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New York State

Guidance Extending the Adult BH HCBS Infrastructure Program to Support Adult BH HCBS and the Transition to Community Oriented Recovery and Empowerment Services

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Table of Contents

I. Introduction 2

II. Background..... 3

III. Infrastructure Program Extension Guidance to Support Adult BH HCBS and the Transition to CORE Services..... 4

 A. HARP Infrastructure Funding Allocations..... 4

 B. Eligible Providers..... 5

 C. BH IPA Participation 5

 D. Care Management Agency (CMA)/Recovery Coordination Agency (RCA) Infrastructure Contract Extensions 6

 E. HARP Solicitation Process 6

 F. Provider Applications..... 7

 G. Contracting..... 8

 H. Funding Distributions to Providers..... 9

 I. Allowable Funding Expenditures10

 J. Funding Caps and Exclusions11

 K. Recommended Funding Tiers12

 L. Contract Metrics12

 M. Additional HARP Reporting to New York State15

I. Introduction

New York State (NYS) is extending the Adult BH HCBS Infrastructure Program to support the behavioral health system’s provision of Adult Behavioral Health Home and Community Based Services (BH HCBS) and a new service array called Community Oriented Recovery and Empowerment (CORE) Services. The purpose of this guidance is to outline the parameters of the Infrastructure Program extension.

Health and Recovery Plans (HARPs) will use remaining funds from the Adult BH HCBS Infrastructure and Quality Programs to support current Adult BH HCBS providers and Adult BH HCBS providers transitioning to CORE Services. HARPs will assess network needs to develop Infrastructure fund allocation strategies supporting existing Adult BH HCBS and developing CORE provider networks. HARPs will solicit and evaluate applications from providers and execute contracts to administer Infrastructure funds. The Infrastructure contracts will support providers to engage in activities and build infrastructure needed for sustainable BH HCBS and CORE Service provision.

II. Background

NYS invested \$75 million in HARP premiums between October 2017 and March 2019 for the Adult BH HCBS Infrastructure and Quality Programs, which aimed to increase access to, and provision of, Adult BH HCBS for HARP enrollees. Beginning in early 2018, HARPs contracted with eligible providers to fund the implementation of innovative plans expediting administrative processes needed for HARP enrollees to receive Adult BH HCBS. While these programs increased the number of HARP enrollees receiving Adult BH HCBS, significant administrative barriers prevented a substantial number of HARP enrollees from receiving these important rehabilitative services.

As a result, NYS submitted an 1115 Waiver Amendment Request to The Centers for Medicare & Medicaid Services (CMS) requesting approval to transition the following Adult BH HCBS to a new service array called CORE Services: Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), Empowerment Services – Peer Support, and Family Support and Training (FST). On October 5, 2021, NYS received approval from CMS to transition these four services from Adult BH HCBS to CORE Services. This transition will streamline HARP enrollee access to care and reduce access barriers for these services by eliminating the Adult BH HCBS eligibility assessment requirement, removing settings restrictions on service access, and making CORE Services available to all HARP enrolled and HARP-eligible HIV-SNP enrolled members, based on a recommendation from a Licensed Practitioner of the Healing Arts (LPHA). Adult BH HCBS Short-term and Intensive Crisis Respite services will be replaced by the Crisis Intervention Benefit Crisis Residence services, available to all adult Medicaid Managed Care enrollees. The remaining services will continue as a part of the HARP/HIV SNP benefit package under Adult BH HCBS. These services are: Habilitation, Education Support Services, Prevocational Services, Transitional Employment, Intensive Supported Employment, Ongoing Supported Employment, and Non-Medical Transportation.

On April 1, 2020, NYS issued a memo extending the Adult BH HCBS Infrastructure Program as a result of the NYS COVID-19 disaster emergency. The memo stated the Adult BH HCBS Infrastructure and Quality Programs would be extended for a period commensurate with the duration of the NYS COVID-19 disaster emergency. The guidance contained in this document will supersede the memo issued on April 1, 2020.

