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**Office of  
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**To: Managed Care Organizations/Health and Recovery Plans and HIV SNPs**

**Subject: Notification of Payment Responsibilities and Behavioral Health Home and Community Based Services Initiatives to Increase Access**

### **Introduction**

The Health and Recovery Plan (HARP) was designed to provide enrollees with specialized supports to remain in the community and assist with rehabilitation and recovery through access to Adult Behavioral Health Home and Community Based Services (BH HCBS). New York State (NYS) has experienced slower than anticipated access to BH HCBS for HARP members and has actively sought to determine the root cause for this delay. Following implementation of BH HCBS, the State and key stakeholders identified challenges, including: difficulty with enrolling HARP members in Health Homes (HH); locating enrollees and keeping them engaged throughout the lengthy assessment and Plan of Care development process; ensuring care managers have understanding of BH HCBS (including person-centered care planning) and capacity for care managers to effectively link members to rehab services; and difficulty launching BH HCBS due to low number of referrals to BH HCBS providers.

To address these challenges and ramp up utilization and access to BH HCBS NYS has removed the full HCBS Assessment requirement, received CMS approval for increases to HCBS rates and increased consumer education. NYS is taking the following steps to engage HARPs to expand access to BH HCBS. These include:

- 1. Movement of HCBS funding into HARP premiums**
- 2. Allowing HARPs to Contract with State Designated Entities (SDE) for HCBS assessments and plans of care**
- 3. Creation of BH HCBS Quality/Infrastructure Funds**
  - a. BH HCBS Quality Funds to reward HARPs and providers for successfully engaging members in HCBS**
  - b. BH HCBS Infrastructure Funds to assist providers in solving access problems**

NYS will partner with HARPs and providers to better assist in acing BH HCBS. More information on these initiatives is provided below.

### **Movement of HCBS Funding into HARP premiums**

Effective January 1, 2018, funds for adult HCBS (including assessments and SDE plans of care) have been included in the MCO premium rates for New York City HARPs. HCBS funding will be included in premiums for all other HARPs in October 2018. As of these dates, HARPs will be at risk for the payment of HCBS including SDE assessment and plans of care. All service rules continue to apply including payment at the government rate established by NYS.

### **Contracting with State Designated Entities for HCBS assessments and Plans of Care**

To ensure HARP members and HARP-eligible HIV SNP members (hereinafter, "HARP members") who are not currently enrolled in a Health Home are given the opportunity to access Adult BH HCBS, the State released guidance on January 22, 2018 relating to State Designated Entities which are authorized to conduct HCBS assessments, referrals, and plans of care. HARPs and HIV SNPs must contract directly with SDEs and be ready to reimburse for this service no later than April 1, 2018. To properly monitor HCBS access and service utilization resulting from the expanded responsibilities of SDEs the State will be issuing a reporting template to MCOs (on or after April 1, 2018).

### **BH HCBS Quality/Infrastructure Funds**

#### **BH HCBS Quality Funds (\$25 Million)**

These funds are intended for MCOs to promote and deliver access to BH HCBS for their HARP members. These resources were built into the premium in the October 2017 update within available ranges, subject to final reconciliation by the State. QI awards will be retained based on an increase in new unique HCBS recipients. NYS encourages MCO investment in high performing providers supporting HCBS uptake.

#### **BH HCBS Infrastructure Funds (\$50 Million)**

These funds are intended for MCOs and HCBS providers to develop HCBS capacity, connectivity, and innovative service delivery systems. Funds will support proposals demonstrating ability to increase HCBS provision. Provider partnership proposals will be solicited, reviewed, and approved by the MCOs. NYS will provide HARP population by county to inform MCO decisions regarding initial fund allocation. Funds may be redistributed over time based on provider performance. Funding was added to the HARP premium beginning October 2017 and ending March 31, 2019.

If you have any questions regarding this guidance document, please contact Laura Salkowe at NYS OMH [Laura.Salkowe@omh.ny.gov](mailto:Laura.Salkowe@omh.ny.gov).