

## NYS Behavioral Health (BH) Home and Community Based Services (BH HCBS) and Community Oriented Recovery and Empowerment (CORE) Services Dashboard Data

The below references information found in the Data Table entitled “NYS Medicaid Adult BH HCBS/CORE Access Dashboard.” This data is broken out between New York City (NYC) and Rest of State (ROS) Regions and by each Medicaid Managed Care Plan (MMCP).

This data set provides a snapshot of the number of individuals who have completed significant steps toward utilizing NYS Adult Behavioral Health (BH) Home and Community Based Services (HCBS) and Community Oriented Recovery and Empowerment (CORE) Services. All data has a unique recipient count, meaning that all Individuals are counted only once. This data is updated monthly.

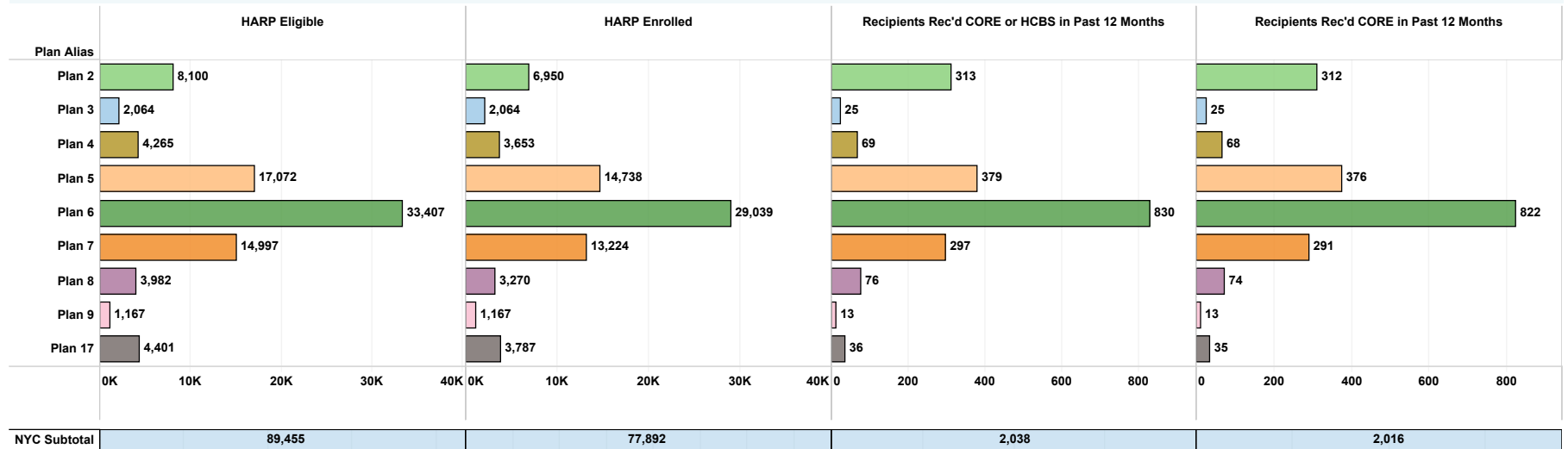
Col. No.	Col. Name	Source	Description	Notes
1	HARP Eligible	Medicaid Data Warehouse (MDW)	Number of individuals by MMCP who are: 1. HARP Enrollees (H1) or 2. Mainstream enrollees meeting BH high-risk criteria / HARP eligible (H9) or 3. HIV SNP enrollees meeting BH high-risk criteria/HARP eligible (H4)	CORE services became available for BH high-risk recipients enrolled in Medicaid Advantage Plus (MAP) plans (H9) on January 1, 2023. MAP data is not included in this update, but a new page will be added to track the MAP cohort and their CORE utilization in future updates.
2	HARP Enrolled	Medicaid Data Warehouse (MDW)	Number of individuals by MMCP who are: 1. HARP Enrollees (H1) or 2. HIV SNP enrollees meeting BH high-risk criteria/ HARP eligible (H4)	Data captures the number of HARP enrollees with HARP or HIV SNP premiums paid to NYS MMCP.
3	Recipients Received CORE or HCBS in Past 12 Months	Medicaid Data Warehouse (MDW)	Number of individuals by MMCP who have received BH HCBS or CORE as determined by having at least one paid BH HCBS or CORE <b>service claims</b> within last 12 months. Individuals with multiple service claims are only counted once.	BH HCBS assessment claims and provider travel supplemental claims are <b>not</b> included in this data set.
4	Recipients Received CORE in Past 12 Months	Medicaid Data Warehouse (MDW)	Number of individuals by MMCP who have received CORE as determined by having at least one paid CORE <b>service claims</b> within last 12 months. Individuals with multiple service claims are only counted once.	Provider travel supplemental claims are <b>not</b> included in this data set.