NYS is extending the Adult BH HCBS Infrastructure Program for HARPs to financially support both Adult BH HCBS providers and Adult BH HCBS providers transitioning to CORE Services. The goals for this round of funding are to:

- Ensure continuity of care for members currently receiving an Adult BH HCBS, including those whose services will be transitioning to CORE Services;
- Support providers transitioning to CORE Services, as doing so will require a significant investment in staff time and resources;
- Develop a CORE provider network and ensure provider capacity to sustainably provide CORE Services;

- Support the Adult BH HCBS provider network to ensure continued access to the Adult BH HCBS benefit; and
- Enable HARPs to invest in and strengthen the state-wide Adult BH HCBS and CORE provider systems.

The Adult BH HCBS Quality Program concluded with the last measurement period ending on February 28, 2021. The final Quality fund reconciliation report was issued to HARPs in September 2021. HARPs will consolidate remaining unearned Quality funds into the Infrastructure Program extension.

III. Infrastructure Program Extension Guidance to Support Adult BH HCBS and the Transition to CORE Services

The transition to CORE Services will impact an estimated eighty-five percent of Adult BH HCBS providers statewide. It is anticipated the process of transitioning will result in an increased administrative burden and additional costs for these agencies. Fewer than fifteen percent of all designated Adult BH HCBS providers are *not* designated for one of the four services transitioning to the CORE service array.

Current BH HCBS providers will need funding to remain fiscally viable and to assist with activities related to the transition to CORE Services, including:

- Building a sustainable service model;
- Ensuring the ability to retain and hire an appropriate number of qualified and trained staff;
- Ensuring providers have resources to train staff and engage in strategic planning;
- Developing a strong referral network to build adequate service volume;
- Increasing provider capacity to serve new referrals in a culturally competent manner, wherein no individual is denied access to medically necessary services due to the enrollee's limited English language proficiency and/or other communication needs (e.g., deaf or hard of hearing); and
- Updating organizational materials, electronic health records, and billing systems.

HARPs will solicit and evaluate applications from providers and execute contracts to administer Infrastructure funds supporting activities and building infrastructure needed for sustainable Adult BH HCBS and CORE Service provision.

A. HARP Infrastructure Funding Allocations

HARPs will use both the remaining balance of the Adult BH HCBS Infrastructure Program and unearned Quality funds to ensure provider sustainability and support affected providers transitioning from BH HCBS to the new CORE service array. HARPs received the Adult BH HCBS Infrastructure and Quality funds through enhanced premiums between October 2017 and March 2019. Remaining Infrastructure funds include Infrastructure funds never allocated through a provider contract and any contracted Infrastructure funds providers did not earn (e.g., early contract termination, bonus funds, or underperformance).

HARPs may retain a five percent administrative fee and a one percent surplus for every dollar distributed to providers through the Infrastructure Program extension. NYS expects HARPs to distribute funds remaining from the first iteration of the Infrastructure and Quality initiatives through Infrastructure contracts with eligible providers.

B. Eligible Providers

Providers eligible to apply for Infrastructure funds are:

1. Active Adult BH HCBS designated providers¹;
2. Active CORE designated providers¹, including those with provisional designation; and
3. Behavioral Health Independent Practice Associations (BH IPAs).²

Eligible providers may submit applications in partnership with other eligible providers to increase participation in Adult BH HCBS and CORE Services for eligible HARP enrollees. In making funding awards, HARPs may coordinate applications across their catchment areas to meet network needs.

C. BH IPA Participation

BH IPAs are eligible to apply for Infrastructure funds as a Lead Entity on behalf of their Adult BH HCBS providers and providers transitioning to CORE Services. Infrastructure funds should be used exclusively to support activities that assist providers in increasing Adult BH HCBS provision and/or to transition to and increase HARP member participation in CORE Services. HARPs should use discretion in evaluating BH IPA competency to manage these funds. BH IPAs may apply for Infrastructure funds only if the BH IPA's network includes Adult BH HCBS and/or CORE providers, as defined above in the *Eligible Providers* section.

If a BH IPA was awarded BH VBP Readiness Funds as a BHCC, the BH IPA should not submit an Infrastructure application for items or activities already being funded through BH VBP Readiness Funds. Costs cannot be shifted from one initiative to another. Therefore, functions already funded under VBP Readiness should not be included in an Infrastructure application.

