NEW YORK STATE | Department of Health

New York State Department of Health

Spending Plan for Implementation of American Rescue Plan Act of 2021, Section 9817

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

JULY 2021

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NEW YORK STATE OF OPPORTUNITY. Department of Health

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Letter from the New York State Medicaid Director

July 8, 2021

BY E-MAIL
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Re: **Initial New York State Spending Plan:**
Implementation of American Rescue Plan Act of 2021, Section 9817

Dear Ms. Costello:

The New York State Department of Health (the Department or DOH) is pleased to submit this initial spending plan and narrative for the expenditure of the funds generated by the 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) provided by Section 9817 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2). New York State (the State) welcomes this opportunity to further its commitment to providing high quality, person-centered care to its most vulnerable populations in their homes and communities.

The proposals contained this spending plan were developed in close collaboration with the Department's partner agencies that touch on the categories of HCBS for which the enhanced FMAP is being provided. These state agencies include the New York State Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), Office of Children and Family Services (OCFS), Office of Addiction Services and Supports (OASAS), and Office for the Aging. As suggested by State Medicaid Director Letter #21-003 regarding implementation of the ARP, Section 9817 (the SMDL), DOH and these agencies engaged both formally and informally with stakeholders both through public outreach sessions and through the solicitation and receipt of comment letters, which have informed the structure and substance of this submission. As the single State Medicaid agency, DOH will serve as the lead organization for this proposal.

Based on the projections, as set forth in the "Spending Plan Projection" section of this proposal, New York estimates it will generate approximately $2.15 billion from April 1, 2021 to March 31, 2022, which may be reinvested in HCBS programs and services.

Until these enhanced funds are spent, DOH hereby affirms that it will adhere to the program requirements outlined by the Centers for Medicare & Medicaid Services (CMS) in the SMDL. This attestation includes the requirements that "states must use 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" and that "federal funds attributable to the increased FMAP must be used to supplement existing state funds expended for Medicaid HCBS in effect as of April 1, 2021."

DOH further affirms that it will demonstrate compliance with the requirement not to supplant existing state funds expended for Medicaid HCBS, as outlined in the SMDL by not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021; preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

We are available to discuss this proposal, as needed, and we look forward to working with CMS in pursuing state plan amendments, waiver amendments, directed payment authorizations and other authorizations that may accompany reinvestment of the enhanced FMAP into new or supplemental HCBS programs and services.

Please do not hesitate to contact me with any questions.

Very truly yours,

Brett R. Friedman
Office of Health Insurance Programs
NYS Department of Health

Enclosure

cc: Ralph Lollar, CMS
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Executive Summary

The American Rescue Plan Act (ARPA) was signed into law on March 11, 2021. Section 9817 of ARPA provides a 10 percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 30, 2022 to supplement existing state expenditures on home and community-based services (HCBS). As detailed in State Medicaid Director Letter #21-003, issued by the Centers for Medicare & Medicaid Services (CMS) on May 13, 2021 (the SMDL), CMS affords states the ability to invest or reinvest these funds in a variety of ways that expand and enhance investments in Medicaid-covered HCBS, address COVID-related needs, and build HCBS capacity. While these enhanced funds are generated until April 1, 2022, states may expend these funds any time before March 31, 2024.

In order to claim this enhanced FMAP, CMS requires states to "use the state funds equivalent to the amount of federal funds attributable to the enhanced FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program" and that "federal funds attributable to the increased FMAP must be used to supplement existing state funds expended for Medicaid HCBS in effect as of April 1, 2021." To achieve compliance with these standards, states must not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021; preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

This opportunity enables New York to make significant investments that would expand, enhance or strengthen HCBS for Medicaid members. This new federal funding arrives at an opportune moment, as providers are working to rebuild and expand capacity, adjust to the realities of post-pandemic service provision, address increases in demand, and build workforce capacity. To these ends, New York proposes to make investments that will support the needs of our most vulnerable populations, including children, individuals with intellectual and developmental disabilities (IDD), those suffering from addiction, those with behavioral health needs, and older adults. New York's approach prioritizes investments with long-term sustainable benefits, including building workforce capacity and digital infrastructure to streamline service delivery, and that work to improve the quality and efficiency of services in the more immediate term, including helping HCBS providers overcome pandemic-related expenses and service disruptions. To the extent possible, New York has advanced proposals that would reinvest the enhanced FMAP as the state funds equivalent for new or supplemental initiatives using applicable federal authorities—whether through state plan amendment, 1915(c) HCBS waiver amendments, or state directed payment preprints—to ensure that these investments achieve the purposes contemplated by Section 9817 of ARP and the SMDL and have the greatest chance of enhancing, expanding, or sustaining HCBS program and services. New York looks forward to receiving technical assistance from CMS in advancing these proposals through these authorities.

As reflected in this initial spending plan and narrative, the proposals represent a collaborative, multi-agency effort among multiple state agencies, including: 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 Supports and Services (OASAS), and the State Office for Aging (SOFA), all of which oversee or regulate HCBS program and services in the State. Additionally, DOH together with these partner agencies engaged in robust stakeholder feedback, dating back to the enactment of ARPA, that helped inform or validate many of the spending proposals herein. A more fulsome description of this stakeholder and public feedback process is described in the "Stakeholder Feedback" section below.

The spending plan would fund 43 proposals across three categories:

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

In developing these proposals, and pending requested guidance by CMS, New York by necessity had to make certain assumptions related to what proposals may be funded and when funds are considered spent. Most critically, these assumptions include the ability to use the enhanced FMAP as the state funds equivalent to support certain "natural" projected growth in HCBS spending, which is expected to occur as other investments would expand service capacity to meet existing or new demand, and treating the enhanced FMAP funds as being spent once they have been remitted by the State, rather than when they are received by the ultimate downstream person or entity, when a proposal involves an intermediary entity (e.g., managed care organization, development fund) to administer a program or proposal. The State looks forward to further clarification from CMS through its review of this initial spending plan and reserves the right to adjust its proposals in future quarterly submissions to reflect any future guidance it receives.

With this context, the following sections detail the State's spending plan proposals, spending plan projection, and stakeholder feedback process.

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Spending Plan Proposals

Spending Plan Proposal Outline:

I. Supporting & Strengthening the Direct Care Workforce
II. HCBS Capacity, Innovations and Systems Transformation
III. Digital Infrastructure Investment

As CMS is aware, New York has historically offered a generous HCBS benefit to its most vulnerable populations. The federal funds provided under Section 9817 of ARPA will allow New York to make significant investments to enhance, expand, and strengthen HCBS in the State, as it works to address the lasting impacts of the COVID-19 pandemic. The following proposals were developed collaboratively among six State agencies: DOH, OPWDD, OMH, OCFS, OASAS, and SOFA. Agencies engaged with stakeholders to inform the development of these proposals for recommendations on the use of the funds and used those recommendations to inform this proposal. Common themes emerged from this stakeholder feedback, and fell largely into three categories:

I. Supporting & Strengthening the Direct Care Workforce
II. HCBS Capacity, Innovations, and Systems Transformation
III. Digital Infrastructure Investment

New York proposes to access these additional funds to further the goals of reducing barriers to access of services, enhancing service quality and expanding capacity, as well as to make technological investments that will accelerate the ability to meet these goals. To help inform and guide CMS's review, New York identifies for each proposal: the amount of funding being allocated; the lead State agency overseeing expenditure of the funding; the proposed expenditure authority through which the state funds equivalent would be reinvested; a description of the proposal, including relevant background and provider eligibility; and how the State will evaluate and track success.

I. Supporting & Strengthening the Direct Care Workforce

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

Funding: $623M in State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: Directed Payment

Background: New York seeks to leverage a significant portion of additional FMAP to increase the capacity and quality of its HCBS workforce, such that both this workforce, and the licensed home care services agencies (LHCSAs) or consumers working in conjunction with fiscal intermediaries (FIs), are able to implement evidence-based care interventions, promote quality, and participate effectively in value-based payment (VBP) arrangements, including Mainstream Managed Care Plans and MLTCs. Specifically, investing in evidence-based programs that help LHCSAs and consumers in the

Consumer Directed Personal Assistance Program (CDPAP) recruit, retain, train and support their direct care workers will ensure that New York has adequate, high quality personnel to meet the anticipated growth in demand.

Proposal:

Eligible Providers: LHCSAs, FIs, Adult Day Health Care providers, and Social Adult Day Care Providers that deliver community based long-term care supports and services (CBLTSS) under contract with Medicaid Managed Care (MMC) plans, including Mainstream Managed Care Plans and Managed Long-Term Care (MLTC) Plans.

Description: Under this directed payment program, which would help transition home care providers and their workforce to more advanced VBP models and structured consistent with 42 C.F.R. § 438.6(c), New York would increase MMC plan capitated rates to fund MMC plans that include eligible providers in their contracted networks. Payment of the funds would tie to the utilization and delivery of qualifying community-based long-term services and supports (CBLTSS) services by eligible providers, but would be further conditioned on providers that develop the following workforce transformation programs and strategies that assist in workforce capacity building and VBP readiness:

- Adopts workforce retention strategies, including recognition and retention bonuses, employee development and promotion initiatives, enhanced job benefits (e.g., health insurance for part-time and full-time workforce), paid training time, and other job satisfaction strategies;
- Develops and promotes completion of training programs in connection with local Workforce Investment Organizations (WIOs) and provides paid training opportunities for home care workers, such that eligible providers would utilize WIO-developed training for skills development, including the qualification of home care workers as Advanced Home Health Aides that are authorized under New York law to perform advanced tasks (e.g., administration of routine or pre-filled medications under the supervision of a registered nurse);
- Utilizes innovative technologies that assist with VBP contracting and increasing employee satisfaction, such as consumer-personal assistant matching technology, technologies that enable aides to maximize care hours to achieve full-time work, and other technologies that improve care management and VBP;
- Develops or utilizes strategies to recruit and retain a racially and ethnically diverse and culturally competent workforce, with adequate levels of demographic and linguistic representation based on historical patient populations;
- Implements strategies for effective care management and reductions in health care spending associated with effective service delivery, which would include long-term relationship development between consumer and home care worker, as the longevity of this relationship promotes effective and lower cost care delivery; and

- Builds appropriate personal protected equipment (PPE) stockpiles from state-authorized sources for ensuring that home care workers are able to deliver care in a safe and effective manner through the end of COVID-19 and beyond.

The funds would benefit the direct care workforce to ensure that increased access and availability of HCBS can be staffed across the State. The initiatives implemented during this period would support the growing need for HCBS by ensuring improved workforce capacity, skill-level, and quality. Additionally, other entities that authorize HCBS (such as Local Departments of Social Services (LDSS) for Fee-For-Service (FFS) Medicaid and HCBS offered under 1915(c) waivers) would also benefit from these workforce development initiatives, as qualifying providers may staff across HCBS programs.

