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To: Managed Care Organizations with Health & Recovery Plans; Providers
From: NYS Department of Health, NYS Office of Mental Health, & NYS Office of Alcoholism and Substance Abuse
Subject: Adult BH HCBS Quality/Infrastructure Program: **Infrastructure**

Guidance for Adult BH HCBS Infrastructure Funds (\$50M Statewide)

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 an 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 increase access to and utilization of BH HCBS, NYS has removed the full HCBS Assessment requirement, received CMS approval to increase BH HCBS rates, and increased consumer and provider education. In addition, the State is using resources for initiatives supporting BH HCBS, including the BH HCBS Quality-Infrastructure Program.

As of January 2018, the State issued policy to support the implementation of the State Designated Entity (SDE).¹ Once contracted with the Managed Care Organization (MCO), these SDEs will act as Recovery Coordination Agencies (RCAs) with the ability to conduct assessments, provide referrals, and complete BH HCBS Plans of Care for HARP members who are not currently enrolled in Health Home Care Management. RCAs will play a key role in Infrastructure proposals by increasing access to BH HCBS. As of April 2018, 66% of HARP members are not enrolled in the Health Home program.

The BH HCBS Quality-Infrastructure Program consists of two funding streams: a Medicaid managed care quality pool and infrastructure funds. These funding streams are intended to work in tandem with Health Home Care Management Agencies (CMAs), RCAs, and Adult BH HCBS

¹See re-issued policy dated 05/07/18: "Policy for Improving Access to Adult Behavioral Health Home and Community Based Services for HARP and HARP-Eligible HIV Special Needs Plan Members Not Enrolled in Health Homes"

Providers to increase BH HCBS utilization. Resources for these funds were built into the October 2017 premium. This program is designed to provide financial support to providers for the focused, streamlined administration of BH HCBS including coordination of supports from assessment to service provision. These funds will also support MCOs in their efforts to ensure HARP members are assessed and referred to services in a timely manner². This guidance addresses the BH HCBS Infrastructure funds. For the remainder of this document, MCO refers to the HARP.

BH HCBS Infrastructure funds (\$50M)

The BH HCBS Infrastructure funds will be administered by MCOs in support of a range of provider activities or infrastructure investments. These funds will be used to increase access to and provision of BH HCBS for HARP enrollees. Funding was added to the MCO premium beginning October 2017 and continues through March 31, 2019. MCOs can award funding beginning April 1, 2018.

HARPs and providers working together

It is expected that MCOs will solicit and evaluate proposals outlining the use of these funds from eligible providers (see below). MCOs may solicit these proposals as broadly or specifically as required to meet the needs of their members; examples are provided in Appendix A of this guidance. All funded proposals must be integrated and part of a comprehensive strategy, whether the proposal is provider generated or MCO coordinated. Proposals must detail how provider(s) plan to increase BH HCBS utilization.

Once an MCO chooses a single comprehensive proposal or several proposals to address a comprehensive strategy for BH HCBS utilization, the MCO will release a base award to the provider(s) to support initial activities. Subsequent payments to the provider(s) will be made pursuant to achieving milestone metrics. Metrics may be MCO or provider identified and must be approved by the MCO. To assist in this process, OMH and OASAS have provided a list of State-endorsed metrics that can be used in structuring milestone payments (see Appendix C). It is expected that an increase in BH HCBS utilization for HARP members will be a milestone metric tied to release of payments during the life of the contracted proposal. MCOs will manage the proposal approval process and will determine intervals to distribute funds.

By March 31, 2019, contracts must be in place for distribution of BH HCBS Infrastructure funds. If a HARP needs flexibility for an individual contract, the HARP must contact the BHO mailbox at bho@omh.ny.gov by March 20, 2019. Any funds not under contract will be reconciled with total premium adjustments, with any unobligated funds returning to the State. The BH HCBS Infrastructure program was originally scheduled to end March 31, 2020. The HARPs and providers have discretion to extend the service delivery period to September 30, 2020. HARPs may make final Infrastructure award payments to providers until December 31, 2020, allowing a claims run-out period to count BH HCBS provided during the Infrastructure service delivery period towards a provider's metrics.

² Model contract amendment section 10.1

Any funds not dispersed by December 31, 2020 will be returned to the State. NYS will provide a reporting template for MCOs and will monitor the percentage of HARP-enrollees who have received BH HCBS within each MCO's membership.