¹ To be in active status, the provider must: (1) be prepared to accept and serve individuals referred, OR (2) have accepted referrals and be currently providing services but be at capacity and unable to accept new referrals; AND (3) be under contract with at least one HARP to deliver Adult BH HCBS and/or CORE Services; AND (4) have qualified and trained staff to deliver all services for which the provider is designated.

² BH IPA is defined as a BH IPA whose primary membership is behavioral health Article 31/32 or Adult BH HCBS provider agencies and is not contracted with a HARP to perform claims payment, utilization review, or other major management functions.

D. Care Management Agency (CMA)/Recovery Coordination Agency (RCA) Infrastructure Contract Extensions

HARPs may use discretion to allow existing Infrastructure contracts with CMAs and/or RCAs still operating under the April 1, 2020 extension guidance to continue if no new funding is allocated, and if the contract is modified to reflect the Infrastructure Program extension goals.

In addition to the existing requirements to support referral and access to BH HCBS, CMAs and RCAs must become knowledgeable about CORE Services and the referral process. CORE Services do not require an independent assessment and comprehensive plan of care. HARPs electing to continue existing Infrastructure contracts with CMAs and/or RCAs will need to amend the contract and scope of work to demonstrate how remaining funds will also be used to support the transition to CORE.

CMAs and RCAs may use unearned funds remaining in their existing Infrastructure contract to:

1. Support continuity of care for Health Home members currently enrolled in BH HCBS and transitioning to CORE Services;
2. Streamline the CORE Service referral process to reflect changes resulting from the service transition, including:
 - Training care managers within the CMA
 - Member education and ensuring HARP members are aware of programmatic and system changes
 - Using qualified LPHAs where available to complete recommendations for CORE Services; and
3. Support the BH HCBS eligibility assessment, plan of care, and level of service determination to ensure access to BH HCBS.

E. HARP Solicitation Process

HARPs will receive an internal needs assessment template to assist with developing an application solicitation and evaluation strategy. HARPs will consider how to best allocate funds across their provider network to sustain eligible providers and facilitate start-up for CORE Services. Each HARP will determine their individualized criteria for evaluating applications using conclusions drawn from the needs assessment. HARPs are expected to thoroughly analyze existing BH HCBS network and claims data to inform the award decision-making process. HARPs should inform all eligible in-network providers of the availability of Infrastructure extension funds and the HARP's application process, including any applicable timeframes or deadlines. HARPs may wish to engage in additional outreach to the providers identified as critical to meeting network needs and encourage those providers to submit an application. HARPs will then actively solicit and evaluate applications submitted by eligible providers.

HARPs may develop a supplemental application form to assist with determining whether the provider fits within the HARP's identified needs and award criteria. This supplemental form may include additional narrative components and/or specific data to inform the HARP's decision.

It should be noted most providers serve members across multiple HARPs and the investments made are intended to strengthen the system as a whole. Providers may not restrict or limit services supported by Infrastructure funding to individuals enrolled in a specific HARP.

F. Provider Applications

NYS developed a standardized application template for eligible providers to complete and submit directly to HARPs. Providers will outline their BH HCBS sustainability plan and/or CORE Services transition plan and related budget. Provider budget applications should be realistic and requested expenditures must be sustainable after the contract term ends. In addition, providers will submit an attestation committing to provide BH HCBS and/or transition to, and provide CORE Services, for the duration of the Infrastructure contract.

Providers may be asked to complete a HARP-specific supplemental application form to assist with determining whether the provider fits within the HARP's identified needs and award criteria.

Providers can submit applications for funding to multiple HARPs and multiple HARPs may execute Infrastructure contracts with the same provider. However, providers cannot receive duplicative funding from multiple HARPs to pay for the same expenses and cannot receive more funding than necessary. The provider is responsible for submitting a budget to allocate requested funds and must sign an attestation form indicating funds from multiple HARPs will not be used to cover the same expense.

