

Hospital Discharge Planning Initiative Funding Application

Instructions: Please follow the application instructions on this form and complete the accompanying appendix. Each BH IPA may only apply once, either individually or as part of a group of two or more BH IPAs. When applying as a group, one BH IPA should identify as the entity contracting with the MMCP (contracting BH IPA) and coordinate the application, ensuring completion and submission.

1. Name and Applicant Information:

Please include the following:

- a. Applying as individual BH IPA or as a group of BH IPAs
- b. Name of contracting BH IPA
 - i. Participating BH IPAs (*if applicable*)
- c. Name of primary application contact
 - i. Additional contacts for communications (*if applicable*)
- d. Address of Contracting BH IPA (*Street, City, State, Zip*)
- e. NYS OMH Field Office Regions in which BH IPA operates (*choose all that apply*)
 - Central
 - Western
 - Hudson River
 - NYC
 - Long Island

2. Network program types

Program types in network in multiple BH IPAs must attribute each county to only one BH IPA. Please complete **Appendix A, Agency Submission Template** (Excel). For agencies in multiple BH IPAs, indicate the counties each network program type attributes to the BH IPA. Directions for completing Appendix A are detailed in the “READ ME” tab. *BH IPA network agencies and affiliates must be verifiable on BH IPA websites or by submitting signed letters on network agency or affiliate letterhead.*

- a. **Complete the “BH IPA Network Program Type” Tab.** Program types at network agencies eligible for attribution and included in performance measure evaluation:
 - OMH Personalized Recovery Oriented Services (PROS)
 - OMH Partial Hospitalization (PH)
 - OMH Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
 - OMH Continuing Day Treatment (CDT)
 - OMH Children’s Day Treatment (DT)
 - OMH Assertive Community Treatment (ACT)
 - OMH Crisis Intervention Benefit (Mobile Crisis, Crisis Residences, Crisis Stabilization Centers)
 - OASAS Residential Stabilization
 - OASAS Residential Rehabilitation



- OASAS Residential Reintegration
- OASAS Residential Rehab Services for Youth (RRSY)
- OASAS Part 822 Outpatient Services
- OASAS Outpatient Rehabilitation
- OASAS Opioid Treatment Program
- OASAS Medically Supervised Outpatient Withdrawal
- OASAS Medically Managed Inpatient Withdrawal
- OASAS Medically Supervised Inpatient Withdrawal
- OASAS Clinic
- OASAS Inpatient Rehabilitation
- Certified Community Behavioral Health Clinic (CCBHC)
- Children's Home and Community Based Services (HCBS)
- Children and Family Treatment and Support Services (CFTSS)
- Adult Behavioral Health Home and Community Based Services (BH HCBS)
- Community Oriented Recovery and Empowerment (CORE) Services

b. Complete the “BH IPA Affiliates” Tab. Agency program types not eligible for attribution nor included in performance measure evaluation include specialty mental health care management and health homes, critical time intervention-like programs such as safe option support (SOS) teams, physical health providers, non-Medicaid providers, hospitals, and organizations addressing health-related social needs.

3. Elements Supporting Initiative Goals

Please use the table below as a template to indicate whether BH IPAs include these elements (Y/N). Identify by BH IPA if applying as a group:

BH IPA	Closed Loop Referral Platform	Connected to Qualified Entities (QEs)	Daily Admission or Discharge Alerts	High-Intensity Care Management (CTI; SOS; etc.)

4. VBP Contracting (Participation in VBP arrangements **not** funded by NYS OMH or OASAS)

Please use the table below as a template to indicate executed VBP arrangements and pilots which include one or more of the following criteria. Please use one row per each VBP arrangement or pilot. Identify by BH IPA if applying as a group. Criteria:

- Includes substance use disorder (SUD) or mental health (MH) performance metrics;
- Targets behavioral health population with chronic physical health comorbidity (co-morbid population);

- c. Has primary care focus for individuals with SUD/MH (behavioral health population, not necessarily in one location);
- d. Integrates physical health and behavioral health (one-stop shopping, not necessarily chronic conditions);
- e. Includes behavioral health high-risk care management;
- f. Includes behavioral health attribution:

BH IPA	VBP Arrangements and Pilots	VBP Level	Direct or Downstream	Upstream Contract Partners	Briefly Describe Clinical Goal of Arrangement

5. Sustainability

Please complete the table below to detail **actual income for calendar year (CY) 2023** and **projected income for CY 2024**. Please complete clearly labeled, separate tables for each BH IPA if applying as a group:

Income

Income	Actual CY 2023	Projected CY 2024
Membership Dues		
Grants		
Data Services		
Referral Platforms		
Other Income¹:		
1.		
2.		
3.		

¹ Please use “Other Income” to add other categories that make up at least 5% of the BH IPA income. Add rows as needed.