce and investing in the State’s digital infrastructure. Specifically, enhancements to this trusted and interagency web resource are enabling youth, families and the workforce supporting this target population to access available home and community-based services (HCBS) across the State. It was imperative that CCF, with the support and guidance of the vendor, worked to incorporate stakeholder feedback about the redesign of this user-friendly resource by conducting surveys, focus groups or otherwise soliciting feedback from state and local agencies, providers, families, and youth.*

*The upgrade/enhancement of the user interface and user experience followed timely and emergent user experience best practices such as adding a printable report function or text/share function to allow users the option to print or share with a contact/friend via email or text a listing of their map search and increasing the search parameters to include NYS CCF member state agencies websites: Office of Addiction Services and Supports (OASAS), Office for People With Developmental Disabilities (OPWDD), New York State Office for the Aging (NYSOFA), Office of Mental Health (OMH), Department of Labor (DOL), New York State Education Department (NYSED), Office of Temporary and Disability Assistance (OTDA), Office for Children and Family Services (OCFS), and the Department of Health (DOH). This custom search of all child-serving state agencies greatly enhances the search capability and presentation of results, and services are easier to find and ultimately access for youth, families, and the workforce making it easier for users to view multiple programs and services (with descriptions) within a short distance of their location and receive driving directions while providing the option to print or share results. These enhancements of the user interface and the search capabilities are providing the*



*first of its kind digital experience for parents, caregivers, and case managers of youth with multiple disability and developmental needs and behavioral challenges. Website enhancements also improved the accessibility of the site for individuals with disabilities. These investments supported improvements to make the Help Hub for Families a “hub” of easy-to-locate available home and community-based supports and many other related services.*

*In addition to developing the Help Hub for Families, CCF developed an interactive web map of New York’s Social Vulnerability Metric. This resource will help State and local agencies make more informed funding decisions to target resources to populations in the greatest need. This application maps current service and program information from multiple State agencies and organizes these maps by categories with optional data overlays. CCF plans to use this resource map within a larger project focused on engaging and educating youth around their mental health and their community needs and resources. An interactive dashboard and story map will use the data to highlight disparities and prompt discussions about equity.*

**Eligible Providers:**

N/A

**Implementation Date:** July 1, 2023

**Completion Date:** March 19, 2024

The dates that the various components of the spending for this project were completed are listed below.

Media Services: February 16, 2024

Interactive Web Map Developer: March 13, 2024

Website Developer: March 15, 2024

Advertising Agency: March 19, 2024

**Amount of Funding (SFE) Spent:** \$1.5M

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

Approved by CMS on May 18, 2022.

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

The State did not require additional federal authority to execute this proposal.

**Implementation Progress:**

OCFS/CCF procured a vendor for the website revision in March of 2023. CCF procured a vendor for the equity tool in October 2023. OCFS/CCF procured a vendor for the media campaign in November 2023. OCFS/CCF completed all 3

projects by March 31, 2024.

A major implementation challenge encountered was staff turnover, which resulted in a longer than anticipated project timeline due to employee onboarding. An overarching lesson of the project was the importance of clarity at the outset, while allowing for continuous communication, collaboration, and flexibility.

**Future Activity:**

CCF intends to internally sustain the content available on the Help Hub for Families by conducting periodic reviews of the web resource content to ensure accuracy and relevancy, and add new resources as established. As part of continuous quality improvement efforts, CCF plans to solicit stakeholder feedback on content and functionality of the tool for future updates and improvements. CCF will also continue to engage state and community-based partners to widely promote this valuable resource.

With these new resources made possible by eFMAP ARPA funds, CCF is confident that New Yorkers will be able to more easily access needed Home and Community Based Services and other supports.