R/E Code	Description	Notes
<b>H9</b>	<b>BH High-Risk/ HARP Eligible</b> The person has been determined to meet criteria for BH high-risk and/or “categorically eligible” for a HARP in NYS.  More information can be found here: <a href="#">BH High-Risk Eligibility Criteria</a>	H9 co-exists with other H codes. H9 definitions differ depending on a member’s MMCP enrollment: <ul style="list-style-type: none"> <li>• Mainstream- It indicates the member is HARP eligible.</li> <li>• HARP- It indicates the member hits the BH High-Risk algorithm.</li> <li>• HIV-SNP- It indicates the member hits the BH High-Risk algorithm</li> <li>• MAP- Member is eligible for CORE Services (as of Jan. 2023)</li> </ul>
<b>H1</b>	<b>HARP Enrolled</b>	CORE Services are available to all HARP enrollees.
<b>H2</b>	<b>Eligible for Tier 1 BH HCBS</b> The person has been assessed and determined to be eligible for <b>Tier 1 BH HCBS</b> (employment supports and education support).	The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).  Eligibility assessment-related H-codes (H2, H3, H5, H6) are not required for CORE Services, while they are still required for BH HCBS.
<b>H3</b>	<b>Eligible for Tier 2 BH HCBS</b> The person has been assessed and determined to be eligible for <b>Tier 2 BH HCBS</b> (which includes all Tier 1 services listed under H2, plus habilitation).	The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).  Eligibility assessment-related H-codes (H2, H3, H5, H6) are not required for CORE Services, while they are still required for BH HCBS.
<b>H4</b>	<b>Enrolled in an HIV SNP as BH High-Risk/ HARP Eligible.</b>	If this person is already in an <b>HIV SNP</b> this should be reflected as code H4.  CORE Services are available to all <b>BH High-Risk/ HARP eligible</b> HIV-SNP enrollees.
<b>H5</b>	<b>Eligible for Tier 1 BH HCBS</b> The person is enrolled in an HIV SNP and has been assessed and determined eligible for <b>Tier 1 BH HCBS</b> (employment supports and education support).	The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).  Eligibility assessment-related H-codes (H2, H3, H5, H6) are not required for CORE Services, while they are still required for BH HCBS.
<b>H6</b>	<b>Eligible for Tier 2 BH HCBS</b> The person is enrolled in an HIV SNP and has been assessed and determined eligible for <b>Tier 2 BH HCBS</b> (which includes all Tier 1 services listed under H2, plus habilitation).	The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).  Eligibility assessment-related H-codes (H2, H3, H5, H6) are not required for CORE services, while they are still required for BH HCBS.

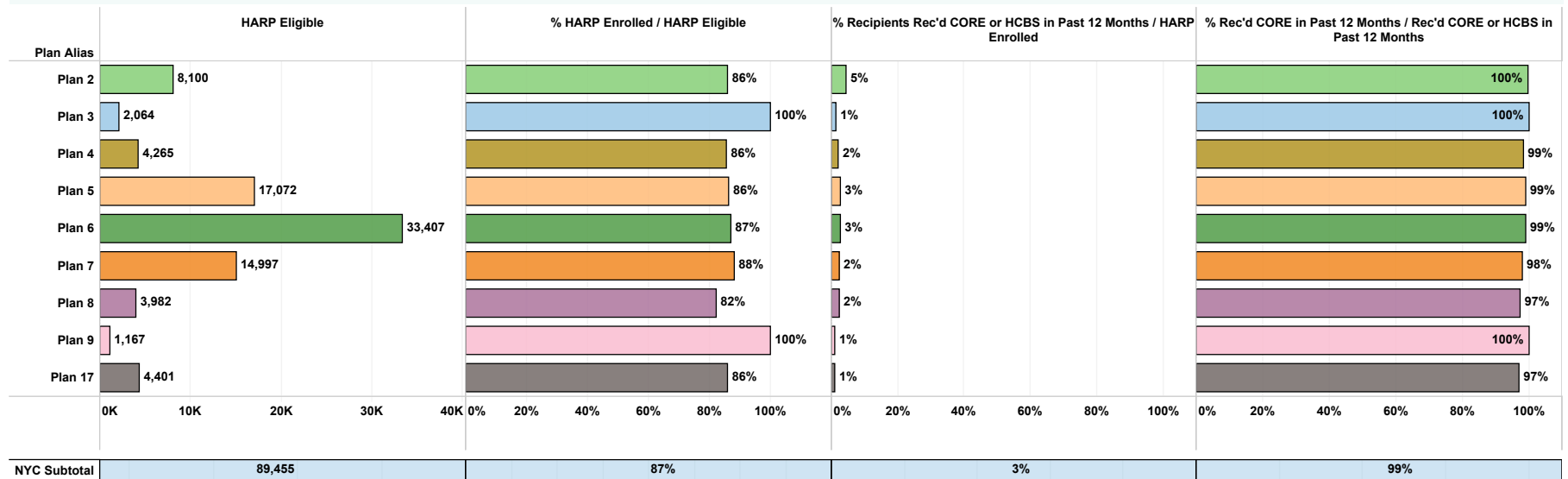
**Please Note:** H codes function independently from one another. For example, an individual may have a H9 (HARP eligible) code and H1 (HARP enrolled) code concurrently. Presence of one H code does not indicate the individual has other codes needed for BH HCBS eligibility. For example, an individual with a tier 2 eligibility H code (H3 or H6) must also be HARP enrolled (indicated by a H1 code) or be enrolled in a HIV SNP (indicated by a H4 code) to receive BH HCBS.