Eligible providers

Eligible providers are (1) Active BH HCBS designated providers,³ (2) RCAs, (3) CMAs⁴, (4) Community-Based Behavioral Health Independent Practice Associations (BH IPA)⁵, or (5) Training entities for BH HCBS providers, RCAs or CMAs⁶. Eligible providers are encouraged to submit comprehensive proposals in partnership with other eligible providers to increase participation in BH HCBS for eligible HARP enrollees. Based on catchment area needs, the MCO may also decide to coordinate across proposals to ensure adequate and seamless education and access to BH HCBS for their membership. Proposals that form workable and collaborative partnerships providing conflict-free care management and a meaningful choice of providers should be prioritized. Examples of such partnership proposals are included in Appendix B of this guidance.

BH IPAs and their network provider agencies may submit proposals to MCOs. For provider agencies who contracted with the MCO as an IPA, a letter of acknowledgement is required from the BH IPA stating the provider can submit separately.

Funding allocations to MCOs

Funding allocation methodology for the HARPs was based on the total number of HARP enrollees for that MCO. See Appendix D for the breakout of BH HCBS Infrastructure and QI funding distributed or to be distributed through the HARP Premium as well as a list of HARP members by MCO.

Funding allocation for providers

MCOs will execute contracts with eligible providers for distribution of payments. The State expects MCOs will use HARP enrollment data by county to guide decisions regarding funds allocation. The potential for existing providers to expand and increase the number of BH HCBS provided should be taken into consideration. Successful proposals should clearly address barriers to receiving services, solutions to these barriers, ability to build capacity across the continuum, and include a sustainability plan once these funds end. MCOs are encouraged to structure contracts such that they may discontinue funding for underperforming providers that have not expanded or increased access to services. In this case, the MCO may choose to redistribute funds to higher performing providers.

³ Active BH HCBS Provider is defined as a designated BH HCBS provider who is taking referrals.

⁴ Lead Health Home Entities are not eligible to apply for these funds unless they are also direct Care Management Agencies.

⁵ Community Based 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 an MCO delegate for claims payment, utilization review, or other major MCO responsibilities.

⁶ Any comprehensive proposal including training must demonstrate direct impact to increasing utilization of BH HCBS

Providers can solicit funding from multiple MCOs to complete a single proposal. However, providers cannot use funding from multiple MCOs to pay for the same expenses. The provider is responsible for submitting a budget to allocate requested funds and must sign an attestation form indicating that funds from multiple MCOs will not be used to cover a single expense. Release of funds is subject to review and approval of workplan/deliverables by the MCO.

Community-Based BH IPA participation

Behavioral Health Care Collaboratives (BHCCs) may apply for BH HCBS Infrastructure Development Funds only as an existing Community-Based BH IPA entity and if the Community-Based BH IPA's network of providers includes both HH CMA/Recovery Coordinators and BH HCBS providers. BH HCBS Infrastructure funds should be used exclusively to support activities that increase participation in BH HCBS. MCOs should use discretion to evaluate if the Community-Based BH IPA has the competence to manage these funds. NYS encourages BH IPA collective administrative cost, including administrative costs to be shared with provider network, be limited to no more than 5%. However, the MCO may override this recommendation in the event that the MCO and the Community-Based BH IPA determine additional administrative funds are necessary.

If a BH IPA was recently awarded BH VBP Readiness Funds as a BHCC, the Community-Based BH IPA should not apply for an infrastructure or activity already being funded. Costs cannot be shifted from one initiative to another. Therefore, functions already funded under VBP Readiness should not be included in an Infrastructure proposal.

Proposals

Proposals should consider how eligible providers will work directly with MCOs to **increase BH HCBS provision, including any procedural streamlining, simplification, or innovation that may address barriers and delays to accessing services**. Proposals may include a range of activities intended to increase BH HCBS including, but not limited to: information and outreach sessions, using staff to support individuals through the assessment and care planning process, providing walk-in appointments for assessment, rapid administrative coordination among the HARP, BH HCBS providers, HHCMA's and Recovery Coordinators to assist in referral and service provision, incorporating and sharing of promotional materials to educate consumers, and funding to support enhanced member engagement strategies. Culturally competent services that contain a wide range of expertise in treating and assisting people with Serious Mental Illness (SMI) and Substance Use Disorder (SUD) in a manner responsive to cultural diversity is a core principle of all NYS BH HCBS. It is expected that all funded proposals will ensure staff are available that can provide linguistically diverse and culturally competent services. MCOs and providers should work together to identify where members may already be engaged with an existing provider and build upon these relationships to promote access to and benefits of BH HCBS. Effective proposals will incorporate the use of staff who have an existing relationship with members, for example: outpatient clinician, Personalized Recovery Oriented Services (PROS) practitioner, employment specialist, or housing staff.