All eligible providers, including Lead Agencies or BH IPAs and their partner agencies, must submit:

- Form A: Agency Information and Funding Request
- Form C: Provider Attestation
- Infrastructure Program Extension Application Budget Template

Lead Agencies and BH IPAs must also submit Form B: Lead Agency and BH IPA Information. Lead Agencies and BH IPAs will be responsible for managing the application process and submission of required application materials on behalf of all partner agencies included in the application. Lead Agencies and BH IPAs should submit a single Infrastructure Program Extension Application Budget workbook, containing:

- A budget for the Lead Agency or BH IPA;
- Individual budgets for each partner agency; and
- A total of all requested funds (Lead Agency or BH IPA and all partner agencies) contained in the application.

Providers may begin submitting applications on December 1, 2021, and HARPs will accept applications on a rolling basis. HARPs may impose initial application deadlines to begin the application evaluation and contracting processes.

HARPs should retain records of all provider application materials and executed contracts. Both applications and executed contracts are subject to the current Article 44 survey review process.

G. Contracting

HARPs and providers will execute contracts³ outlining HARP and provider responsibilities, the allowable use of Infrastructure funds, metrics, payment schedules, any necessary reporting requirements, and the criteria determining provider under-performance and associated corrective actions required. HARPs must include a process for providers to submit budget amendments for approval. If applicable, HARPs are encouraged to include contract provisions outlining the terms for providers to earn additional Infrastructure funds and any related requirements.

All new Infrastructure contracts must detail how provider(s) plan to increase provision of BH HCBS and/or transition to, and increase provision of, CORE Services. The Infrastructure contracts should be based on the provider's application and include the HARP's expectations regarding the provider's record retention for oversight and audit purposes.

HARPs may not limit Infrastructure contract scope of work or budgeted expenses to only support their HARP membership. The State reiterates Infrastructure activities including staff, technology, and resources are intended to support the entire system, and may be applied to any eligible member the contracted provider serves in BH HCBS or CORE Services.

HARPs may execute new Infrastructure contracts or amend existing Infrastructure contracts still in effect under the April 2020 COVID-19 extension memo to comply with this guidance. HARPs may begin executing contracts and releasing start-up funds beginning December 15, 2021. By May 2, 2022, HARPs must notify providers of initial funding awards. HARPs must have contracts in place for distribution of Infrastructure funds by August 1, 2022. HARPs may request flexibility to complete an initial funding notification and/or the contracting process for an individual contract on a case-by-case basis by contacting the BHO mailbox (BHO@omh.ny.gov) at least ten days prior to the deadline. HARPs and providers have discretion to determine the duration of the Infrastructure contract, but contract terms must end, and all earned funds disbursed, by July 31, 2024.

Once contracts are executed, HARPs will release a base award to the provider(s) to support initial activities. Subsequent provider payments will be made pursuant to established metrics and payment schedules detailed in contracts. HARPs and providers should consider whether a "start-up" period will be needed before a provider can begin meeting some or all metrics and include, if necessary, in the executed contract.

³ Infrastructure contract awardees will be considered HARP subcontractors. HARP responsibilities regarding subcontractors are outlined in Section 19.1 of [Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery Plan Model Contract](#) (Medicaid Managed Care Model Contract).

Lead Agencies and BH IPAs will be responsible to administer the Infrastructure contract and manage required reporting on behalf of all partner agencies party to the executed contract.

H. Funding Distributions to Providers

HARPs will execute contracts with eligible providers outlining distribution of Infrastructure payments. HARPs should begin distributing base Infrastructure payments to providers as soon as possible. Additional payments will be contingent on providers completing milestones, including CORE designation, if applicable.

HARPs will release a base (start-up) payment to contracted providers to support initial activities. The base amount should be comprised of a significant portion of total Infrastructure funding award. The State recommends the base payment represent 40-50 percent of the total award. Payments should occur quarterly thereafter for the duration of the contract period. Release of funds is subject to review and approval of workplan/deliverables by the HARP.

For quarterly payments, HARPs should not yet identify specific target dates or tie specific payment amounts to providers meeting CORE transition metrics as the ability for providers to meet these metrics will be contingent on the State releasing guidance. Rather, the target date for completion of these metrics will be contingent on when the State releases guidance and makes processes available for providers to meet the requirements. For example, the target completion date for metrics related to completing appropriate Policies and Procedures will be contingent on when the State released the Terms and Conditions for CORE Services Designated Providers. Providers receiving funds to support continued BH HCBS will become ineligible for any future payments if their BH HCBS designation is terminated or withdrawn during the contract period. This provision does not apply if the provider becomes designated for CORE Services and chooses to provide CORE Services only. Providers receiving funds to support CORE Services will become ineligible for any future payments if their CORE designation is terminated or withdrawn during the contract period.