Following approval of this proposal by CMS, New York would complete a directed payment preprint for CMS approval in time for plan premium rates to be adjusted by January 1, 2022. Accordingly, New York would seek to submit a Directed Payment Section 438.6(c) Preprint Application to CMS no later than October 1, 2021, detailing its program consistent with State Medicaid Director Letter #21-001.

Evaluation and Monitoring: The MMC model contracts and contracts between MMC plans and qualifying providers would contain efficiency metrics that would allow providers to access additional funding based on their progress in implementing and expending funding through this program. Additionally, MMC plans will be instructed to monitor and report to DOH on improvements in quality outcomes against established long-term care quality metrics contained in the State's managed care quality strategy. DOH contemplates an evaluation structure that is based on pay-for-reporting in the first six-month period and then pay-for-performance standards in subsequent contract periods.[1]

B. Improve the OPWDD Workforce

Funding: $554.4M State Funds Equivalent
Lead Agency: OPWDD
Expenditure Authority: 1915(c) Waiver Amendment, Appendix K

Background: There are more than 100,000 Direct Support Professionals (DSPs) and Family Care Providers in the statewide OPWDD system, who are dedicated to helping people with IDD to live independent, productive lives. In 2019, the DSP workforce

[1] The length of the program will be determined by when CMS considers funding as "being spent" for purposes of the assurances required by CMS in the SDML.

turnover rate averaged 36.2%, resulting in over one in three DSPs vacating these critical jobs.[2]

These sector challenges lead to HCBS program providers and care recipients experiencing high turnover and staffing shortages. The pandemic has worsened the workforce challenge and slowed the ability for services to resume. In a national survey of the DSP workforce during COVID, 42% of DSP respondents reported knowing someone in the DSP workforce who left their job due to the pandemic.[3] As the backbone of the OPWDD service system, targeted investments are needed to recruit, train, and retain a network of high-skilled workers to improve consumer experience and outcomes. Especially during the pandemic, DSPs provided critical care that kept people healthy and safe. To acknowledge the work of these DSPs and support retention, OPWDD proposes the following initiative.

Proposals:

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

Descriptions: Under this proposal category, the State proposes the following four investments in workforce:

1. *COVID-19 Workforce Performance Incentives ($68.2M State Funds Equivalent):* A supplemental one-time payment that will be made based on providers' attestation regarding the numbers of workers who qualify for the grants with the commitment that all will be paid to qualified workers. The payment will be tiered based on length of tenure and vaccination status of the employee (as per NYS vaccination policy December 2021). This funding would support over 100,000 current DSPs and Family Care Providers who worked during the pandemic and remain employed in the OPWDD service system, with an additional bonus if the worker is fully vaccinated in accordance with NYS vaccination policy as of December 2021. This supplemental payment will be available for workers, including Family Care Providers, who are directly hired by OPWDD HCBS providers and those who deliver services in the OPWDD Self Direction program. This supplemental payment would be established using the Appendix K authority, which OPWDD anticipates submitting in the 3rd quarter of Calendar Year (CY) 21 for implementation in 4th quarter of CY21.

   Evaluation and Reporting: Eligible providers would attest to their eligibility and report on the impact of staff retention at three-, six- and twelve-month intervals following the payment of the bonus. A baseline of current staff vaccination rates must also be identified by each agency prior to receipt of these funds, with goals to vaccinate all staff including any future booster shots (in accordance with NYS

[2] https://www.nationalcoreindicators.org/upload/core-indicators/2019StaffStabilitySurveyReport_FINAL_1_6_21.pdf

[3] https://ici-s.umn.edu/files/iJphkG6fcN/dsp-covid-survey-results

vaccination policy as of December 2021) or implementation of new CDC vaccine recommendations; actual staff vaccination results will be reported to OPWDD on a quarterly basis by all fund recipients.

2. *IDD Workforce Longevity and Retention Bonus ($446.2M State Funds Equivalent):* To bolster a more sustainable HCBS workforce, supplemental payments will be implemented to provide a Longevity Bonus and Retention Bonus equivalent to a 20 percent increase in DSP compensation. These supplemental payments will be implemented in an Appendix K amendment which OPWDD anticipates submitting in the 3rd quarter of CY 21 for implementation in the 4th quarter of CY21.

   Evaluation and Reporting: OPWDD providers will be required to submit an attestation indicating that these resources were made available to enhance compensation levels of their direct support workforce. Providers will need to document how these funds reduced turnover rates of staff, reduced overtime levels, increased supervisory capacity, increased the number of staff with professional credentials or certifications, and/or attracted new workers. Post audit reviews will be conducted using certified cost reports to ensure funds were used as intended. OPWDD will also invest in an independent evaluation to assess the effectiveness of the compensation increases on the retention of the workforce.

3. *DSP Workforce Development Grants ($20M State Funds Equivalent):* To improve the quality and skills of the DSP workforce, this one-time grant program will pay HCBS Waiver providers that demonstrate increased DSP workforce completion of standardized credentials or demonstrated competencies. OPWDD anticipates that grant funds will be released in 1st quarter of CY 2022.

   Evaluation and Reporting: Providers will need to submit reports documenting the completion of state-specified credentials or certificate programs, as well as the workers' employment status six months after earning the credential(s). OPWDD will also invest in an independent evaluation to assess the effectiveness of the initiative on the quality and retention of the workforce

4. *Workforce Recruitment Initiative (Funding: $20M State Funds Equivalent):* Given the growing staffing shortage, OPWDD will pursue an agency-wide workforce recruitment initiative to identify and implement data-driven strategies for recruitment, including efforts that acknowledge and incorporate the opinions and suggestions from the direct care workforce. OPWDD anticipates that grant funds will be released in 1st quarter of CY 2022.

   Evaluation and Reporting: Eligible providers would attest to their eligibility and report on the impact on employee recruitment at three, six- and twelve-month intervals following the initiation of activities, including the retention of new hires.

OPWDD will also invest in an independent evaluation to assess the effectiveness of the initiative on the recruitment of a quality workforce.

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

Funding: $55.35M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: State Plan Amendment

Background: Since 2015, New York has provided funding to eligible providers to reduce avoidable hospital admissions for nursing home residents through the development of advanced training programs aimed at early detection of patient decline. Such comprehensive advanced training programs allow frontline caregivers to provide staff with the training/tools needed to identify resident characteristics that may signify clinical complications.

These comprehensive training programs have resulted in consistent staff assignment to ensure that families and Medicaid members can rely on highly trained caregivers to provide effective, high quality, individualized care. Patient decline detection programs also assist caregivers with identifying individuals who are exhibiting warning signs for worsening clinical conditions and allow for rapid intervention to avoid the decline and possible hospitalization. The goal of such training programs is to rein in the high costs of avoidable hospitalizations, improving the quality of life for these individuals.

Similar to existing advanced training programs that have proven effective at assisting caregivers in identifying patient decline and avoiding hospitalizations, these programs have the strong potential for efficacy at offering frontline caregivers with the opportunity to receive training and tools needed to identify resident characteristics indicative of readiness for community transition and reintegration through the receipt of HCBS. Moreover, these programs that encourage consistent staff assignments can train caregivers to identify *improvements* in clinical conditions that may suggest the ability to be discharged from nursing home and long-term care facilities with appropriate HCBS support, including for residents who are receiving rehabilitative services in a nursing facility.

Proposal:
Eligible Providers: Eligible providers are nursing facilities that have shown a commitment to giving direct care staff the tools to help improve community discharge rates. This commitment is based on the following:

- Offers a training program to direct care staff that has been reviewed and approved by the Department to assist direct care staff identify changes in a recipient's physical, mental, or functional status that could suggest clinical improvement for nursing facility discharge to the community with appropriate HBCS support.
- Have a direct care staff retention rate above the statewide average.

Description: New York proposes to use the enhanced FMAP for HCBS to expand and enhance advanced training programs incentives for direct care workers to recognize signs of patient clinical improvement and the potential for HCBS programs and services to allow for community discharge and reintegration. This program would continue New York's work toward ensuring that individuals receive Medicaid-funded services in the least restrictive setting and permitting facility discharge when appropriate HBCS services and supports are identified. This program will also reward eligible nursing home providers that have shown a commitment to giving direct care staff tools to help assist in appropriate discharge to community-based settings.

Evaluation and Reporting: Eligible providers will report on fund expenditures for advanced training programs, as well as the impact of these programs on community discharges from nursing facilities, and the impact of these programs on staff retention.

D. Workforce Transportation Incentive

Funding: $10M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: N/A

Background: One of the many barriers to recruiting and retaining home health aides is access to reliable and affordable transportation. Limited access is exacerbated in suburban and rural areas where public transportation is less available or inefficient. Providing support for initiatives such as agency supplied car service either directly or through contracts with ride sharing services like Lyft and Uber, or providing passes for public transportation, is likely to assist in agencies' recruitment and retention efforts and alleviate service delays and access to care for many individuals.

Proposal:
Eligible Providers: Certified Home Health Agencies (CHHA), LHCSAs, and FIs, based on demonstrated need shown by a workforce that travels farther than statewide averages.

Description: New York would invest a portion of the enhanced FMAP in worker transportation grants to eligible home care agencies that apply to the State to address identified barriers to worker recruitment or retention based on limited transportation options. The grants would have to be expended in full in support of mitigating these barriers in a geographically appropriate manner that is included in the application and approved by the State.

Evaluation and Reporting: Qualifying home care agency providers would report on whether transportation incentives increased workforce retention, as compared to historical averages.

E. Improve the OMH Workforce

Funding: $16.7M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: Directed Payment

Background: To effectively provide services to individuals with behavioral health conditions, it is essential to retain experienced and dedicated employees while recruiting new ones. These relatively low paying and highly stressful jobs lead to high employee turnover rates. Targeted loan forgiveness and tuition assistance for current and prospective staff are proven ways to invest in our behavioral health workforce and benefit the individuals we are serving.

Proposal:
Eligible Providers: OMH-licensed mental health providers

Description: This proposal would provide prescribers, licensed practitioners, and program staff in community, rehabilitation, and housing settings to receive targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, expanded student placements, shift differential pay and expanded retirement contributions. Funds will be implemented through a directed payment preprint to Medicaid MCOs and administered as grants to providers meeting specific qualifications and based on service utilization. Funding would go directly to mental health providers.

Evaluation and Reporting: In accessing these funds, MCOs would report to OMH regarding the specific goals attached to this funding and how the funds have been used to increase the recruitment and retention of prescribers, licensed practitioners, and other program staff. OMH would evaluate each MCO based on their efficiency in using the funding to achieve these outcomes.

F. Improve the OASAS Workforce

Funding: $7.2M State Funds Equivalent
Lead Agency: OASAS
Expenditure Authority: Directed Payment

Background: A number of Medicaid-reimbursed services require a high school diploma or equivalent, associate degree, or credential; however, individuals possessing these qualifications can obtain an equal or higher pay without the complexity or stress of these Medicaid service positions. OASAS Medicaid services require a great deal of training and experience to serve the individuals with addiction who need these valuable services.