Appropriate funding activities within comprehensive proposal

Infrastructure funds must be used for activities within the following two categories: Access and Infrastructure Development and Crisis Services Development. These categories are broadly defined below, including subcategories and examples:

A. BH HCBS Access and Infrastructure Development: Provider proposals addressing BH HCBS Access and Infrastructure Development will focus on increasing access to and delivery of BH HCBS through innovative engagement strategies and collaborative working relationships with MCOs, BH HCBS designated providers, and other eligible providers. These funds must be used to support the focused, streamlined administration of BH HCBS including coordination of supports from assessment to service provision. Examples below include but are not limited to activities that may be a part of a comprehensive proposal or group of proposals that target increased access for HARP members to HCBS.

1. **Workforce development.** Examples may include:

- i. Funding to support staff time for completion of required NYS Eligibility Assessment training for qualified Recovery Coordinators (RCs), including existing qualified program staff such as outpatient clinicians, PROS practitioners, and housing case managers.
- ii. Funding to support staff time for completion of NYS-specific BH HCBS trainings on the BH HCBS Workflow, Person-Centered Planning, and Psych Rehab.
- iii. Trainings designed and delivered by BH HCBS Designated Providers for Care Managers and Recovery Coordinators that focus on psychiatric rehabilitation, life role goal development, and the BH HCBS benefit package. Such trainings must be part of a comprehensive proposal to increase utilization of BH HCBS.
- iv. Use of BH HCBS administrator or coordinator who can facilitate collaboration with MCOs, CMAs, RCAs, and HARP-enrolled individuals to ensure assessment and access to BH HCBS by county or region.
- v. Funding to support supervision and training for direct practitioners on areas that may improve outreach and engagement efforts, including motivational interviewing, stages of change theory, and person-centered planning and service delivery.

2. **Outreach and education.** This should include outreach and education efforts for HARP Members who are not yet receiving BH HCBS. Examples may include:

- i. Consumer outreach and educational efforts within existing behavioral health programs (inpatient, housing, clinic, etc.), colleges and vocational training programs, drop-in centers and shelters, and other appropriate community-based settings. Such efforts must be part of a comprehensive proposal to increase utilization of BH HCBS.

- ii. Service navigation support for HARP enrollees with a focus on understanding the benefit package and BH HCBS with the goal of engaging the member in BH HCBS.
 - iii. A strategy to rapidly deploy or embed a Care Manager, Recovery Coordinator, or Peer Specialist in inpatient units, emergency rooms/CPEPs, and crisis respite programs to identify MCO members not yet linked to a HH Care Manager or Recovery Coordinator in the community and to engage these individuals toward assessment and referral to BH HCBS.
3. **Capacity building & member engagement.** This should include individuals for whom the designated provider has received a referral. Examples may include:
- i. Additional funding to supplement staff travel time, missed appointments, phone support and appointment reminders, use of program space, and other effective engagement strategies.
 - ii. Developing innovative combinations of services to address current gaps, for example an ACT step-down utilizing CPST, PSR, and Health Home Care Management or Recovery Coordination Services, or individualized service combinations to support transitions out of inpatient or congregate treatment.
4. **Peer support development.** These projects should include outcome measures tied to increased access to BH HCBS. Examples may include:
- i. Initiatives to support attainment of peer certification, including funds or stipends to support training hours/ work experience, supplies, and/or venue for completion of coursework.
 - ii. Training for peer specialists, including: Individual Service Plan (ISP) development and documentation, benefits advisement and system navigation, etc.
 - iii. Training for supervisors of peer specialists that focuses on best and emerging practices for effective supervision of peer staff.