## NYS Medicaid Adult BH HCBS/CORE Access Dashboard, Region: NYC

Source: MDW. Update Date: 5/27/2025. All Metrics in the upper part of this dashboard are **count of unique recipients**.



### In Percentage

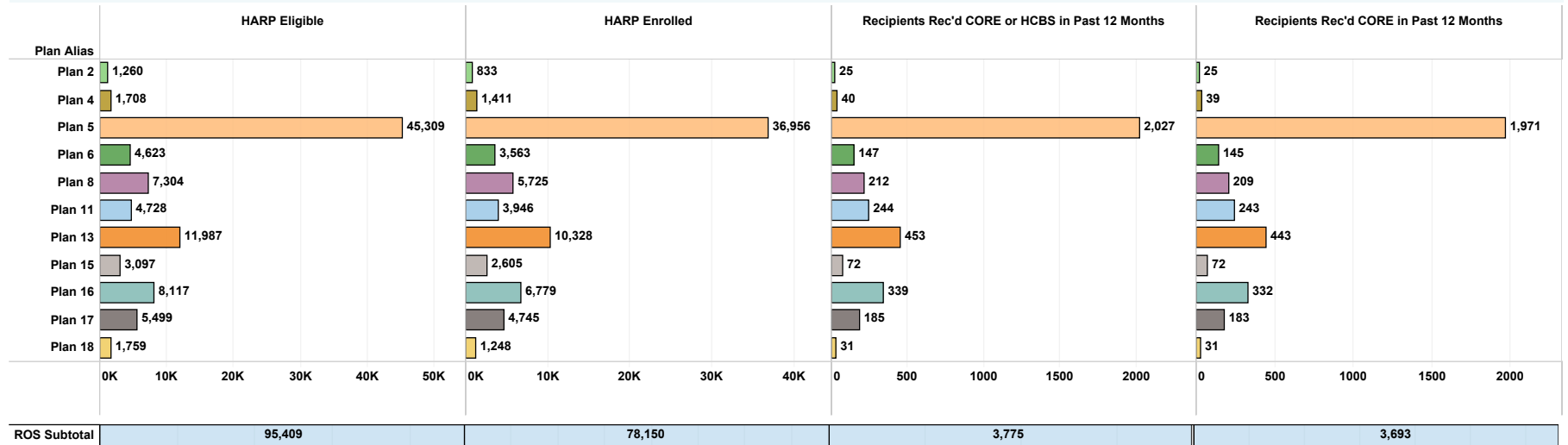


**Note(s):**

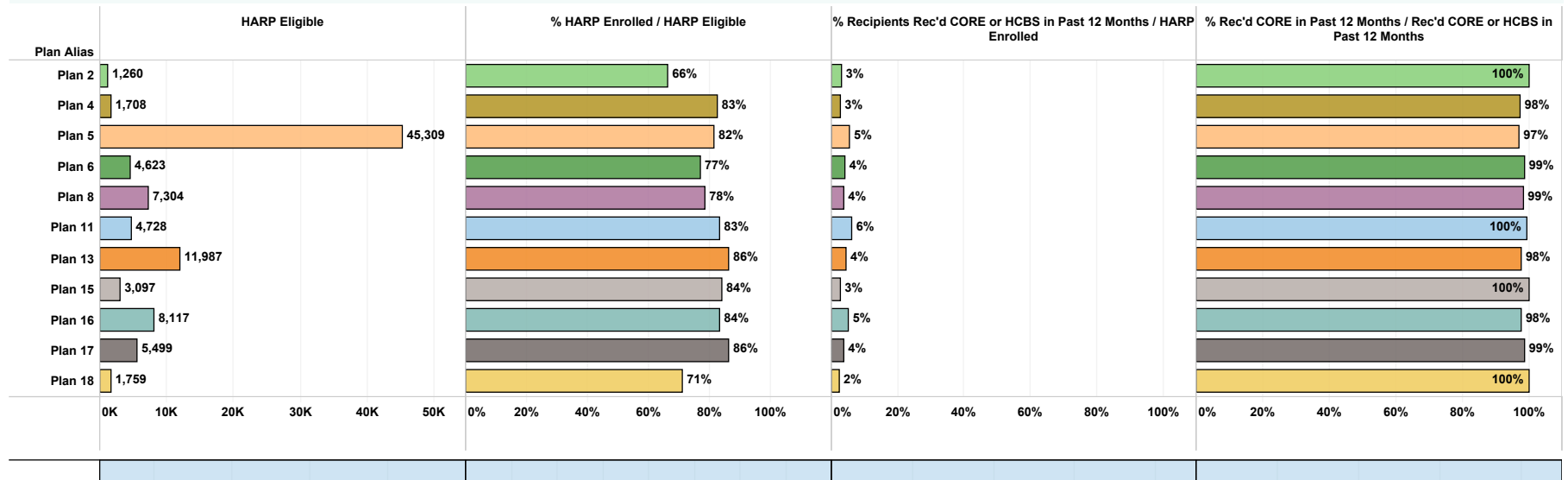
- HCBS reflects the updated service group including education support service, intensive supported employment, on-going supported employment, pre-vocational, habilitation, and transitional employment. CORE service group includes community psychiatric support and treatment, family support and training, peer support, and psychosocial rehab.
- The "Past 12 Months" in Column 3 and 4 is defined as the 12-month period before the most recent 4 months that are still subject to claim-lag (the most recent 4 months are excluded). For example, the 12-month period for May 2025 report is February 2024 - January 2025.
- Affinity has been acquired by Molina, thus for the November 2021 (and all subsequent) dashboard Affinity and Molina have been combined.