Additionally, the complex and often co-occurring medical or mental health needs and issues of those with addiction can be physically and emotionally demanding for staff. Staff delivering OASAS services may be early in recovery with limited past or recent employment, or prior criminal history which impacts their employment opportunities. Some may need to work more than one job to support themselves and their families.

All these factors impact the ability to sustain staffing levels and maintain quality services.

Proposal:
Eligible Providers: OASAS certified providers

Description: To sustain staffing levels and maintain services while also allowing for maximum flexibility, OASAS proposes to use a one-time directed payments program which would provide payments to OASAS service providers who offer one or more workforce development strategies Providers who incorporate these strategies would be eligible for one or more payments based on criteria set by OASAS. OASAS will set specific goals for this funding to impact capacity building and lower waitlist, and the funding would be evaluated for specific outcomes. Recommendations for implementation include:

1. Tuition Reimbursement
2. Loan Forgiveness
3. Hiring and Sign-on Incentives
4. Longevity Pay:
    a. Existing Staff front line staff and supervisors – one time only
        i. 1 to 3 years
        ii. 4 to 6
        iii. 7 to 9
        iv. 10 years or more
    b. New Hires for front line staff and supervisor
        i. 6 months
        ii. 1 year
        iii. 1.5 years
        iv. 2 years
5. Training funding inclusive of CEU and professional licenses
6. Differential Pay for nights and weekends
7. Retirement contributions, extending health insurance benefits, or other fringe benefits for staff.

Evaluation and Reporting: Eligible providers would report to OASAS regarding the specific goals attached to this funding and how the funds have been used to build capacity and reduce waitlists. OASAS would evaluate each eligible provider's use of the funding to achieve these outcomes.

G. Increase Medicaid Rehabilitation Rates for OMH Community Residence Programs
Funding: $6.9M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: State Plan Amendment

Background: Funding for Community Residence programs has been historically challenging, making it difficult for providers to hire and retain an adequate number of staff to safely operate these programs.

Proposal:
Eligible Providers: OMH-licensed Rehabilitation for Community Residence providers.

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

Evaluation and Reporting: In accessing these funds, eligible providers would report to OMH regarding the specific goals attached to this funding and how the funds have been used to retain staff needed to safely operate these programs. OMH would evaluate each eligible provider's use of the funding to achieve these outcomes.

H. Enhance the Children's Services Workforce

Funding: $5.1M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: Directed Payment

Background: A number of Medicaid services require a high school diploma or associate degree; however, individuals possessing these qualifications can obtain equal or higher pay without the complexity or stress of these Medicaid service positions. Children's Medicaid services require a great deal of training and experience to serve the children and youth who need these valuable services. Additionally, the complex needs and issues that children and youth present to service providers are physically and emotionally demanding. These factors are compounded by relatively low reimbursement rates and many staff work two jobs, which impacts the ability to sustain staffing levels.

Proposal:
Eligible Providers: Children and Family Treatment and Support Services (CFTSS), HCBS, Article 29-I Foster Care Agencies (29-I), and Health Homes Serving Children (HHSC).

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

To that end, the following list of workforce development strategies will be offered for qualifying providers to access through a Children's Services Workforce Development Fund:

1. Tuition Reimbursement
2. Loan Forgiveness
3. Hiring and Sign-on Bonuses
4. Longevity pay for existing frontline staff and supervisors
5. Support of student placements and internships to create a workforce pipeline
6. Training funding inclusive of Continuing Education Unit (CEU), professional licenses, and maintenance of professional certifications
7. Evidence Based Practices (EBP): maintenance of certification and fidelity to the model
8. Provide start-up funds for evidence-based program modalities
9. Differential Pay for nights and weekends
10. Retirement contributions, extending health insurance benefits, or other fringe benefits for staff

Evaluation and Reporting: In accessing these funds, eligible providers would report to DOH regarding the specific goals attached to this funding and how the funds have been used to build capacity and eliminate waitlists. DOH would evaluate each eligible provider's use of the funding to achieve these outcomes. This evaluation would be part of the quarterly reports submitted by DOH to CMS regarding use of this funding.

I. Expand Training and Implementation Support for Evidence Based Practices (EBPs)

Funding: $4M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: N/A

Background: OMH has identified EBPs that serve as the best methods to ensure quality of care, community inclusion and the ability of the individuals we serve to lead rich, full, satisfactory lives, including meaningful interpersonal relationships and employment. While OMH encourages and supports these practices, better training and educational resources are needed to support a workforce able to provide such practices more robustly.

Proposal:
Eligible Providers: Funding is allocated to Training and Technical assistance agencies with expertise in EBP dissemination and to the SUNY system or other institutions of higher education.

Description: OMH has undertaken a significant system redesign initiative to foster provision of evidence-based practices, recovery-oriented care, and psychiatric

rehabilitation services. Under this redesign, OMH must expand training and implementation support in 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, collaboration with State University of New York (SUNY) in a Certified Rehabilitation Counselor (CRC) or Masters in Psychiatric Rehabilitation program, and development/expansion of rehabilitation programs and services with in-person training. Funding will be dispersed via existing or new contracts with Training and technical assistance agencies and SUNY or other institutions of higher education.

Evaluation and Reporting: In accessing these funds, eligible providers would report to OMH regarding the specific goals attached to this funding and how the funds have been used to expand the knowledge base of personnel employed by providers

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

Funding: $4M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: N/A

Background: Ethnic and racial minorities are very under-represented in the mental health workforce, especially in the professions and disciplines that require advanced degrees or education-based certifications. This under-representation is one of the drivers of mental health disparities for marginalized populations. Minority providers are more likely to meet the needs of underserved populations and a diverse workforce results in greater patient/client satisfaction, engagement, and retention in care. Additionally, the mental health workforce is experiencing shortages of clinicians who are multilingual – further driving disparities in access, quality, and treatment outcomes for individuals who are limited English proficient.

Proposal:
Eligible Providers: OMH-certified mental health providers that demonstrate the specific diversity goals. Funding would also go to the SUNY/City University of New York (CUNY) educational institutions for tuition reimbursement and loan forgiveness programs.

Description: OMH would complete an environmental scan of the current mental health workforce to identify areas of under-representation, both geographically and demographically, with the goal of ensuring an adequate level of demographic and linguistic representation within the field. Based on this analysis, the Agency will provide funding to SUNY/CUNY schools based on geographic location and programs offered to underserved students to complete study in fields with the highest identified need. These funds would be used to fully or partially support educational attainment and credentialing.

Students approved for acceptance in this program will certify that they will serve in the mental health field in New York State in areas identified as underserved using population health approaches for a defined period of time. To support retention in the field, loan forgiveness will be awarded to diverse/multilingual individuals in the mental health workforce and those working in underserved communities if they agree to continue to work in the field in underserved communities for a pre-determined amount of time. Additionally, funds will be allocated to SUNY/CUNY schools to support educational attainment for diverse and multilingual individuals working in the field with the goal of career advancement and retention.

Funds will be administered as grants to providers meeting specific qualifications. Funding would also go to SUNY/CUNY educational institutions for tuition reimbursement and loan forgiveness programs for diverse individuals.

Evaluation and Reporting: In accessing these funds, entities would report to OMH regarding the specific goals attached to this funding and how the funds have been used to increase the recruitment and retention of culturally competent staff. OMH would evaluate each entities' use of the funding to achieve these outcomes. This evaluation would be part of the quarterly reports submitted by OMH to DOH regarding use of this funding.

K. Expand Certified and Credentialed Peer Capacity

Funding: $4M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: Directed Payment

Background: Peer Workers working in a variety of settings across our system of care do not have a centralized entity that provides leadership and support for the growth and advancement of the Peer Workforce. The majority of the helping professions employed in mental health settings belong to professions that already have mentoring components built into their education and development. The Peer Workforce is growing exponentially with the demand for Peer Services and Peer Support Services are in high demand across all OMH services due to their proven outcomes of treatment engagement and better experiences in care. The demand for Peer Support Services far exceeds the current certified and credentialed workforce capacity and infrastructure to support the Peer Workforce growth and development are needed to ensure these critical services are available to New Yorkers struggling with mental illness.

The Peer Mentoring Network would match Peer Workers with Peer Mentors from across the State. An emphasis will be placed to support Peer Workers representing marginalized communities to assume leadership roles. As the demand for peer-delivered services grows, many clinical (or non-peer-run agencies) are looking to hire Peer Workers to work in traditionally clinical services. Many of these agencies do not have leadership within their organization to create and design infrastructure to support

successful inclusion of Peer Workers, which leads to turnover, lack of clarity of the full impact of what Peer Workers can do, and supervisors that are not equipped with the skills or training to supervise Peer Workers.

The Peer Workforce has access to a core curriculum to help enable them to work in our public mental health system; however, more specialized training is needed. These specialized training programs can be parenthetic to existing peer certification and credentials. Specialized areas include (but are not limited to): forensics, crisis, older adults, transition age youth, and LGTBQIA+.

Proposal:
Eligible Providers: Mental health providers that are employing and/or recruiting peers, training and certification entities, and other vendors with subject matter expertise in the provision of Peer Support and Peer Delivered Services.

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

Funds will be implemented through a Directed Payment to Medicaid MCOs and administered as payments to providers based on Peer Services utilization when they meet specific qualifications. Funding would go directly to mental health providers that are employing and/or recruiting peers, training and certification entities, and other vendors with subject matter expertise in the provision of Peer Support and Peer Delivered Services.

Evaluation and Reporting: In accessing these funds, MCOs would report to OMH regarding the specific goals attached to this funding and how the funds have been used to expand the number of certified and credentialed peer workers working in mental health settings across New York State. OMH would evaluate each MCOs use of the funding to achieve these outcomes. This evaluation would be part of the quarterly reports submitted by OMH to DOH regarding use of this funding.

II. HCBS Capacity, Innovations, and Systems Transformation

A. Support Program Growth in Personal Care Services and CDPAP to Ensure Capacity

Funding: $415M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: State Plan Amendment

Background: New York State has historically offered a generous HCBS benefit that includes coverage of personal care services (PCS) and consumer directed personal assistance services (CDPAS), which are offered to Medicaid members through the fee-for-service (FFS), Mainstream Managed Care (MMC) and Managed Long Term Care (MLTC) programs. As the State population continues to age, and as the successes of past investments in building PCS and CDPAS capacity have resulted in additional individuals being able to access these forms of HCBS as opposed to care in an institutional setting, New York has reflected this "natural growth" in PCS and CDPAS into its Medicaid state spending projections on a year-to-year basis.

Given the cost to the Medicaid program of ensuring that all qualifying individuals who need PCS and CDPAS as a form of HCBS are able to remain safely in the community, allowing the enhanced funding under Section 9817 of ARP to be applied towards natural program growth—especially with new limitations around changes to HCBS programs under the SMDL—serves to strengthen and enhance the ability of Medicaid members to access these services. Moreover, it allows New York to ensure that there is adequate funding for these services as other investments outlined below increase workforce and system capacity to offer these services to those who need them.

