



**Office of  
Mental Health**

**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

**ANN MARIE T. SULLIVAN, M.D.**  
Commissioner, OMH

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.**  
Commissioner, OASAS

**New York State Adult Behavioral Health Home & Community Based Services  
Infrastructure Funds Proposal**

**Application Instructions**

Please read through the below instructions completely before completing any of the required forms. It is important to note that each MCO may choose to require additional forms or information. Applicants are responsible for meeting any deadlines or timeframes established by each MCO for submission of the proposal application. The final contract may reflect variations on the proposal with the approval of the provider and the plan.

**Required Submission Checklist:**

Form or Document Description	Notes	Indicate here if attached
<a href="#"><u>Form A: Lead Agency Information</u></a>	Required for all applications.	
<a href="#"><u>Form B: Partner Agency Information</u></a>	Required if proposal is submitted in partnership with other agencies. Each partner agency is required to submit Form B.	
<a href="#"><u>Form C: Proposal Overview</u></a>	Required for all applications.	
<a href="#"><u>Form D: Proposal Details</u></a>	Required for all applications.	
<a href="#"><u>Form E: Sustainability Threshold</u></a>	Required for all applications. Each partner agency is required to submit Form E.	
<a href="#"><u>Form F: Provider Attestation</u></a>	Required for all applications. Each partner agency is required to submit Form F.	
<a href="#"><u>Excel A: Budget Proposal</u></a>	Required for all applications.	
<b>Current BH HCBS Designation Letter for all designated providers</b>	Required if any agency included in application is an BH HCBS designated provider	
<b>Letter of Acknowledgement from Community-Based BH IPA</b>	Required if any agency included in the application is contracted with the MCO through a Community Based BH IPA, but is submitting an application outside of the IPA.	



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## Complete Instructions for Required Forms and Documents

### **Form A: Lead Agency Information**

One Lead Agency or Community-Based BH IPA must be identified for each proposal. This form should also be completed by agencies that choose to submit a single-agency proposal that includes a comprehensive plan to increase BH HCBS utilization.

Form A should be completed based on the Lead Agency or Community-Based BH IPA information.

### **Form B: Partner Agency Information**

Form B must be completed for each partner agency or Community-Based BH IPA member identified on Form A as party to this proposal.

### **Form C: Proposal Overview**

Form C should provide a complete overview of the proposal.

*Item (a):* Check the box for each funding category included in this proposal.

*Item (b):* The Proposal Overview must minimally include the following information:

1. An estimate of the number of HARP enrolled individuals that will be served under the proposal. This number is specific to each MCO to which you apply.
2. A brief overview of the complete proposal; including:
  - a. Identification of barriers to BH HCBS utilization and/or crisis respite services, as encountered by agencies included in the proposal;
  - b. A description of how this proposal will address identified barriers and increase BH HCBS utilization and/or crisis respite services in keeping with the conflict free care management requirements; and,
  - c. A plan for how all partners will work in collaboration to support increased utilization of Adult BH HCBS and/or Crisis Respite. If this application is being submitted by a single agency, you must describe how you will work with other stakeholders (e.g. RPC, LGU, MCO, other provider agencies, etc.) to address barriers to accessing these services.

Refer to the Guidance for Adult BH HCBS Infrastructure Funds for specific examples of acceptable proposals.



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## Form D: Proposal Details

If applicant checks the “Access and Infrastructure Development” checkbox, Form D should provide details of the proposal and each partner’s role in a comprehensive strategy to increase BH HCBS utilization.

*Item (a):* Proposal Narrative must minimally include the following information:

1. A complete description of all activities to be supported by funding.
2. For partnership proposals, a detailed description of each agency’s role in the proposal, including any activities to be completed by the agency.
3. The rationale for all activities to be completed as a part of this proposal (e.g. how it will address specific barriers to BH HCBS utilization).

*Item (b):* Provide a list of measurable outcome metrics or deliverables specific to this proposal. These metrics and/or deliverables may be MCO- or Provider-Identified. Any metrics or deliverables included here must clearly and directly relate to an increase in BH HCBS utilization. Each metric or deliverable should include a timeframe for activities and a target date for completion. These will be used to measure accomplishment and to obtain incremental funding based on performance.