## NYS Medicaid Adult BH HCBS/CORE Access Dashboard, Region: ROS

Source: MDW. Update Date: 5/27/2025. All Metrics in the upper part of this dashboard are **count of unique recipients**.



### In Percentage



#### Note(s):

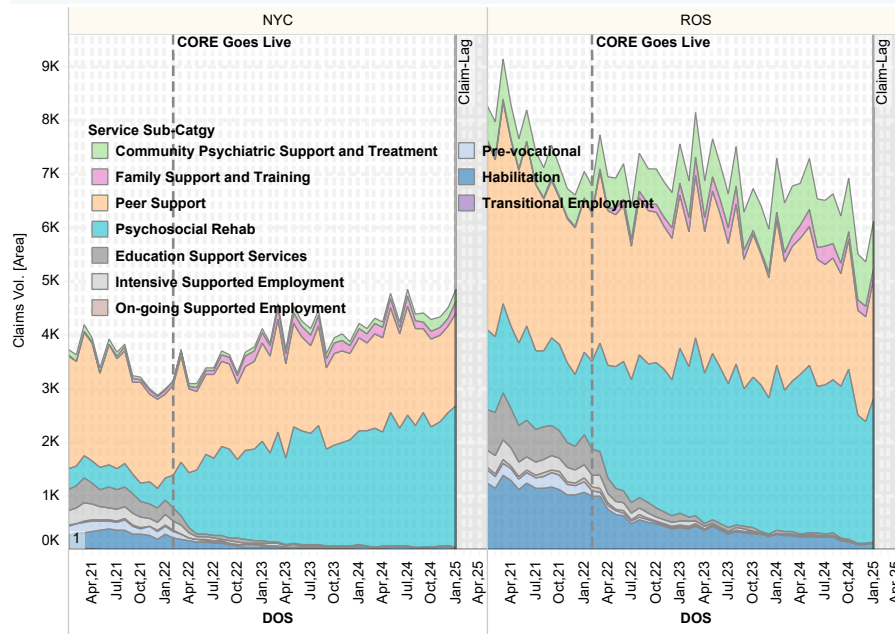
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## NYS Medicaid Adult BH HCBS/CORE Service Claims and Encounters Dashboard

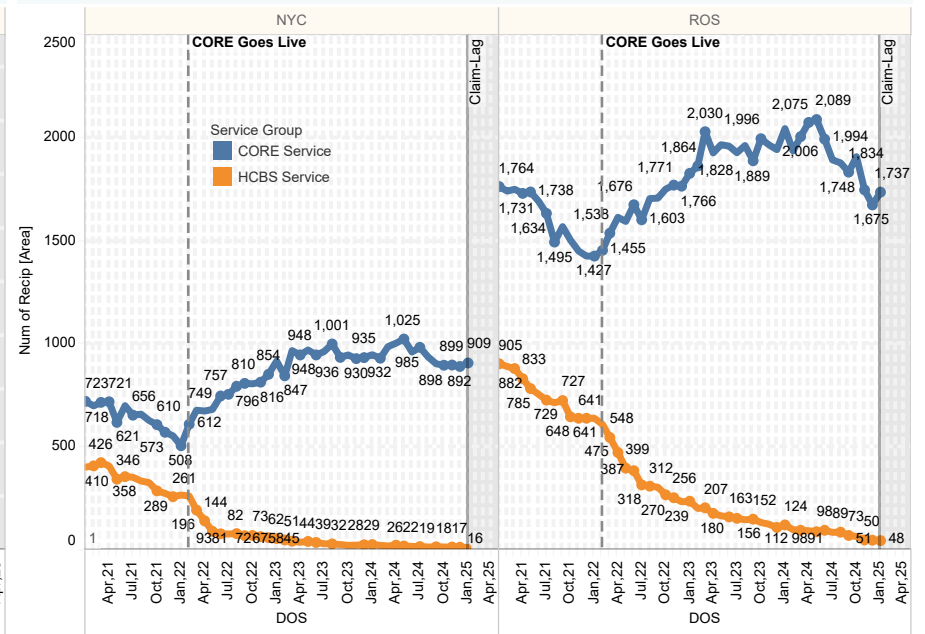
Source: MDW (Encounter), Update Date:5/27/2025