In State Fiscal Year 2020-21, which ran from April 1, 2020 through March 31, 2021, New York funded approximately $5 billion in PCS and CDPAS, and served 344,873 people across managed care and FFS programs. Based on a recent analysis for KFF State Survey of HCBS Services, which only includes the three largest categories of service in this space (PCS, CDPAS and HHC), utilization in NYS grew 26% between 2018 and 2020 and spending grew 50%. This includes FFS, MMC and MLTC. In 2018, 365,730 people used these services and by 2020, 461,920 did. Gross expenditures in 2018 for these services totaled $8,195,982,329 and grew to $12,304,952,580 by 2020.

Proposal:
Eligible Providers: Existing providers of PCS and CDPAS, enrolled in the FFS program or serving as participating providers in Medicaid Managed Care.

Description: New York will invest a portion of the enhanced FMAP to strengthen and support existing FFS and managed care programs that offer PCS and CDPAS through March 31, 2022 by ensuring adequate program funding is available to support growth in

these programs created by related investments that expand capacity and access, including workforce development.

Specifically, New York continues to experience significant year-to-year growth of 13% in its PCS and CDPAS caseload due to the aging State population and their increased acuity over time, and reflects New York's historically generous programs making PCS and CDPAP readily available to those Medicaid members who need it. While the growth rate of these programs has remained high, structural factors—such as workforce capacity limitations—have served to limit growth. However, by permitting New York to address many of these structural factors and promote the capacity and accessibility of HBCS, funding under Section 9817 of ARPA will work to create natural growth in PCS and CDPAS based on pertinent minimum needs criteria. Further, the declining emphasis on informal supports and New York's desire to achieve its Olmstead mandate by encouraging individuals to remain in the community, will continue to result in high natural growth in these programs.

By allowing this funding to be used to support this natural growth in PCS and CPDAS, as projected by New York, the enhanced funding under Section 9817 will help New York continue its work to ensure that individuals with assessed functional needs will be served in the community in which they choose to live, in the least restricted environment appropriate to their needs and preferences Accordingly, this investment will assist the state in meeting exponential demand for HCBS in the long term care service domain and help us ensure the sustainability and continued growth of these programs.

Evaluation and Reporting: Local Districts of Social Services (LDSS) and Medicaid Managed Care Plans (MMCPs) will report on success in staffing authorized hours of individuals seeking PCS and CDPAS to demonstrate that this investment in promoting access to these services

B. <u>Expand Capacity in Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)</u>
<u>Funding</u>: $47M State Funds Equivalent
<u>Lead Agency:</u> DOH
<u>Expenditure</u>: 1915(c) Waiver Amendment, Appendix K

Background: The Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) waivers provide elderly and disabled New Yorkers who require nursing facility level of care, a wide array of health and other supportive services for individuals residing in the community. The NHTD waiver (approved by CMS July 12, 2018) offers services to individuals 65 or older and those younger individuals with physical disabilities. The TBI waiver (approved by CMS on September 1, 2017) serves individuals 18 through 64 years of age upon application to the waiver, with a diagnosis of traumatic brain injury. The NHTD and TBI waivers are administered by DOH through a network of Regional Resource Development Centers (RRDC), each covering specific counties throughout the State.

New York will seek to amend the existing Appendix K waiver amendment, which includes both waiver populations, to modify and augment existing services and to implement a series of enhancements to support the recruitment and retention of key staff, and the provision of additional services throughout the PHE. These initiatives will complement and expand services and resources for waiver participants, family members and informal supports and service providers.

These enhancements will achieve the following improvements:

- Reduce nursing home admissions by providing increased quality home supports;
- Invest in provider development and workforce resources to ensure that there are sufficient resources available to provide an adequate continuum of care; and
- Support the program infrastructure at the regional level to facilitate enhanced services, support service recipients and provide oversight of service provision.

Proposal:

Eligible Providers: Existing and new 1915(c) NHTD and TBI Waiver Providers (LHCSAs, Structured Day, Home and Community Support Services (HCSS), Nurses, Community Integration Counseling (CIC), Independent Living Skills Training (ILST), Positive Behavioral Interventions and Supports (PBIS)) and RRDCs.

Description: The following amendments will be proposed to the 1915(c) NHTD and TBI waivers:

1. Adjust payments for Nursing Visits for HCSS;
2. Develop a new service of Adult Companion Services for the NHTD and TBI waiver programs to support informal supports and back-up;
3. Add Independent Providers to Substance Abuse Services in the TBI Waiver program;
4. Establish a rate differential for Structured Day Programs to reimburse providers for costs incurred in adapting the day program site to address safety and personal protection of staff and waiver participants and support providers for the significant loss of billable services;
5. Establish a rate differential for Service Coordination Services provided to facilitate nursing home transitions and community diversions into waiver services, which will include costs associated with the development and implementation of a video for presentation to nursing home residents to help encourage and facilitate referrals to the NHTD program;
6. Provide a recruitment and retention stipend for all direct service staff (HCSS, Nurses, CIC, ILST, PBIS) who provide(d) face to face services;
7. Implement a statewide training stipend program for Personal Care Assistants (PCA) and waiver service training; and
8. Build an enhanced provider community by supplementing the RRDCs with additional resources to support the service population and providers, which will include contracting for an independent quality assurance oversight of program operations related to referrals, intakes and service coordination.

Evaluation and Reporting: DOH will examine enrollment numbers to determine if the stipend proves to be an effective incentive for NHTD and TBI waiver enrollment. Eligible providers will also report on fund expenditures for advanced training programs, as well as the impact of these programs on service availability.

C. Invest in the Expansion of Community First Choice Option (CFCO) Services
Funding: $46.9 State Funds Equivalent
Lead Agency: DOH
Expenditure: State Plan Amendment

Background: The Community First Choice Option (CFCO) was incorporated into New York's State Medicaid Plan effective July 1, 2015. CFCO is an enhanced personal attendant program that provides participating states additional federal match for these services that help individuals with assessed functional needs transition to and/or remain in community-based settings. To be eligible for CFCO services, individuals must have an assessed need for assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and/or health-related tasks; have an institutional level of care; and live in an allowable home and community based setting, which is generally a private home or another setting where the individual has the same freedoms he or she would have if living in a private home (e.g., choice of activities in the home and the community, furnishings, meals, visitors, etc.).

Proposal:
Eligible Providers: Providers of CFCO services.

Description: Individuals will have the choice to receive personal care services under CFCO through an agency-model or consumer directed model. Direct care workers (direct service professionals under OPWDD), including personal care aides, home health aides and, for consumer-directed personal assistance service under CFCO, personal assistants, will provide personal care to address ADLs, IADLs and health-related tasks to the extent allowed under State law. These DSP/aides/assistants will also provide Skills Acquisition, Maintenance and Enhancement training (SAME) to help individuals maximize their independence in the performance of their ADLs, IADLs and health-related tasks. Other CFCO services and supports, including home delivered meals, environmental and vehicle modifications, assistive technology and moving and community transitional services will be provided under contract between MMMC plans and LDSS and entities that have experience providing those services.

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

1. environmental modifications (e.g., ramps, grab bars);
2. vehicle modifications (e.g., wheelchair locks, adapted steering or foot pedals);
3. assistive technology (e.g., smart home features, medication reminders);
4. home delivered meals;
5. moving assistance (moving belongings from an institution to a home in the community);
6. community transition services (setting up a home in the community); and
7. SAME, which would support individuals' ability to become more independent in performing their ADLs, IADLs, and/or health related tasks.

Funding these services in the State Plan would further our common goal of ensuring that individuals across the disability spectrum can live independently in the least restrictive environment they desire with full access to the community.

Evaluation and Reporting: The State will monitor increased access to these services to individuals enrolled in MMC and MLTC plans, as well as Fee-for-Service Medicaid. In addition, the state will use existing quality management efforts and surveillance to ensure that these services are offered equitably across the state and across New York's disability spectrum. Quality monitoring will include measures of participant satisfaction.

D. Support of the Unique Program of All-Inclusive Care for the Elderly (PACE) Fully Integrated Care Model

Funding: $40M State Funds Equivalent
Lead Agency: DOH
Expenditure: PACE Organization Premium Adjustment

Background:

The Program of All-Inclusive Care for the Elderly (PACE) is a fully integrated and coordinated option that provides medically complex older adults with the entire continuum of Medicare and Medicaid covered services, including Medicare Parts A, B, and D and long-term services and supports. Given PACE's unique operating model, which requires operation of PACE Centers and the provision of a robust Interdisciplinary Team to perform core functions for the PACE member, HCBS funding support is needed to help grow the PACE model in New York, based on the success of keeping members in their home and communities.

Proposal:

Eligible Providers: All authorized PACE Organizations in New York, operating as of April 1, 2021

Description: To enhance PACE Organizations as an option for dually eligible beneficiaries in New York, the State proposes to invest $40M in State Funds Equivalent as part of capitated premiums paid to PACE Organizations for the following purposes:

- Assist PACE Centers, which are a federally mandated component of the PACE model, to reopen safely and institute effective infection control measures, including:
    - The purchase of PPE from state qualified vendors, disinfectant, COVID-19 testing, staff compensation from vaccination or staff or member awareness of COVID-19 vaccination;
    - PACE Center renovations and improvements, such as partitions for infection prevention, HVAC, and/or air filtration improvements;
    - The purchase of symptom screening devices and kiosks; and
    - Infection prevention strategies in PACE transportation.
- Provide PACE programs workforce development funds for the recruitment and retention of qualified staff to serve as part of members' Interdisciplinary Teams.

Evaluation and Reporting: PACE Organizations will report on receipt and expenditures of allocated funds under this proposal for the purposes set forth herein. PACE Organizations will be measured on efficiency in spending the allocation funding for the intended purposes and causal success in recruiting for Interdisciplinary Team development and PACE Center operations.

E. Improve the OPWDD Delivery System

Funding: $30M State Funds Equivalent
Lead Agency: OPWDD
Expenditure Authority: N/A

Background: Through stakeholder input, OPWDD has identified needed investments in in services and service flexibility. These funds will be allocated based on a public procurement process to address the needs expressed by OPWDD's stakeholder community.

Proposal:
Eligible Providers: Not-for-profit organizations (including OPWDD providers), LDSS, institutions of higher education, and/or qualified vendors meeting state-specified requirements.

Description: Prior to March 2022, OPWDD will fund several contracts, grants, and cooperative agreements to improve and stabilize HCBS delivery, enhance state and local infrastructure to support people and their families through person-centered practices and services, and increase access to HCBS.

Investments will address current inefficiencies, seek to assist underserved populations and prioritize integrated HCBS, including modernization of the state system to administer assistive technology, vehicle and environmental modifications; addressing technology needs of waiver participants with a particular focus on underserved communities; identifying and addressing the needs of unpaid family caregivers; exploring incentives to expand and support competitive, integrated employment;

seeking collaborative approaches to address the needs of children with complex needs across multiple state agencies and systems; reviewing the efficacy of accelerating assessment for children to maximize integration strategies; developing strategies to expand access to supported decision-making in the context of person-centered planning; and evaluating initiative investments to ensure efficacy and program integrity.