HARPs may choose to discontinue a contract with a provider not making significant progress toward contractually agreed upon metrics and reallocate funds to higher performing providers. HARPs should work collaboratively with contracted providers by assisting with metric achievement and providing technical assistance prior to reallocating funds to higher performing providers. If funds are reallocated, the HARP will require an updated budget from the provider receiving additional funds. HARPs should not seek to recover funds previously disbursed to providers for failure to meet contract metrics.

I. Allowable Funding Expenditures

Providers may apply for funding to support sustainable infrastructure and provider capacity, including:

- *Staffing and Workforce Development*, including recruiting, hiring, and training new and existing direct service staff, and/or Clinical Supervisors/LPHAs; supporting existing staff salaries to ensure BH HCBS provision can continue after the CORE transition;
- *Technology and Systems Infrastructure*, including modifications to Electronic Health Records (EHR) and Electronic Billing Software (EBS) for CORE, completion of CORE claims testing, connection to Regional Health Information Organizations (RHIOs), and attending CORE billing training conferences;
- *Telehealth Capability*, including purchase of devices, data/minutes, and access to HIPAA-compliant software, subject to OASAS/OMH approval to utilize telehealth for service provision;
- *Additional Technology Infrastructure*, including other technology expenses that meet program goals outlined above;
- *Service Infrastructure*, including developing new referral sources, partnering and networking with Health Homes and RCAs, community education on BH HCBS and CORE Services, updating organizational materials (websites, marketing materials, etc.), paying for marketing via marketing firms, and costs related to community-based activities intended to increase member engagement;
- *Strategic Planning*, including any costs related to completion of tasks required for full CORE designation (e.g., changes to Policies and Procedures, time spent accessing new state systems); ensuring programmatic and financial sustainability of BH HCBS; and determining staff allocation and agency strategy to provide BH HCBS and/or transition to CORE Services;
- *Other Expenses*, as requested by providers and deemed appropriate by HARPs; and
- *Administration and Overhead*, including expenses not directly attributable to BH HCBS and CORE service provision, but to the overall administration of the services. (e.g., back-office personnel, staff time related to Infrastructure Program reporting/management, supplies, etc.)

During the contract term, providers may need to revise budgeted expenditures by reallocating contracted funds to other allowable expenses. HARPs must communicate the budget revision and approval process to contracted providers. Providers must adhere to a HARP's budget revision process and receive approval before deviating from the current Infrastructure budget. Any budget reallocations/revisions must align with the allowable funding expenditures outlined above.

HARPs have discretion to include other expenses not outlined in this guidance in the Infrastructure contract if the HARP agrees the activities will support BH HCBS provider network and/or the transition to CORE Services and increase provider capacity, and the requested budget is reasonable and sustainable. HARPs should use discretion in deciding whether expenses will advance sustainable community-based service provision.

HARPs should require providers to keep Infrastructure expenditure records as detailed and specific as necessary for the HARP to determine if the expenditures conformed to the terms of the Infrastructure contract. HARPs should include record retention and reporting requirements in executed Infrastructure contracts.

J. Funding Caps and Exclusions

Funding for the following expenses is capped as follows:

- Administration and Overhead should not exceed fifteen percent of the total funding award. BH IPAs and members must decide how these funds will be divided;
 - BH IPAs may apply as Lead Entities on behalf of their network providers, but may only retain at most fifteen percent of the total award to assist with contract and performance management, and other activities that increase BH HCBS provision and network-wide preparations for, and implementation of, the transition to CORE Services;
- Electronic Health Record licensing fees and modifications to an EHR/EBS should not exceed \$10,000, unless such modifications include a new connection to a RHIO, in which case the funds should not exceed \$15,000; and
- Furniture and other capital expenditures related to the program site should not exceed \$5,000.⁴

Infrastructure funds cannot be used for:

- Applications or costs not addressing the organization's:
 - provision of, or related to provision of, BH HCBS
 - transition to, and implementation and provision of, CORE Services
 - increase in capacity to deliver BH HCBS and/or CORE Services to more HARP members
- Reimbursement for any clinical or rehabilitative service fees;
- Crisis respite services including Adult BH HCBS Short-term and Intensive Crisis Respite;
- Lead Agency or BH IPA operations unrelated to BH HCBS or CORE Services;
- Lead Health Home entities;
- Physical plant modifications and rent;
- Any capital expenditures in excess of \$5,000;
- Outreach to members not yet enrolled in an eligible Health Plan; or
- Member incentives for participation in or completion of BH HCBS or CORE Services.⁵

⁴ Capital Expenditures are defined as the acquisition of both property and equipment having a useful life which extends over more than one accounting period. A capital expenditure either adds a fixed asset unit or increases the value of an existing fixed asset. Expenditures benefiting only the current year should be treated as an operating expense.

⁵ Incentives cannot be used to influence HARP members' selection of a particular provider, and therefore cannot be given in exchange for participating in or completing a service. Refer to the Social Security policy for additional information: https://www.ssa.gov/OP_Home/ssact/title11/1128A.htm.

K. Recommended Funding Tiers

The State is recommending funding tiers to maximize widespread funding distribution across providers. These tiers are based on the total number of unique recipients⁶ served by the provider across all HARPs during the twelve-month period prior to application submission:

- Fewer than 5 members served: up to \$100,000;
- 5-20 members served: up to \$250,000;
- 21-60 members served: up to \$500,000;
- 61-120 members served: up to \$750,000; and
- More than 120 members served: up to \$1,000,000.

The number of unique recipients served should be based on provider reporting (see Application Form A - Agency Information and Funding Request).

Each budget request should be developed to meet the infrastructure needs of the eligible provider(s), and expenses must be reasonable and sustainable after the Infrastructure Program ends. The above tiers are intended to help providers and HARPs shape the scope of their applications and contracts, but providers may request more or less than their recommended funding tier. Providers may wish to discuss prospective award amounts with HARPs prior to completing applications so budgets can be scaled appropriately. HARPs have discretion to exceed the recommendations in this guidance (up to \$1,500,000) if doing so will meet the needs of their membership/network.

Individual providers are held to an overall maximum award of \$1,500,000. Further, providers may not accept more than \$1,500,000 across all Infrastructure contracts. This hard cap is managed by the provider. Each provider will attest to not accepting funds in excess of this cap. The overall maximum award cap of \$1,500,000 applies to individual providers in Infrastructure contracts with a lead entity and multiple partner agencies.

If new funds are added to an existing contract, the total funding disbursed to a single provider under the Infrastructure Program extension may not exceed \$1,500,000. This means if a provider had \$500,000 remaining from a contract, no more than \$1,000,000 can be added to that contract. All providers receiving new funds will attest to not accepting funds in excess of the \$1,500,000 cap across all Infrastructure Program extension contracts.

L. Contract Metrics

The State is providing a standardized set of contract metrics intended to support BH HCBS provision and providers' transition from BH HCBS to CORE Services. Some metrics will be required for all providers, while others will be optional and either tied to specific budget line items included in the provider's application or based on performance.

⁶ Unique recipients served is the number of unduplicated HARP or HIV/SNP enrollees for whom the agency has submitted an Adult BH HCBS claim. It does not include individuals served through Short-Term Crisis Respite or Intensive Crisis Respite.

1. *Required Metrics*

The following metrics will be required for all providers awarded funding, based on their designation status(es):

Required Metrics for BH HCBS providers requesting funds to support continued provision of BH HCBS:

- The provider maintains active status as a BH HCBS provider throughout the contract period, which includes the agreed upon capacity included in the contract to accept new referrals, regardless of which HARP the individual is enrolled in.
- The provider ensures rapid access to services upon receipt of referral for all HARP-enrolled individuals. The provider schedules an intake appointment no later than fourteen calendar days from receipt of referral at least 80 percent of the time.
 - If appropriately documented by provider, this metric will exclude:
 - No-shows and cancellations by referred individuals;
 - Individuals unresponsive after multiple contact attempts by provider; and
 - Individuals unavailable during the fourteen-day period (e.g., hospital admission, vacation, etc.).
 - If an intake cannot be scheduled (e.g., provider capacity met, provider does not participate in individual's HARP network, etc.) the provider immediately notifies the individual.
- All staff and supervisors complete required trainings as outlined in State guidance.