Service Group	Service Sub-Catgy	Before 2/1/2022			After 2/1/2022			Grand Total		
		N_Claims	N Prov Cleaned	N_Recip	N_Claims	N Prov Cleaned	N_Recip	N_Claims	N Prov Cleaned	N_Recip
CORE Service	Community Psychiatric Support and Treatment	23,655	60	987	33,473	41	1,525	57,128	72	2,269
	Family Support and Training	2,532	52	223	13,343	42	283	15,875	72	474
	Peer Support	171,235	138	6,658	162,299	103	5,849	333,533	158	10,477
	Psychosocial Rehab	67,601	130	2,250	177,516	105	6,114	245,117	153	7,598
	<b>Total</b>	<b>265,023</b>	<b>199</b>	<b>8,719</b>	<b>386,631</b>	<b>132</b>	<b>10,338</b>	<b>651,653</b>	<b>223</b>	<b>15,961</b>
HCBS Service	Education Support Services	39,160	105	2,935	5,387	45	463	44,547	107	3,030
	Habilitation	49,171	127	1,751	16,438	60	510	65,606	130	1,847
	Intensive Supported Employment	19,336	87	1,528	3,346	38	282	22,681	88	1,628
	On-going Supported Employment	2,644	50	224	787	23	49	3,431	52	243
	Pre-vocational	15,121	109	1,204	1,692	36	125	16,813	110	1,245
	Transitional Employment	868	22	110	18	4	5	886	22	110
	<b>Total</b>	<b>126,300</b>	<b>186</b>	<b>6,229</b>	<b>27,668</b>	<b>82</b>	<b>1,286</b>	<b>153,964</b>	<b>191</b>	<b>6,489</b>
<b>Grand Total</b>		<b>391,323</b>	<b>241</b>	<b>12,154</b>	<b>414,299</b>	<b>143</b>	<b>10,772</b>	<b>805,617</b>	<b>266</b>	<b>18,907</b>

Claims Volume Trend



Recipient Served Trend



Note(s):

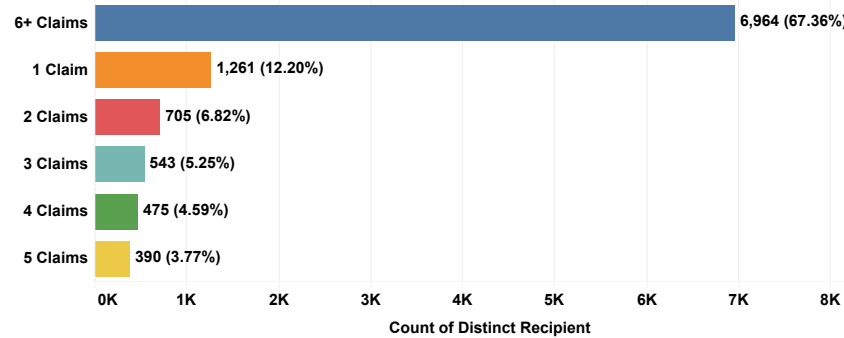
1. The transition date is February 1st, 2022.
2. The most recent 4 months (February 2025 - May 2025) claims data are still subject to claim-lag.

## NYS Medicaid CORE Service Utilization Density

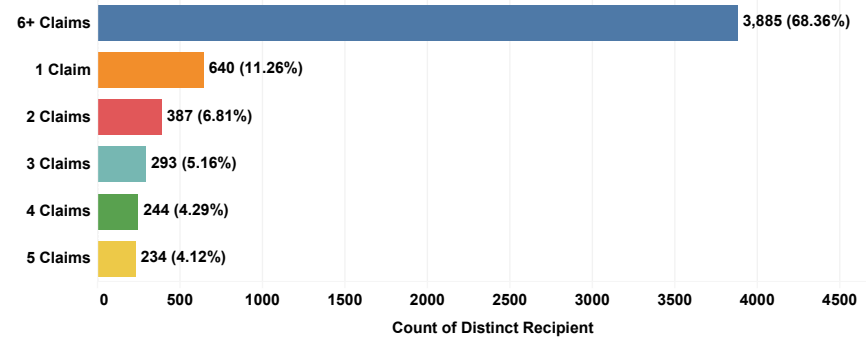
Source: MDW (Encounter), Update Date: 5/27/2025