Evaluation and Reporting: Each recipient of funds will report on state-specified milestones and outcomes that enhance, expand, and strengthen HCBS for people with IDD. Results will be shared broadly to ensure they are widely understood, and best practices can be cascaded across the service system.

F. Invest in a Community Engagement Initiative – HCBS Day Services
Funding: $30M State Funds Equivalent
Lead Agency: OPWDD
Expenditure Authority: N/A

Background: OPWDD site-based day services closed at the onset of the COVID-19 pandemic. Many providers lost day staff who transitioned to residential services and many are struggling to maintain the cost of physical sites. The pandemic has created a unique opportunity to assist willing and interested providers to evolve their business models and practices towards day supports that are more person-centered and better integrated in the broader community, increasing capacity to serve more people, and reducing reliance upon site-based services.

Proposal:
Eligible Providers: OPWDD certified HCBS Waiver Day Service providers.

Description: Development of a comprehensive initiative to convert center-based day services into more integrated community day services that will allow for greater interaction and independence in the community, including grant funding to provide one-time, outcome-based payments to HCBS day providers as well as technical assistance and operational support for model changes that support person-centered day services delivered in the broader community. This funding will include options for the development of telehealth infrastructure as a component of model changes. In order to access funds, providers must commit to participation in a learning Community of Practice and must achieve operational changes to expand more integrated models of community-based day service delivery as a condition of receipt of payment. Funds will be available to providers through a grant application process. OPWDD will work with a third-party grant administrator to oversee the implementation of this pilot.

Evaluation and Reporting: Eligible providers will report on changes to staffing models, the number of individuals served in more integrated non-site-based day services and the total numbers of individuals who return to day services after COVID-related

closures, and the milestones achieved in reducing/eliminating current approved property costs (leased or mortgage expense) that are included in existing Medicaid rates. Providers will develop a capital expense reduction plan and will be expected to comply with that plan.

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G. Invest in Diversity, Equity, and Inclusion for People with IDD

Funding: $30M State Funds Equivalent
Lead Agency: OPWDD
Expenditure Authority: N/A

Background: As a participant in the federally funded National Community of Practice (CoP) on Cultural and Linguistic Competence, OPWDD has started to identify systemic, regional, and local needs to address multiple dimensions of equity and access concerns. Within the broader group of often marginalized people with IDD, there are also individuals who experience significant disparities and barriers to equitable participation, including LGBTQ+ individuals, people who do not speak English or any verbal language, and people from immigrant communities. Initial efforts indicate the need for further work with an equity lens to include data analysis, policy and operations, stakeholder engagement and service delivery.

Proposal:
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.

Description: OPWDD seeks to leverage the CoP work and initial agency assessments of equity issues to develop and implement a comprehensive strategic initiative, inclusive of culture, ethnicity, language, sexual orientation, gender identity, and ability. This one-time investment will provide for equity analyses of data, focus group research, and partnerships with people and organizations in underserved communities to inform longer-term equity and access efforts, as well as investments in early-stage strategies to address identified equity and access needs. OPWDD will work with a third-party grant administrator to oversee the implementation of this grant.

Evaluation and Reporting: OPWDD will work with an independent evaluation partner to design and implement an assessment of these activities, with periodic milestones and reporting. Results will be shared broadly to ensure they are widely understood, and best practices can be cascaded across the service system.

H. Integrated Housing Pilot

Funding: $20M State Funds Equivalent
Lead Agency: OPWDD
Expenditure Authority: N/A

Background: OPWDD through its state operated and voluntary providers delivers certified residential housing and supports to over 37,000 individuals through more than 6,000 certified group homes. According to the National Residential Information Systems Project (RISP) New York State has the largest certified residential housing system in the country.

The growing workforce crisis and increasing costs for certified housing as well as demand for more flexible housing options, necessitates new and sustainable approaches to the delivery of housing and residential supports for individuals of all ability levels. The number of individuals seeking more independent housing options is growing within the IDD service system and therefore the framework for flexible housing supports needs to be revised, strengthened, and enhanced. Between 2015 and 2019, the percentage of people accessing rental subsidies through self-direction increased from 14 percent to 28 percent and the total number of people in non-certified housing (in both self-directed service options and other service modalities) increased from 3,000 to almost 10,000 (growth of 30 percent) within the same four year period; the demand for housing subsidies and non-certified housing options continues to grow into 2021.

With this proposed investment, OPWDD will make further IDD service system investments to pilot the efficacy of flexible, innovative, and more integrated housing options to better meet peoples' needs through leveraging new tools and technologies to maximize available DSP staffing will contribute to housing support sustainability for the growing and aging IDD population in New York; this approach aligns with the objectives of OPWDD's HCBS Settings Transition Plan. This pilot will enable OPWDD's service system to focus on delivering more flexible housing supports that drive individualized outcomes to a greater number of people with IDD of varying ability levels and from culturally diverse communities

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

Description: Establishes a pilot program and evaluation for a limited number of participants to assess the effectiveness of housing investments that expand access to affordable, accessible, non-certified housing options for OPWDD Waiver participants, including individuals seeking to transition from certified settings. Funds would be invested in development of housing navigators, supplemental short-term rental assistance, housing subsidies, and other housing-related costs (tenancy supports) for

individuals seeking to move from their family home (with a priority for those living with aging caregivers) or from a congregate setting into private housing at prevailing market rates. The pilot would seek to assess and identify opportunities where housing investments could result in residential habilitation cost savings while supporting individuals to live in the most integrated setting of their choosing. The pilot would be implemented through competitive grant funding. OPWDD will work with a third-party grant administrator to oversee the implementation of this pilot.

Evaluation and Reporting: Fund recipients will report on all housing-related activities and the number of individuals who move to and remain in independent housing at six- and twelve-month intervals following the initiation of funded activities. The pilots will be evaluated throughout the pilot period to assess activities, outcomes and features that could be effective in increasing access to independent housing options for people with IDD. Results will be shared broadly to ensure the pilot results are widely understood and best practices can be cascaded across the service system.

I. Adjust Residential Addiction Treatment Services Rate

Funding: $22M State Funds Equivalent
Lead Agency: OASAS
Expenditure Authority: State Plan Amendment

Background: OASAS expanded access to residential services in 2015 with the addition of these services in the managed care benefit package. This change was made to better align the OASAS continuum of service delivery to meet the needs of patients suffering from addiction, including patients suffering from severe addiction and higher prevalence of co-occurring mental health conditions. Providers receive three years of supportive funding as they transition to the new residential service model, which, for most (if not all) providers, will end before 2023. This loss of funding was compounded by COVID-19, and associated safety protocols, which resulted in decreased census at a time when residential services were especially necessary.

Proposal:
Eligible Providers: Residential Addiction Treatment providers licensed or certified by OASAS.

Description: To maintain crucial services, New York proposes to temporarily increase rates for existing residential services and to increase services for individuals in early recovery to assist with reintegrating into their community by incorporating the residential reintegration service into the Medicaid benefit package.

1. Apply the 10% rate adjustment to OASAS residential addiction treatment services; and

2. Utilize enhanced FMAP monies to support necessary staffing and start-up costs for OASAS residential reintegration addiction treatment services through enhanced Medicaid rates once incorporated into the Medicaid benefit.

Evaluation and Reporting: Eligible providers would report to OASAS regarding the specific goals attached to this funding and how the funds have been used to build capacity and reduce waitlists. OASAS would evaluate each eligible provider's use of the funding to achieve these outcomes.

J. Expand and Implement HCBS and Community Oriented Recovery and Empowerment (CORE) Services

Funding: $12.5M State Funds Equivalent
Lead Agency: DOH, OMH
Expenditure Authority: Directed Payment

Background: Adult behavioral health HCBS services have had low utilization since inception due to barriers in access limiting provider referrals and their ability to serve the target Health and Recovery Plan (HARP) population. The State has made changes in these regulatory barriers, but will need funding to ensure start-up, increase access, and address workforce challenges.

Proposal:
Eligible Providers: Adult CORE providers

Description: HCBS CORE services expansion and implementation support aimed to complement of current infrastructure funding via enhanced rates, marketing, and outreach funds; expanded provider capacity via workforce funding; and improved access and engagement via transportation and telehealth infrastructure. Ensuring access to critical treatment and rehab services for individuals identified as having significant behavioral health need and service utilization (HARP enrollees). Funding will be disbursed through rate increases paid across MCO Medicaid claims as services are provided to eligible Medicaid recipients. Funding will be allocated to Adult CORE providers.

Evaluation and Reporting: In accessing these funds, eligible providers would report to OMH regarding the specific goals attached to this funding and how the funds have been used to implement and expand access to Adult BH HCBS and CORE services. OMH would evaluate each eligible provider's use of the funding to achieve these outcomes.

K. Support the Transition to Article 29-I Health Facility Core Limited Health Related Services

Funding: $8.6M State Funds Equivalent
Lead Agencies: DOH, OCFS
Expenditure Authority: State Plan Amendment

Background: New York Medicaid-covered children and youth in the care of Voluntary Foster Care Agencies (VFCAs) or placed in foster homes certified by LDSS are in the process of being enrolled in MMC Plans on July 1, 2021, including Mainstream MMC plans and HIV Special Needs Plans (HIV-SNPs), unless they are otherwis excluded or exempt from mandatory MMC. As a result of the pandemic, the transition date has been significantly impacted.

Access to comprehensive, high quality health care is essential to children and youth placed in foster care. Children and youth in the foster care system have higher rates of birth defects, developmental delays, mental/behavioral health needs, and physical disabilities than children and youth from similar socio-economic backgrounds outside of the foster care system. Children and youth in foster care have a high prevalence of medical and developmental problems and utilize inpatient and outpatient mental health services at a rate 15 – 20 times higher than the general pediatric Medicaid population. The impact of the trauma these children/youth experience is profound.[4] For this reason, it is essential that there be immediate access to services upon a child or youth's placement in foster care, and no interruption in the provision of ongoing services as a result of this transition.

All Licensed Article 29-I Health Facilities are required to provide, or make available through a contract arrangement, all Core Limited Health-Related Services. The five Core Limited Health-Related Services play a vital role in assuring all necessary services are provided in the specified time frames; children, parents and caregivers are involved in the planning and support of treatment, as applicable; information is shared appropriately among professionals involved in the child's care; and all health-related information and documentation results in a comprehensive, person-centered treatment plan. Core Limited Health-Related Services are reimbursed with a Medicaid residual per diem rate paid to 29-I Health Facilities on a per child, per day basis to cover the costs of these services. The services include: Skill Building (provided by Licensed Behavioral Health Practitioners (LBHPs) as described in Article 29-I VFCA Health Facilities License Guidelines and any subsequent updates); Nursing Services; Medicaid Treatment Planning and Discharge Planning; Clinical Consultation and Supervision Services; and VFCA Medicaid Managed Care Liaison and Administrator services.