*Item (c):* Describe all requested funds and proposed expenditures, as included on the Budget Proposal. Applicants may use this space to provide cost projections based on previous experience.

If applicant checks the “Crisis Services” checkbox, Form D should provide details of the proposal and each partner’s role in a comprehensive strategy to support the development of Crisis Services.

*Item (a):* Proposal Narrative must minimally include the following information:

1. A complete description of all activities to be supported by funding.
2. For partnership proposals, a detailed description of each agency’s role in the proposal, including any activities to be completed by the agency.
3. The rationale for all activities to be completed as a part of this proposal (e.g. how it will address specific barriers to crisis respite utilization).

*Item (b):* Provide a list of measurable outcome metrics or deliverables specific to this proposal. These metrics and/or deliverables may be MCO- or Provider-Identified. Any metrics or deliverables included here must clearly and directly relate to an increase in crisis respite utilization. Each metric or deliverable should include a timeframe for activities and a target date for completion. These will be used to measure accomplishment and to obtain incremental funding based on performance.

*Item (c):* Describe all requested funds and proposed expenditures, as included on the Budget Proposal. Applicants may use this space to provide cost projections based on previous experience.



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## Form E: Sustainability Threshold

Form E must be completed by each partner agency identified in Form A.

- Item (b):* Based on the Budget Proposal submitted with this application, provide a calculation of the total dollar amount to be used on one-time, fixed expenses (e.g. minor repairs or renovations to a crisis residence).
- Item (c):* Provide an estimate of the number of HARP enrollees you will need to serve and/or assess, within a calendar year, to sustain your ability to provide NYS Eligibility Assessments and/or BH HCBS beyond the Infrastructure funding period.  
**Please note: this estimate should not include one-time, fixed expenses, as identified in Item (b).**
- Item (d):* Provide a detailed explanation or rationale that supports the calculation of Item (c). This item must include any cost and service utilization assumptions used, including rate assumptions. Providers may choose include, or MCOs may require, each provider's historical data and experience to support future projections.

## Form F: Provider Attestation

Form F must be completed by each partner agency identified in Form A.

This form must be completed by an individual with full and legal authority to execute the attestation (e.g. Executive Director or designee).

## Excel A: Budget Proposal

**Navigating the Excel File:** On the "Read Me" tab of the Infrastructure Budget Request Excel Template, enter the name of the Lead Agency or IPA submitting the proposal. Click the link on the "Read Me" Tab for the proposal subcategory submitted in Form D.

**Filling out the Budget Tabs:**

- 1) Complete the Staffing section of the budget tab. Total estimated expense from salaries will populate in cell B10 automatically.
- 2) Enter the percent fringe in cell B12 for the salaries reported under Staffing. Where the total amount is known, it can be imputed directly in cell B11.
- 3) Report costs other than personal services in cells B14-B27.
  - a. Funds requested for costs not captured under Materials/Supplies, Rent, Furniture/ Equipment, or Travel must be itemized, and match the activities and expenses described in Form D.
  - b. More rows should be added to the template where necessary.
- 4) Report Administration and Overhead percentage that the Lead Agency/IPA will require to administer the funds in cell B28. A&OH is capped at 6% of the total request.
- 5) The total amount of funds requested in the proposal will populate in cell B29.

Budgets should be completed and submitted for each funding category contained in the proposal.



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### **Current BH HCBS Designation Letter(s)**

All BH HCBS Designated Providers included in this proposal must provide a copy of their current OMH/OASAS Designation Letter. Copies of the designation letter should be maintained by each provider. If a duplicate copy is needed, please send a request via email to [omh.sm.co.hcbs-application@omh.ny.gov](mailto:omh.sm.co.hcbs-application@omh.ny.gov).

### **Letter of Acknowledgement from Community-Based BH IPA**

If a Lead or Partner Agency that indicates on Form A or Form B, respectively, that they are contracted with the MCO through a Community-Based Behavioral Health Independent Practice Association (BH IPA), a letter of acknowledgement from the BH IPA must be submitted stating that the agency may submit their application separately.