Count of Distinct CORE Recipient Since CORE Effective Date (2/1/2022) Up to Now	Count of Distinct Recipient with 6+ CORE Claims Since CORE Effective Date (2/1/2022) Up to Now	Count of Distinct CORE Recipient In the Past Year*	Count of Distinct Recipient with 6+ CORE Claims In the Past Year
10,338	6,964	5,683	3,885

Recipient Distribution by Claim Count Since CORE Effective Date (2/1/2022) Up to Now

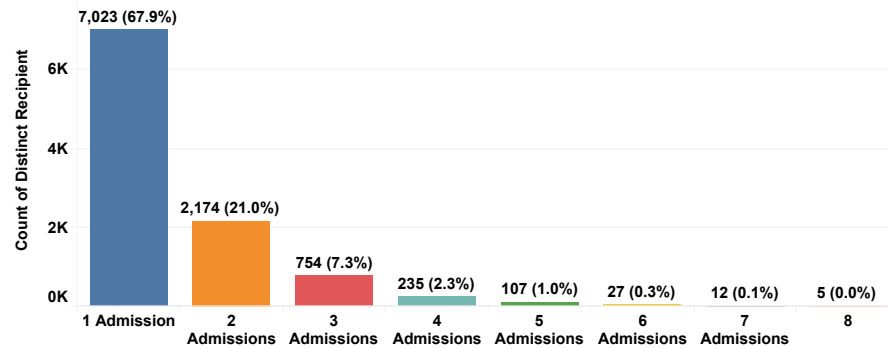


Recipient Distribution by Claim Count In the Past Year

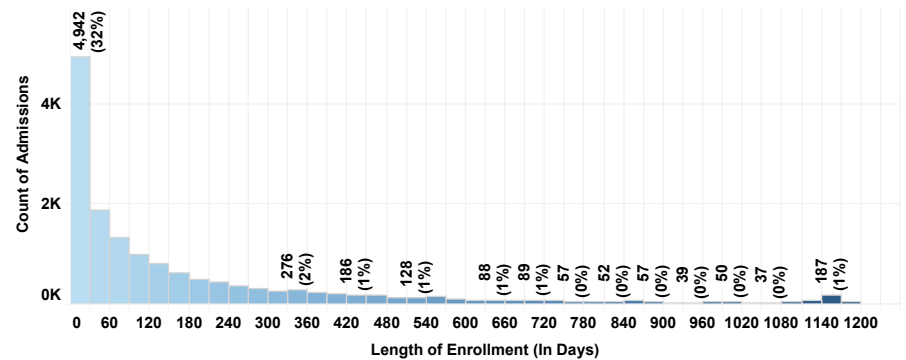


Average Number of Admissions** Per Recipient	Average Length of Enrollment*** Per Admission (In Month)	Average Claims Per Admission
1.5	6.2	25

Recipient Distribution by Admission Count Since CORE Effective Date (2/1/2022) Up to Now



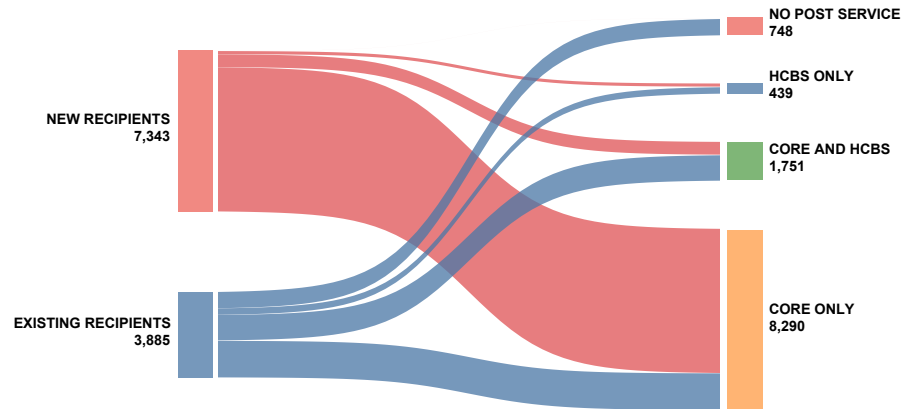
Admission Distribution by Length of Enrollment Since CORE Effective Date (2/1/2022) Up to Now



Notes:  
 \* The "Past Year" is defined as the 12-month period before the most recent 4 months that are still subject to claim-lag (the most recent 4 months are excluded).  
 \*\* A CORE admission is defined as a single CORE claim, or a sequence of CORE claims where the gaps between claims do not exceed 60 days. Any CORE service provided after a gap exceeding 60 days from the preceding CORE service is recognized as a new admission.  
 \*\*\* The length of enrollment represents the duration from the first to the last service day of each admission.