[4] American Academy of Pediatrics Task Force on Health Care for Children in Foster Care, Fostering Health: Health Care for Children and Adolescents in Foster Care. (New York: American Academy of Pediatrics, 2005).; and Mark D. Simms, Howard Dubowitz and Moira A. Szilagyi, "Health Care Needs of Children in the Foster Care System," Pediatrics 2000;106(4 Suppl):909- 918.; and Dutton M Fiori T, Karl A, Sobelson M. Medicaid managed care for children in foster care. In: Fund Medicaid Institute at United Hospital, editor: UHF; 2013.

The per diem rates established for these services were established prior to the pandemic and do not take into account the significant impact of the pandemic on children in the care of the 29-I Health Facilities, or the additional administrative burden on the providers of the delays in the transition of this population and the 29-I services into managed care.

Proposal:
Eligible Providers: Article 29-I Health Facilities

Description: Implement a rate adjustment of 25 percent, retroactive to April 1, 2021, until March 31, 2022 for Article 29-I Health Facility Core Limited Health Related Services Per Diem Rates. This temporary increase would assist providers to build capacity to meet the increasing needs of children.

Evaluation and Reporting: DOH, in conjunction with state agency partners will monitor utilization of these services.

L. Expand Crisis Services for People with IDD
Funding: $11.4M State Funds Equivalent
Lead Agency: OPWDD
Expenditure Authority*: Appendix K Waiver Amendment*

Background: People with IDD and their families need a safety-net of specialized resources for crisis prevention and response. With the development of Crisis Services for IDD (CSIDD) state plan services, OPWDD began the process of developing regional crisis networks throughout the State. People and families have experienced tremendous stress resulting from COVID-related isolation and service interruptions. The imperative to complete the statewide coverage of CSIDD and bolster crisis services in the HCBS Waiver is clear.

Proposal:
Eligible Providers: CSIDD state plan providers licensed by OPWDD and providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver.

Description: There is a growing need for enhanced behavioral health services that exceed current service capacity. In order to address the behavioral health needs of people with IDD, the following actions are proposed:

1. *Expansion of CSIDD*: Start-up funding made available through a competitive grant process that will lay the groundwork for the expansion of the newly adopted CSIDD program into all areas of the State. These funds will be used to establish a CSIDD team and CSIDD Resource Center in various state regions. This investment will result in a statewide behavioral support network by clinical staff specifically trained for people who are dually diagnosed.

2. *Enhanced Rates for Intensive Behavioral Support Services (IBS):* Services are available with the OPWDD HCBS Waiver and provide for the development of a Behavior Support Plan and training for the implementation of the person's plan. The enhanced funding will be used to increase clinician wages and expand the availability of the service and result in a product fee and hourly rate that is at least 30 percent higher than current approved reimbursement levels. This payment would be established in the OPWDD Comprehensive Waiver, which OPWDD anticipates submitting in the 1st quarter of CY 2022. This will be sustained with a recurring investment of $2.5 million in state funds that will leverage $5.0 million all shares annually.
3. *Connecting IDD Service System and County-Based Crisis Services:* Pilot to test models for connecting of IDD emergency system to county-based mobile crisis services.

Evaluation and Reporting: Eligible providers will report on the numbers of individuals supported in crisis services and the achievement of milestones in updating/changing infrastructure and operations at three six- and twelve-month intervals following the initiation of funded activities. OPWDD will seek an evaluation of these and prior crisis service initiatives to derive progress and outcome related information at the individual, organization, and systemic level to the greatest extent possible as implementation proceeds.

M. Enhanced Rates for Private Duty Nursing (PDN)

Funding: $10M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: State Plan Amendment

Background: There are approximately 1,500 Medicaid recipients who access private duty nursing (PDN) services in the FFS program, and one-third are over 23 years old. These individuals often require long-term PDN services and start receiving services as a child and continue into adulthood. Access to PDN services, especially around the COVID-19 pandemic, has created hardship for PDN recipients and their caregivers, which this investment intends to help mitigate.

Proposal:
Eligible Providers: PDN providers

Description: New York proposes to invest $10M on a one-time basis in state and federal enhanced matching funds to supplement FFS Medicaid private duty nursing (PDN) rates for adult recipients to align with the rates recently enhanced for the under 23 population. The investment would apply until March 31, 2022.

This proposal would ensure adequate reimbursement and access to PDN services for FFS members who turn 23 years old and remain in the program and help with staffing cases, which has been even more challenging during the COVID-19 pandemic. The

FFS Medicaid base fees are lower than the Medicaid Managed Care fees creating a disincentive for providers to service FFS adult members.

Evaluation and Reporting: PDN providers would report on how the enhanced funding has increased or preserved access to PDN services by adult recipients over the age of 23.

N. Provide Incentives for the Development of More Integrated Residential Services

Funding: $10M State Funds Equivalent
Lead Agency: OPWDD
Expenditure Authority: N/A

Background: The growing workforce crisis and increasing costs for certified housing, as well as demand for more flexible housing options, necessitates new and sustainable approaches to the delivery of housing and residential supports for individuals of all ability levels. The number of individuals seeking certified housing options and more independent housing options, both certified and non-certified, is growing within the IDD service system and therefore the framework for flexible housing supports needs to be revised, strengthened, and enhanced.

Between 2014 and 2018 the number of certified residential facilities grew by 5 percent, and on average approximately 1,200 new individuals participate in certified residential opportunities annually. Increasing demand for certified housing continues to be evidenced through OPWDD data sources and indicated by stakeholder feedback, and development can no longer keep pace with demand. The vast majority of individuals new to certified residential settings have an emergency need status and came from a setting where they had an unstable living situation or lived independently. This is an increasing trend as caregivers continue to age along with the IDD population.

As these systemic trends increase it is becoming increasingly unlikely that individuals without an emergency need will be able to access certified housing opportunities as they currently exist. It is imperative that OPWDD's service system explores more flexible and independent approaches to certified supportive opportunities, expanding the continuum of housing options and supports available to people throughout their lifespan.

Proposal:
Eligible Providers: Providers licensed or certified by OPWDD under the 1915(c) OPWDD comprehensive waiver.

Description: These resources will be used to fund incentive payments for Residential Habilitation Providers to expand the use of innovative technologies, housing options and staffing models 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. OPWDD will work with a third-party grant administrator to oversee the implementation of this pilot.

Evaluation and Reporting: Eligible providers will report on the impact on the numbers of individuals who move to and remain in more independent, supportive settings at six- and twelve-month intervals following the initiation of funded activities. OPWDD will also invest in an independent evaluation to assess the effectiveness of provider activities in transitioning individuals into smaller, more integrated settings and increasing independence for waiver participants. Results will be shared broadly to ensure the results are widely understood and best practices can be cascaded across the service system.

O. Invest in OASAS Outpatient Addiction Rehabilitation Treatment Services Adjustments

Funding: $4M State Funds Equivalent
Lead Agency: OASAS
Expenditure Authority: State Plan Amendment

Background: OASAS Outpatient providers have the ability to provide services to patients in the community. This has allowed for increased patient engagement and access to services for those who are unwilling or unable to otherwise engage in care. As patient centered care and harm reduction strategies gain momentum, in-community services can play a central role in combatting the opioid epidemic and New York has seen tremendous success.

Proposal:
Eligible Providers: OASAS licensed or certified Outpatient Addiction Rehabilitation Treatment Service providers.

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

Evaluation and Reporting: Eligible providers would report to OASAS regarding the specific goals attached to this funding and how the funds have been used to build capacity and reduce waitlists. OASAS would evaluate each eligible provider's use of the funding to achieve these outcomes.

P. Invest in Personalized Recovery Oriented Services (PROS) Redesign

Funding: $3M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: State Plan Amendment

Background: Many PROS programs are closing due to fiscal and operational challenges. Continued closures would decrease access to important treatment and rehab services and would limit the State's ability to address social determinant needs through rehab services (basic living skills, financial skills training, obtaining employment, etc.).

Proposal:
Eligible Providers: OMH-licensed rehabilitation for PROS providers.

Description: PROS redesign via enhanced rates within PROS, increase in offsite capacity and 1:1 services, program specific staffing investments including peers and rehabilitation staff, grants for physical plant improvements. Investment based upon Consolidated Financial Report (CFR) gap to actual costs and recent provider closure. The PROS model must be updated to accommodate changing population and system need and demographics (i.e. telehealth, desire for more 1:1, off-site capability, unemployment), while right-sizing financial model to support it. Funding would be disbursed through rate increases paid across FFS or MMC plans.

Evaluation and Reporting: In accessing these funds, eligible providers would report to OMH regarding the specific goals attached to this funding and how the funds have been used to maintain and increase access to these programs. OMH would evaluate each eligible provider's use of the funding to achieve these outcomes. This evaluation would be part of the quarterly reports submitted by OMH to DOH regarding use of this funding.

Q. CFTSS Rate Adjustments

Funding: $2.3M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: State Plan Amendment

Background: Since 2019, Medicaid has applied a rate adjustment on CFTSS rates based on the articulated need of providers for implementation funding and to develop capacity to meet the needs of children, youth, and families. CFTSS providers previously had an enhanced rate that reduced gradually to meet the base rate. Providers and stakeholders are reporting capacity concerns, resulting in access issues and waitlists for CFTSS. Additionally, more children and youth are presenting for behavioral health services, including CFTSS, due to the impact of COVID-19. These clinical Medicaid services are the entry point to assist children, youth and families in early intervention and prevent the need for institutional levels of care.

Proposal:
Eligible Providers: CFTSS providers

Description: Apply the 25% rate adjustment to CFTSS rates, including "off-site" rates, retroactive to April 1, 2021, until March 31, 2022.

Evaluation and Reporting: DOH, in conjunction with state agency partners will monitor utilization of these services to ensure expanded access.

R. Children's Waiver HCBS Rate Adjustments

Funding: $2.3M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: 1915(c) Waiver Amendment, Appendix K

Background: The Children's Waiver was implemented on April 1, 2019 through the consolidation of NYS' six children's HCBS waivers. The goal of this consolidation was to increase access to and coordination of services for children and youth. The consolidation of services under one HCBS Waiver was intended to allow more flexibility for families and the providers that serve them, with one set of standards and processes. The goal is to allow all children and youth eligible for HCBS to have access to all the entire array of services based on identified and assessed need.

When consolidating these six waivers, it was important to maintain elements of those waivers to ensure that children and youth who were currently served could continue to maintain eligibility and services, as well as any similar future type of child or youth (maintenance of effort). Accordingly, many of the services, eligibility processes, and rate structure were developed based upon the previous six waivers. Given that the rates for HCBS were bundled with care management under the legacy waivers, little data was available to establish rates at the time that the consolidated waiver took effect. Unlike CFTSS, no start-up adjustment to the HCBS rates was established. Since inception, capacity building for HCBS has been a challenge with providers de-designating to provide services therefore increased waitlist for services. In addition, a larger State redesign of the children's HCBS delivery system has created administrative complexities for providers that were not accounted for in the initial rate development.

