



KATHY HOCHUL  
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ANN MARIE T. SULLIVAN, M.D.  
Commissioner

ARLENE GONZÁLEZ-SÁNCHEZ, MS, LMSW  
Commissioner

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

**Date:** October 6, 2021

Dear Health Plan Administrator,

In 2015, Adult Behavioral Health Home and Community Based Services (BH HCBS) were authorized as a demonstration service under New York State’s (NYS) Medicaid Section 1115 Medicaid Redesign Team (MRT) Waiver. BH HCBS are designed to assist adults (age 21 and over) with serious mental illness and/or addiction disorder to remain and recover in the community, and reduce preventable admissions to hospitals, nursing homes, or other institutions. Medicaid Managed Care Plans with Health and Recovery Plans (HARPs) and HIV Special Needs Plans (HIV SNPs) provide BH HCBS as a covered benefit for members meeting eligibility criteria.

To improve access to these important rehabilitative services, NYS received federal approval to amend the 1115 MRT waiver to transition four BH HCBS to a new service array called Community Oriented Recovery and Empowerment (CORE) Services. These services are Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), Family Support and Training (FST), and Empowerment Services – Peer Support (Peer Support). BH HCBS Short-term and Intensive Crisis Respite services will transition to the Crisis Intervention Benefit Crisis Residence services, available to all adult Medicaid Managed Care members. All other existing BH HCBS will remain available as BH HCBS with previously established requirements, workflows, and processes. HARPs, HIV SNPs, and Medicaid Advantage Plus Plans (MAP)<sup>1</sup> (collectively referred to in this document as Plans) will provide CORE Services as a covered benefit for eligible members.

The crosswalk of services transitioning from BH HCBS to the CORE service array is shown in this table:

BH HCBS	Post-CORE Implementation
<ol style="list-style-type: none"> <li>1. Community Psychiatric Support and Treatment</li> <li>2. Empowerment Services – Peer Supports</li> <li>3. Family Support and Training</li> <li>4. Psychosocial Rehabilitation</li> </ol>	<p>These services will transition to the CORE service array.</p>

<sup>1</sup> MAP Plans will cover CORE Services when specialty behavioral health benefits carve into the MAP benefit package or when CORE Services are implemented, whichever is later.



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BH HCBS	Post-CORE Implementation
<ol style="list-style-type: none"> <li>1. Education Support Services</li> <li>2. Pre-Vocational Services</li> <li>3. Transitional Employment</li> <li>4. Intensive Supported Employment</li> <li>5. Ongoing Supported Employment</li> <li>6. Habilitation</li> <li>7. Non-Medical Transportation</li> </ol>	<p>These services will remain in BH HBCS.</p>
<ol style="list-style-type: none"> <li>1. Short Term Crisis Respite</li> <li>2. Intensive Crisis Respite</li> </ol>	<p>BH HCBS Short-term and Intensive Crisis Respite Services will be replaced by the Crisis Intervention Crisis Residence Services benefit, available to all Medicaid Managed Care members.</p>

BH HCBS access requirements, including the independent eligibility assessment and federal home and community-based settings restrictions, will not apply to CORE Services. CORE Services streamline access to care and will be available to all HARP members, HARP-eligible HIV-SNP members, and HARP-eligible MAP members based on a recommendation from a Licensed Practitioner of the Healing Arts.

**CORE Transition Overview and Continuity of Care**

The State is creating an eleven-month process to complete this transition. CPST, PSR, FST and Peer Support will transition from BH HCBS to CORE Services on February 1, 2022, discontinuing BH HCBS eligibility and access requirements for these services.

This means eligible Plan members can begin receiving CORE Services starting February 1, 2022. Plans must extend CPST, PSR, FST and Peer Support BH HCBS authorizations for all members receiving these services as of February 1, 2022 through May 2, 2022. During this time, Plans must work with providers to ensure all members are fully transitioned as appropriate to CORE Services by the first date of service provided on or after May 3, 2022. Effective May 3, 2022, CPST, PSR, FST and Peer Support will only be available to eligible members via CORE Services instead of Adult BH HCBS.

Beginning February 1, 2022, Plans may not conduct prior authorization or concurrent review for CORE Services for one year and until State notification.



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The programmatic components of CORE Services will be implemented on February 1, 2022. At this time, all CORE rate codes, service definitions, and documentation requirements become effective. Plans must have systems configured by this date, including billing systems and provider profiles, to properly adjudicate claims for CORE Services. During the continuity of care period, providers will submit claims using CORE Service rate codes for individuals receiving BH HCBS CPST, PSR, FST and Peer Support until that individual has transitioned to CORE by no later than May 2, 2022. Plans must continue to accept and reimburse claims for BH HCBS Short-Term Crisis Respite and Intensive Crisis Respite and PSR per diem with dates of service until May 2, 2022.

Detailed information regarding the CORE transition, including systems configuration, continuity of care, network, billing, and rate requirements, is outlined in the [New York State Community Oriented Recovery and Empowerment Services Benefit and Billing Guidance \(NYS CORE Benefit and Billing Guidance\)](#) accompanying this document. Plans must adhere to all requirements in the *NYS CORE Benefit and Billing Guidance*.