Required Metrics for BH HCBS providers transitioning to CORE Services:

- The provider maintains active status as a CORE provider upon attaining provisional designation status and throughout the contract period;
- The provider develops or amends and implements appropriate policies and procedures as outlined in the Terms and Conditions for CORE Services Designated Providers within six months after release of Terms and Conditions by the State;
- The provider has hired or assigned qualified staff and clinical supervisors for each designated service by CORE implementation date;
- All staff and supervisors complete required trainings as outlined in State guidance no later than six months after the CORE Staff Training Memo is released; and
- The provider receives full designation for CORE Services prior to the expiration of provisional designation status.

2. Required Budget-Based Metrics

The metrics below will be required for providers if funds are requested to support specific items in their funding request or budget. These budget-based metrics are applicable to BH HCBS and/or CORE programs, rather than any specific HARP's members.

Funding Request	Required Budget-Based Metric
Hiring, sustaining, and training direct service staff	The provider has hired qualified staff to deliver services. All staff complete training requirements in accordance with State guidance.
Hiring/sustaining qualified BH HCBS Supervisor	The BH HCBS supervisor will provide at least one hour of supervision to each staff for every 40 hours of direct service provision.
Access to an LPHA and/or a Clinical Supervisor	The provider has dedicated at least 0.25 FTE of a qualified staff's time to CORE Services for the purposes of completing the LPHA recommendation and/or providing clinical supervision, as appropriate.
Electronic Health Record or Billing System Modifications	Completion of EHR and/or EBS modifications to align with CORE billing updates and changes to service documentation requirements.
Support of Telehealth Capabilities	Applying for and receiving approval from OASAS/OMH for permanent approval to deliver BH HCBS and/or CORE Services through telehealth, outside of the COVID-19 emergency allowance.
Updating Organizational or Marketing Materials	Completion of provider websites or other marketing materials updates to reflect services provided under CORE and/or BH HCBS.
Support Referral Network Development	The provider has provided strategic outreach and information to a range of local agencies and programs, including: <ul style="list-style-type: none"> • mental health treatment programs; • addiction treatment programs; • housing or residential treatment programs; • physical health providers; and • Care Management Agencies
Support Language Access Needs	Availability of services in languages other than English.

3. Optional Metrics

To allow for provider creativity and HARP discretion on how to support network providers, optional metrics will be permitted. Optional metrics may be based on process measures (outputs) or performance measures (outcomes). Optional metrics are starting points for discussion and should be negotiated between HARPs and providers. These metrics should be reasonable and attainable based on the duration of the contract term. HARPs should reflect on their internal needs assessment to determine whether optional metrics might help meet the needs of their membership.

If a HARP chooses to include performance-based metrics, the State recommends such metrics be based on a pooled award available to all contracted providers. A pooled award is an established amount of funding set aside by the HARP to be distributed to high-performing providers. Performance-based metrics may be assessed based on claims data, outcome data, and/or provider reporting. Pooled awards may be distributed quarterly, semi-annually, or as one-time awards. Criteria for earning a pooled award should be included in the contract. A pooled award will ensure all Infrastructure Funding is awarded to providers during the course of the Infrastructure Program extension.

Note: Due to the nature of pooled awards, it is unlikely a provider in contract with multiple HARPs would be able to align these metrics across contracts.

M. Additional HARP Reporting to New York State

Using the NYS provided reporting templates and existing encounter and claims reporting HARPs will report on, and NYS will review, the following:

- Monthly Submission – Infrastructure Applications Received:
 - List of provider applicants
 - Applicant contact and identifying information
 - Overview of application requests
 - Status of each submitted application
 - Copies of each application submitted
- Quarterly Submission – Status of Executed Contracts:
 - Terms of contract
 - Funds distributed
 - Provider progress toward achieving metrics
 - Underperforming providers
 - Redistribution of funds