Proposal:
Eligible Providers: Children's HCBS Providers.

Description: Implement a HCBS rate adjustment of 25% retroactive to April 1, 2021, until March 31, 2022. This would assist providers to build capacity to meet the increasing need.

Evaluation and Reporting: DOH, in conjunction with state agency partners will monitor utilization of these services to ensure expanded access.

S. Invest in Assertive Community Treatment (ACT) Services

Funding: $2.7M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: State Plan Amendment

Background: Individuals with higher levels of psychiatric need and patterns of homelessness, frequent hospitalizations with low community tenure and/or forensic histories transition from institutions into the community, providers are challenged to a hire competent, skilled workforce.

Proposal:
Eligible Providers: OMH-licensed ACT providers.

Description: Increasing the existing service payment rates for ACT teams serving the highest need individuals in the mental health system. Funding will be disbursed through rate increases paid across FFS or MCO Medicaid claims following a state plan amendment as services are provided to eligible Medicaid recipients.

Evaluation and Reporting: In accessing these funds, eligible providers would report to OMH regarding the specific goals attached to this funding and how the funds have been used to maintain and expand access to these programs and improve outcomes for program recipients. OMH would evaluate each eligible provider's use of the funding to achieve these outcomes.

T. Implement Youth ACT Programs

Funding: $1.6M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: State Plan Amendment

Background: The Youth ACT model supports the vision of meeting the child and youth in their own home and community and providing supports and services in a youth and family driven manner. Supporting the start-up costs of these teams will allow the providers to maintain viability during enrollment and ensure adequate workforce supports.

Proposal:
Eligible Providers: OMH-licensed ACT providers.

Description: Support the implementation of Youth ACT programs through start-up, training, and monitoring funds, and pre-discharge Residential Treatment Facility (RTF) transitional services, supported via reinvestment in the out years. As part of OMH's mission to reduce reliance on out of home care, Youth ACT is an important model that

is being pioneered across the State to serve children and families with high needs who may not have the supports to successfully engage in more traditional models, and to divert them from long-term stays in higher levels of care.

This model is being developed and launched in 2021-2022 and includes a multi-disciplinary approach to the family in their own settings and builds in support to transition across levels of care. Specifically, supporting funding of stepdown from Residential Treatment Facilities can decrease lengths of stay outside the home. Funds will be distributed through start-up Medicaid rate increases.

Evaluation and Reporting: In accessing these funds, eligible providers would report to OMH regarding the specific goals attached to this funding and how the funds have been used to develop and/or expand these programs and improve outcomes for program recipients. OMH would evaluate each eligible provider's use of the funding to achieve these outcomes.

U. Health Home Servicing Children (HHSC) Rate Adjustments

Funding: $0.6M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: State Plan Amendment

Background: HHSC was implemented in 2016 to provide care management and coordination to children and youth who had two or more chronic condition or a single qualifying condition. The HHSC program serves a variety of children and youth with physical and behavioral health needs. In 2019, with the inception of the consolidated HCBS Children's Waiver, Health Home care management services were required to meet the care coordination requirements of the 1915(c) Children's HCBS Waiver. Accordingly, Health Home care managers were now the entity that determined HCBS eligibility by conducting an additional assessment.

The HHSC program has an acuity assessment that is necessary within the program and incorporates a one-time assessment fee when assessing for a new enrollee. This assessment cannot be used for HCBS eligibility determination. The assessment that is now required for HCBS eligibility determination is an additional assessment for which Health Homes are not separately reimbursed but is nonetheless required to ensure proper service eligibility and delivery. The HCBS assessment requires additional training and skills to conduct. The Medicaid program pays Health Home care managers to conduct HCBS eligibility determinations for adults, but not children.

Proposal:
Eligible Providers: Health Homes Servicing Children.

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

Evaluation and Reporting: DOH, in conjunction with state agency partners will monitor utilization of these services to ensure expanded access and will monitor the length of time it takes for a child with a potential need for HCBS to be assessed and begin receiving services.

V. Implement Young Adult ACT Teams

Funding: $184,000 State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: State Plan Amendment

Background: Many young adults who were high users of intensive mental health services in the Children's System, including residential programs, multiple hospitalizations and foster care programs, as well as other multi-system involvement had unsatisfactory experiences with the mental health system as children or became disengaged as older teens and young adults, resulting in an escalation of their mental health issues. The resulting use of emergency room and inpatient hospitalization is expensive and has not been effective for many in engaging them in treatment. Young adults are at a critical developmental juncture, and if they can be engaged in treatment and provided with a path to independence, including vocational support and development of real-world skills, they can move forward to achieve independence, rather than becoming system dependent.

Proposal:
Eligible Providers: OMH-licensed ACT providers serving individuals aged 18 to 25.

Description: Support the implementation of Young Adult ACT programs through start-up, training, monitoring funds, and pre-discharge. Young Adult Alternative Payment Model (APM) and program model development to support individuals upon discharge from a First Episode Psychosis (FEP) program, and support for foster-care transitions.

The Young Adult ACT teams will serve young adults ages 18 to 25 with Serious Mental Illness (SMI) who have continuous high service needs that have not been met by traditional outpatient services or they are at risk for not being able to live in the community. The Young Adult ACT teams will provide clinical treatment, as well as additional services and supports to help the individuals to gain the skills necessary to be independent adults. The multi-disciplinary, community-based teams will include an evidence-based supportive vocational and employment program, support to develop the real-world skills needed for independence and support to develop or expand the young adult’s family and social network. Funds will be distributed through start-up Medicaid rate increases. Investments will be recurring and funding transitions to OMH reinvestment funds for sustainability. These funds are currently included in the State Financial Plan.

Evaluation and Reporting: In accessing these funds, eligible providers would report to OMH regarding the specific goals attached to this funding and how the funds have been used to develop these programs and improve outcomes for program recipients. OMH would evaluate each eligible provider's use of the funding to achieve these outcomes.

III. Digital Infrastructure Investments

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

Funding: $42.4M State Funds Equivalent
Lead Agency: OPWDD
Expenditure Authority: N/A

Background: Investments in IT infrastructure would adequately address OPWDD's need to replace outdated, soon-to-fail systems and other critical HCBS IT needs. The proposed immediate investments will improve and stabilize the services directly impacting consumers and build a sustainable IT infrastructure to support families and providers through a more efficient service access process. This will also provide a more modernized method to collect and analyze data on the delivery of services and outcomes, allowing for increased program integrity and opportunities to improve quality of services and supports.

Proposal:
Eligible Providers: Qualified Medicaid Health Information Technology (HIT) vendors,

Description: OPWDD will collaborate with the DOH and New York State Information Technology Services (ITS) to seek investments to access and leverage ongoing federal 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 will be used to develop new interactive dashboards, reporting, and data integration for stakeholder transparency to ensure quality supports and services are delivered to New Yorkers with developmental disabilities. Resources will also be used to make one-time investments in areas such as, systems to manage scheduling and deployment of the direct support staff workforce, and inventory tracking.

Evaluation and Reporting: OPWDD and qualified vendors will report on achievement of milestones including the development of measures to address the need for data transparency.

B. Strengthen NY Connects Infrastructure
Funding: $29.8M State Funds Equivalent
Lead Agency: SOFA, DOH
Expenditure Authority: N/A

Background: NY Connects (https://www.nyconnects.ny.gov/) serves as the referral infrastructure for HCBS and related community and governmental resources in the State. Specifically, NY Connects is a locally based No Wrong Door (NWD) system that provides one stop access to free, objective, comprehensive information and assistance on long term services and supports for people of all ages or with any type of disability and their caregivers. The NY Connects NWD System is administered through a collaboration between the Area Agencies on Aging (AAAs), LDSS, and six regionally contracted Independent Living Centers (ILCs). Information and assistance are available by telephone, face-to-face meetings in the community, or via email. NY Connects can also be accessed through its statewide telephone number (800-342-9871), which connects callers with local offices by county. Additionally, there is an online resource directory of providers of long-term services and supports, information about the different types of such services, and contact information for the local programs.

Proposal:
Eligible Providers: N/A

Description: New York proposes to invest a portion of this enhanced funding for NY Connects to include additional resources in the directory, across the services sectors serving individuals with physically disabilities, children with special needs, persons with intellectual disabilities or developmental disabilities, and those with serious behavioral health conditions. SOFA would develop and deliver specific training for NY Connects operators about changes in accessing services and supports across the disability continuum.

Evaluation and Reporting: SOFA will report on how the investments have enhanced NY Connects consistent with the proposal description, and whether these investments have improved the efficacy of NY Connects as a directory of available HCBS and related support services.

C. Advance Children's Services IT Infrastructure
Funding: $8.8M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: Directed Payment

Background: The Children's Medicaid Redesign was a large and complicated transition for providers. Many of the providers have multiple lines of business of CFTSS, HCBS, Health Homes (HH), and are licensed as Article 29-I Health Facilities.

This added a layer of complexity for providers to alter their services, staffing, billing, and other business practices. Many providers were not ready for the significant change they would need to undergo, and providers articulated that the changes were happening in real time.

Through the existing IT infrastructure, there was no definitive way to determine or predict the continuous changes that would be needed when implementation of the Children's Service Redesign began. As a result, many providers today are still determining infrastructure needs to become more sufficient and streamline processes to lessen administrative burden. This transition has been particularly difficult as the State has continued to add new requirements and changes due to federal requirements, such as the HCBS Settings Rule and Electronic Visit Verification (EVV). Contracting with MMMC plans as the services were carved into the managed care plan benefit package has created additional complexity.

Proposal:
Eligible Providers: *CFTSS, HCBS, 29-I, and HHSC*
Description: To allow for maximum flexibility, a list of infrastructure and administrative assistance strategies is provided for providers to pick from through a development fund or grant process. It would be important to have specific goals attached to this funding to impact capacity building and lower waitlist, and the funding would be evaluated for specific outcomes. The aggregate amount of all provider awards is limited to a total funding allocation.

1. Integrate EHR systems;
2. Develop billing platforms / hire billing vendors;
3. Health Homes build system to take oversight of Modifications;
4. HCBS Requirements, POC, and Linkage to Services Oversight;
5. EVV reimbursement for equipment and software;
6. Funding for administrative staff;
7. Funding for training staff, including onboarding and orientation;
8. Telehealth equipment and enhancement for providers or the members they serve;
9. Necessary facility changes or other activities to comply with the HCBS Settings Final Rule; and
10. A funding pool to incentivize Article 29-I providers meeting established performance targets and criteria (e.g., completing initial intake assessments timely, reducing polypharmacy).