### **Network Development and Monitoring**

Plans must ensure eligible members can access CORE Services. NYS will provisionally designate all existing Adult BH HCBS CPST, PSR, FST and Peer Support providers for the comparable CORE Service(s). Plans are encouraged to begin any needed provider contract amendments as soon as possible.

Plans should continue to reference the Provider Network Data System (PNDS) to identify provisionally designated CORE Service providers. NYS will notify Plans if providers are de-designated for CORE Services, including providers which do not reach full CORE designation by July 31, 2022. Plans must meet network adequacy standards by August 31, 2022 and will be expected to continue to update provider agreements as needed. Provider de-designations may not be immediately reflected in PNDS.

For additional information on Network Development and Monitoring, please refer to the *NYS CORE Benefit and Billing Guidance*.

### **Rates and Billing Requirements**

CORE Services rates and billing changes are effective on February 1, 2022. Plans must have billing systems configured to pay for CORE Services by February 1, 2022 as detailed in *Appendix D* of the *NYS CORE Benefit and Billing Guidance*. Only provisionally or fully



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designated CORE Service providers may submit claims and be reimbursed for CORE Services.

Plans must reimburse participating CORE Service providers in accordance with billing guidelines in the *NYS CORE Benefit and Billing Guidance*.

**CORE Benefit Management Requirements**

Plans must demonstrate readiness to implement and manage the CORE Services benefit. Plans must submit the completed State-issued *CORE Benefit Administration Readiness Attestation* as outlined in the chart below. Attestations must be signed by a Plan Officer (CEO, COO, CFO, CMO, Board President, or equivalent as defined by the Plan) or General Counsel. NYS may request supporting documentation from Plans regarding implementation readiness.

Plans must meet the following implementation deadlines:

Date	Task
October 6, 2021	<ul style="list-style-type: none"> <li>• Begin provider education and technical assistance with provisionally designated CORE providers</li> <li>• Begin existing BH HCBS provider contract amendments to reflect CORE designations</li> </ul>
January 17, 2022	<ul style="list-style-type: none"> <li>• Plans submit the Medicaid Managed Care Organization <i>Community Oriented Recovery and Empowerment (CORE) Benefit Administration Readiness Attestation</i></li> <li>• This attestation confirms Plans are prepared to complete systems configuration, pay for CORE Services, and discontinue HCBS requirements for services transitioning from BH HCBS to CORE Services by February 1, 2022</li> </ul>
February 1, 2022  Provider Operational Standards Effective and Plan Systems Configuration Completed	<ul style="list-style-type: none"> <li>• Extend BH HCBS PSR, CPST, FST, and Peer Support service authorizations existing as of February 1, 2022 until May 2, 2022, as needed until member is transitioned to CORE Services</li> <li>• Ensure ability to accurately pay BH HCBS PSR, CPST, FST and Peer Supports claims for continuity of care recipients with dates of service until May 2, 2022</li> <li>• Discontinue BH HCBS eligibility and access requirements for the four services transitioning to CORE</li> <li>• Implement processes to securely and electronically receive and</li> </ul>



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Date	Task
	<p>respond to provider CORE service initiation submissions within three business days</p> <ul style="list-style-type: none"> <li>• Complete systems configuration and ensure ability to accurately pay for CORE Services, including adding new CORE rate codes</li> <li>• Begin working with members (and care managers, if applicable) and provisionally designated CORE providers to transition BH HCBS PSR, CPST, FST, and Peer Support recipients to CORE Services and/or new CORE providers, as needed. Please refer to the “Access to CORE Services for BH HCBS Continuity of Care Recipients” section of the <i>Community Oriented Recovery and Empowerment Services Benefit and Billing Guidance</i> for details.</li> </ul>
<p>May 2, 2022 (Continuity of care period ends)</p>	<ul style="list-style-type: none"> <li>• Ensure members previously receiving CPST, PSR, FST and Peer Support were successfully transitioned to CORE Services and/or new CORE Service providers</li> <li>• Continue provider contract amendment process, as needed</li> </ul>
<p>August 31, 2022</p>	<p>Meet CORE Services network adequacy requirements</p>

**Questions**

Please direct questions to the OMH Division of Managed Care BHO mailbox at [BHO@omh.ny.gov](mailto:BHO@omh.ny.gov) or the OASAS Practice Innovation and Care Management (PICM) mailbox at [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov) with the subject “CORE Transition Question”.

Sincerely,

Mr. Jonathan Bick  
Director, Division of Health Plan Contracting and Oversight  
Office of Health Insurance Programs  
New York State Department of Health

Ms. Pat Lincourt  
Associate Commissioner, Division of Addiction Treatment and Recovery  
New York State Office of Addiction Services and Supports



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Mental Health

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Services and Supports

Department of  
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Dr. Joe Katagiri  
Acting Associate Commissioner, Division of Managed Care  
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Cc:

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