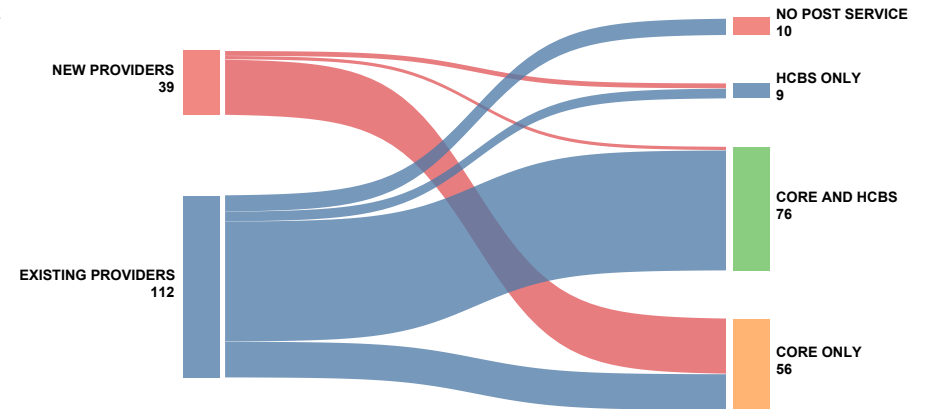
### Service Transition of Recipients

(Prior Period: Sep 2021 - Jan 2022 Post Period: Feb 2022 - Jan 2025)

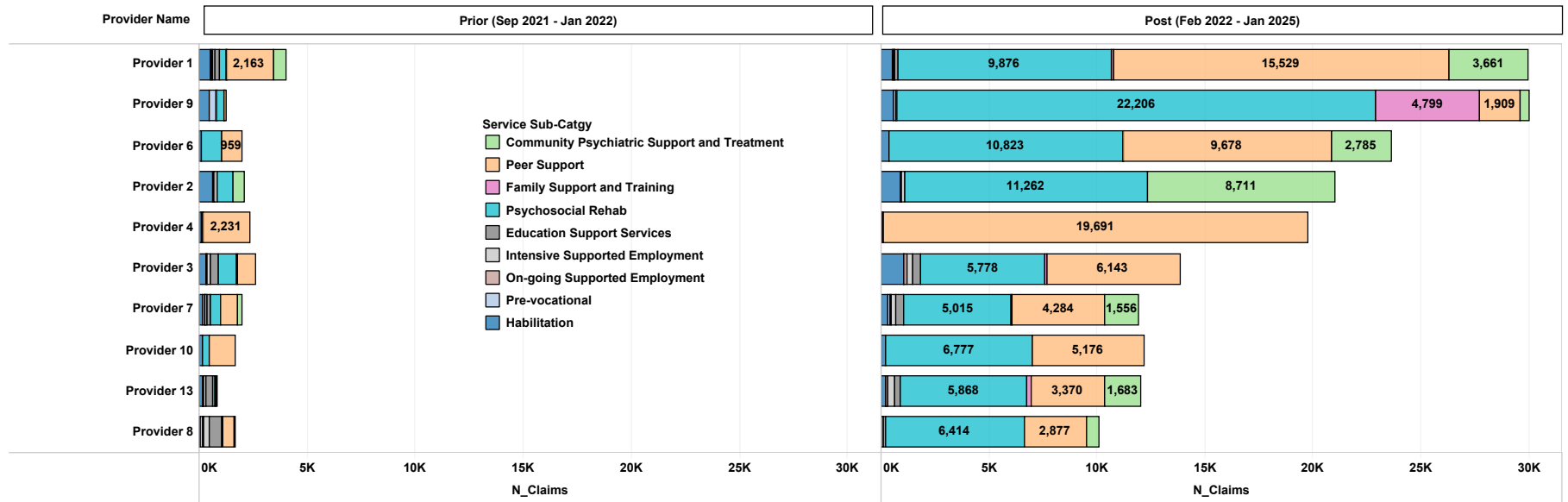


### Service Transition of Providers

(Prior Period: Sep 2021 - Jan 2022 Post Period: Feb 2022 - Jan 2025)