Evaluation and Reporting: In accessing these funds, eligible providers would report to DOH regarding the specific goals attached to this funding and how the funds have been used to building capacity, improve administrative function and compliance with performance targets and requirements. DOH would evaluate each eligible provider's use of the funding to achieve these outcomes.

D. Extend Short-Term Support for Behavioral Health Care Collaboratives

Funding: $8M State Funds Equivalent
Lead Agency: OMH
Expenditure Authority: Directed Payment

Background: Due to market circumstances and timing, including the COVID-19 pandemic, additional funding is needed to ensure New York's value-based payment goals for behavioral health are achieved and Behavioral Health Care Collaboratives (BHCCs), which have largely been structured as New York independent practice associations (IPAs, or BH IPAs), can maintain and enhance operations, while health systems and MMC plans reopen network development operations.

With additional funding and time, BH IPAs can forge or expand relationships with MMC plans and health systems to meaningfully participate in risk-sharing arrangements sought by alternative payment methodology and VBP mandates. This funding will create and enhance partnerships addressing populations disproportionately impacted by the COVID-19 pandemic and bring innovation to behavioral and physical health integration. BH IPAs are positioned to lead the Statewide response to increased mental health and substance use challenges resulting from the COVID-19 pandemic and preserve the BH safety-net system. These entities have been screening for and responding to identified social determinants of health needs and are well-positioned to serve populations historically underserved by the traditional health care system and in existing VBP arrangements.

Proposal:
Eligible Providers: Existing BHCCs operating as BH IPAs

Description: 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 engage VBP and increase availability of integrated clinical services. 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 BH IPAs, in order to enter contract arrangements. These BH IPAs developed significant infrastructure to drive integrated care, measure and manage data across networks, and improve service delivery across the behavioral and physical health spectrum.

This additional development funding would allow for BH IPAs to continue their pre-pandemic work.

Evaluation and Reporting: In accessing these funds, eligible IPA's would report to OMH regarding the specific goals attached to this funding and how the funds have been used to meet New York's behavioral health value-based payment goals, while maintaining and enhancing operations. OMH would evaluate each eligible IPA's use of the funding to achieve these outcomes.

E. Support for Adult Day Health Centers and Social Adult Day Centers Reopening
Funding: $10M State Funds Equivalent
Lead Agency: DOH
Expenditure Authority: Directed Payment

Background: Due to state or local closure orders, Adult Day Health Centers (ADHC) and Social Adult Day Centers (SADC) that provide critical forms of HCBS to Medicaid members enrolled in MLTC plans were forced to close physical locations and transition services to telehealth and meal delivery. Through these innovative programs, ADHCs and SADCs were able to perform authorized services in the care plans for Medicaid members to help combat social isolation, ensure the availability of meals and address the other needs of members. Now that most state and local closure orders have been lifted, ADHCs and SADCs would benefit from additional funding to assist with the process of returning to in-person or hybrid care delivery.

Proposal:
Eligible Providers: All ADHCs and SADCs that were closed due to state or local closure orders during the pandemic

Description: The State proposes to use a directed payment template with MLTCs to fund ADHCs and SADCs based on utilization of services and for the following purposes:

- Assist SADCs and ADHCs to reopen safely and institute effective infection control measures, including:
  - The purchase of PPE from state qualified vendors, disinfectant, COVID-19 testing, staff compensation from vaccination or staff or member awareness of COVID-19 vaccination;
  - SADC and ADHC renovations and improvements, such as partitions for infection prevention, HVAC, and/or air filtration improvements;
  - The purchase of symptom screening devices and kiosks; and
  - Infection prevention strategies in PACE transportation.
- Provide SADC and ADHC workforce development funds for the recruitment and retention of qualified staff for the return to in-person services.

Evaluation and Reporting: SADCs and ADHCs will report on receipt and expenditures of allocation funds under this proposal for the purposes set forth herein. Providers will

be measured on efficiency in spending the allocation funding for the intended purposes and causal success in recruiting for in-person staff.

F. Study to Develop new Consumer Directed Personal Assistance Program (CDPAP) Care Technology

Funding: $5.1M State Funds
Lead Agency: DOH
Expenditure Authority: N/A

Background: New York has seen significant growth in CDPAP, including in the number of FIs and has continued to look for the best and most efficient means of administering the program. At the same time, there is a growing home care workforce shortage. This shortage is exacerbated by the information barriers workers face as they search for full time work or when they need a new client, especially those located in upstate New York and those who are working as caregivers in CDPAP. FIs and advocacy organizations often assemble lists of workers for their clients and creating referral systems for CDPAP consumers, but to date have not employed technology or reach to create an efficient matching system between consumers and personal assistants.

New York seeks to explore whether a technologically driven referral registry system, as one component of a package of supports for a maturing consumer directed program, can help decrease turnover, promote consumer choice, and create pathways to full time work for caregivers. Importantly, given recent developments, it is possible that new technology has made it possible to build cost effective solutions that can recruit and match caregivers to home care consumers in a HIPAA compliant online environment that is safe, secure and responsive to users' needs, especially given the State's efforts to create the NY State of Health Private Pay Home Care Services Program Pilot using the NY State of Health Marketplace.[5]

Proposal:
Eligible Applicant: A technology vendor that is capable of offering a referral registry system.

Description: New York will support the exploration and piloting of a private registry system to assist participants in CDPAP in finding individuals willing to serve as personal assistants in a small number of designated services areas to study whether this type of registry is useful to those participants who have someone in mind that may cover some, but not all, of their authorized hours, or who require a backup and do not have additional people to meet that need. In addition, this type of registry may also be helpful in reducing overtime for high hour cases where the participant may not be able to identify sufficient assistants to meet their needs. It may also allow personal

[5] https://info.nystateofhealth.ny.gov/lhcsainvitation

assistants to serve multiple consumers and improve their ability to make this work a full-time job.

Evaluation and Reporting: DOH will study whether the designated areas in which the referral registry system pilot is launched experiencing reductions in unstaffed authorized care hours, reduction in overtime spending, and increases the number of personal assistants who serve consumers.

Spending Plan Projection

New York expects to generate $5.4 billion in federal funding, under Section 9817 of ARPA. This includes the initial 10 percent eFMAP generated on the State's HCBS spending between April 1, 2021 and March 31, 2022, $2.15 billion, and the amount generated through reinvestment of these funds, $3.25 billion. The first chart below details the generation of the initial 10 percent eFMAP generated by category of spending. The second chart below details the proposed spending by purpose and by Federal fiscal quarter.

HCBS Spending to Generate 10 Percent eFMAP
Dollars in Millions (1,000,000s)

Program	SFY 22 Gross Spending	10% eFMAP
HCBS (Managed Care)	$ 12,390	$ 1,239.0
HCBS (All 1915(c) Waivers)	$ 7,376	$ 737.6
Personal Care Services	$ 715	$ 71.5
Home Health Services	$ 534	$ 53.4
PACE	$ 398	$ 39.8
Case Management	$ 48	$ 4.8
TOTAL	**$ 21,460**	**$ 2,146**

HCBS eFMAP Expenditures by Federal Fiscal Year (FFY)
Dollars in Millions (1,000,000s)

Purpose	Funding Source	Total Spending		
		FFY22	***FFY23***	**Total**
Workforce	***SFE***	$214	$1,492	$1,706
	Gross	$621	$3,951	$4,572
HCBS Capacity	***SFE***	$45	$288	$332
	Gross	$133	$531	$664
Digital Infrastructure	***SFE***	$22	$85	$107
	Gross	$22	$133	$155
Total	***SFE***	**$281**	**$1,864**	**$2,145**
	Gross	**$775**	**$4,616**	**$5,391**

SFE: State Funds Equivalent

Stakeholder Feedback

DOH and its other state agency partners solicited extensive stakeholder feedback regarding the enhanced FMAP funding opportunity to help inform proposals outlined in this spending plan. Stakeholder engagement included the following:

DOH hosted five stakeholder feedback meetings, which included one meeting for each of the following groups: consumer advocates, children's services advocates, home care associations, plan associations, and NHTD and TBI advocates. The sessions were recorded and posted to DOH's website at https://health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/ along with additional information on these funding opportunities***.*** A dedicated feedback email address (HCBSRecommendations@health.ny.gov) was launched in the middle of May 2021 to gather comments and suggestions. In response to DOH's feedback solicitation, the agency received comment letters from approximately 23 stakeholder groups through direct verbal testimony, web submissions, and written correspondence. DOH analyzed all comments received and incorporated much of the feedback into the proposals set forth in this spending plan.

OMH hosted eight stakeholder feedback meetings, which included: five regional meetings, one meeting with consumers, one meeting with provider associations, and one meeting with county/municipal Directors of Community Services. In all, over 700 stakeholders participated in these feedback sessions. OMH also launched a website to inform the public and system stakeholders about the enhanced FMAP supplement funding opportunities, which included a contact form that invited individuals to provide feedback that was used in the planning process for these funds. In response to OMH's feedback solicitation, the agency received over 325 comments, through direct verbal testimony, WebEx chat remarks, and other written correspondence. OMH analyzed all comments received and incorporated much of the feedback into the planning process for the current implementation of these funds. The regional feedback meetings were recorded and are available on the OMH website: https://omh.ny.gov/omhweb/planning/cmhsbg-fmap/index.html

OASAS held sixteen listening sessions including fourteen with treatment, prevention and recovery-based providers, one with provider associations and one with Directors of Community Services/Local Government/State Legislators. The sessions were recorded and posted to OASAS' website at https://oasas.ny.gov/supplemental-funding-opportunities along with additional information on these funding opportunities***.*** In response to OASAS' outreach, the agency received over 200 comments in verbal testimony, WebEx comments and written communications. Review of all the stakeholder feedback and recommendations revealed many similarities and common themes. OASAS used this feedback to develop its implementation plans for enhanced FMAP and other COVID-19 relief initiatives.

OPWDD held five separate Regional Forums between May 26, 2021 and June 9, 2021 to hear directly from people we support and their family members on investment ideas

for enhanced FMAP and OPWDD's strategic priorities for the five-year strategic plan. See OPWDD's website: https://opwdd.ny.gov/news/opwdd-invites-people-receiving-supports-and-their-families-help-plan-future-our-service-system

A dedicated planning email address (planning@opwdd.ny.gov) was launched in middle of May 2021 to gather comments and suggestions throughout the 2021 Spring and Summer months. Meetings with more than 25 organized stakeholder groups held throughout the month of June representing individuals and self-advocates; parents and family members; provider agencies; care management organizations; advocacy groups; etc. In response to OPWDD's outreach, the agency received over 200 comments, through direct verbal testimony at public forums and other written correspondence. OPWDD is analyzing all comments received and has already incorporated much of the feedback into the planning process for the current implementation of these funds. OPWDD will continue to incorporate feedback received as the planning and implementation process continues.

Additionally, OPWDD has and continues to engage with its Developmental Disabilities Advisory Council (DDAC) and other advisory bodies to help inform eFMAP investments. See: https://opwdd.ny.gov/events?f%5B0%5D=filter_term%3A26