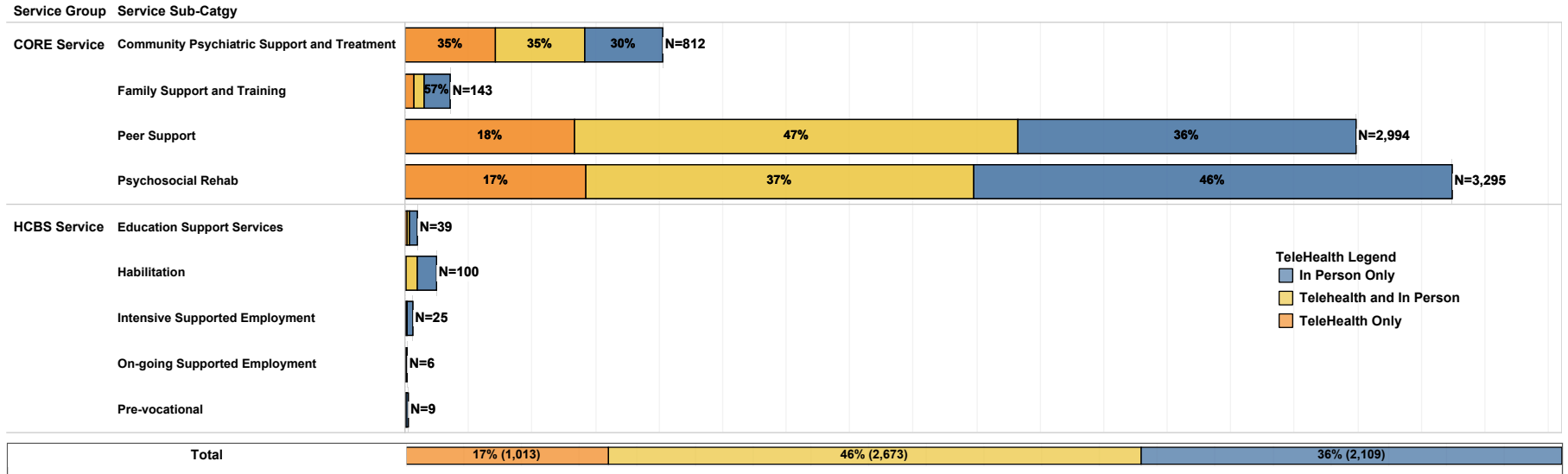
### Service Claims of Top CORE/HCBS Providers



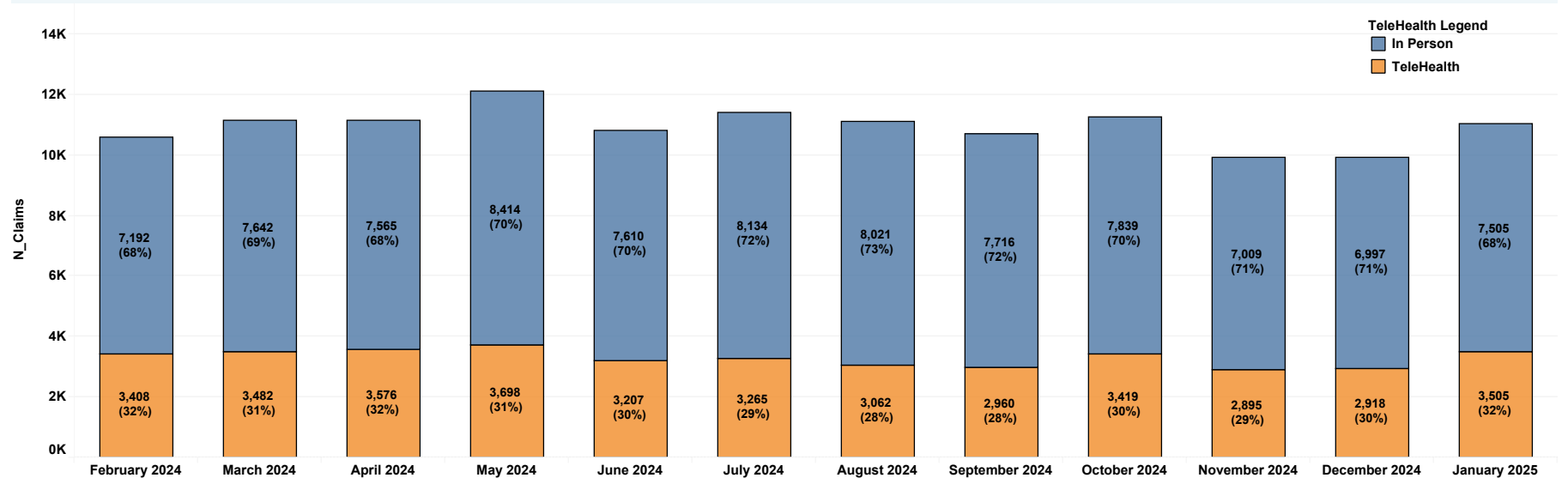
Note(s):  
 1. The numbers in the upper left chart indicate count of unique recipients. The numbers in the upper right chart indicate count of unique providers.  
 2. The transition date is Feb 1st, 2022.  
 3. The most recent 4 months (February 2025 - May 2025) claims data are still subject to claim-lag and excluded in the charts.

## CORE/HCBS TeleHealth Utilization Recipient Count

Source: MDW (Encounter); Claims Date Period: February 2024 - January 2025 ; Update Date: 5/27/2025



## CORE/HCBS TeleHealth Monthly Trend Claim Count



Note: The most recent 4 months (February 2025 - May 2025) claims data are still subject to claim-lag and excluded in the charts.