B. Crisis Services Development. This funding is specific to Short-Term Crisis Respite and Intensive Crisis Respite. It is expected that providers will coordinate with local Performing Provider Systems (PPS) to initiate proposes locally sustainable crisis services and systems. Examples may include:

- i. Establishment of systems for referrals
- ii. Developing appropriate staff capacity
- iii. Furniture/equipment up to \$25,000
- iv. Small to moderate building modifications

Any requested building modifications will require OMH/OASAS approval prior to making award.

Funding exclusions

These Infrastructure funds cannot be used for:

- Proposals not addressing an increase in BH HCBS provision
- Costs related to other program types not related to the provision of BH HCBS
- To reimburse for any clinical or rehabilitative service fees
- Any capital expenditures not outlined in this guidance document
- Lead Health Home entities

Additional MCO reporting to New York State

The State will review BH HCBS Infrastructure fund effectiveness to ensure promotion of BH HCBS provision. Using the NYS provided reporting template and existing encounter and claims reporting, MCOs will report on, and NYS will review, the following:

- Monthly provider list of awardees:
 - Awardee/s contact and identifying information
 - All proposals submitted to the MCO (a copy of the proposal)
- Quarterly reporting on:
 - Executed contracts
 - Summary of active proposals
 - Underperforming providers
 - Redistribution of funds.

MCOs should submit initial monthly and quarterly reports on July 16, 2018.

Appendix A: MCO Proposal Solicitations

As written in the above guidance, MCOs may solicit proposals as broadly or specifically as required to meet the needs of their members. Below are some examples of proposal solicitations that address identified problems or concerns. These solicitation examples are meant to stimulate provider and MCO discussion and proposal development. Provider or MCO generated proposals or solicitations are *not* limited to examples below.

MCO-Identified Problem or Concern: HH-enrolled members need access to BH HCBS.

MCO Proposal Solicitation – CMA / Partnership: The MCO is seeking a partnership proposal from at least one Care Management Agency and at least one BH HCBS provider that will address the need for access to BH HCBS for HH-enrolled members in the RPC region. A successful proposal will include a plan for educating HH Care Managers on the BH HCBS benefit package, increasing the number of qualified assessors within the HH CM program, educating members on the benefit package, and motivational strategies/ interventions to assess member interest in receiving BH HCBS. The proposal should describe how the CMA and BH HCBS provider(s) will work together with the MCO to ensure rapid access to services for BH HCBS-eligible members, and should include metrics that will increase the number of unique recipients of BH HCBS by XX% within the first 6 months.

MCO-Identified Problem or Concern: Non-HH enrolled members need access to BH HCBS.

MCO Proposal Solicitation – Recovery Coordination Agency (RCA) / Partnership: The MCO is seeking a partnership proposal from a contracted RCA and at least one BH HCBS provider that will address the need for access to BH HCBS for non-HH enrolled members in the RPC region. A successful proposal will include a plan for working with the MCO to identify and locate non-HH enrolled members, complete the assessment process, and successfully link individuals to the BH HCBS provider of their choice. The proposal should include metrics that will increase the number of unique recipients of BH HCBS by XX% within the first 9 months.

MCO-Identified Problem or Concern: Shortage of certified peers in geographic area.

MCO Proposal Solicitation – Peer Support Development: The MCO is seeking proposals to address the shortage of OMH and OASAS certified peers in County A. The intent of this funding is to increase designated provider agencies' capacity to provide BH HCBS Empowerment Services – Peer Support. A successful proposal will include a plan to support the addition of at least 10 FTE OMH or OASAS certified peer specialists in the identified County and increasing the capacity for Peer Support by 200 individuals (based on a caseload of 1:20) within two years.

MCO-Identified Problem or Concern: Crisis Respite Services are not consistently available or utilized in geographic area.

MCO Proposal Solicitation – Crisis Respite: The MCO is seeking proposals to address linkage and referral to Crisis Respite services and to increase the capacity of a designated provider to provide Short Term Crisis Respite and/or Intensive Crisis Respite. A successful proposal will include a plan to connect individuals to crisis respite through mobile crisis teams, emergency departments, and other critical linkage points. It should also ensure that the designated provider will have sustainable capacity and staffing to support referrals 24/7.

MCO-Identified Problem or Concern: Members are assessed by qualified Care Managers or Recovery Coordinators, but the number of Level of Service Determinations (LOSDs) submitted to the MCO indicates members may need more information about the benefit package.

MCO Proposal Solicitation – Assessment to Services: The MCO is seeking proposals that will provide a comprehensive training package for Health Home Care Managers and Recovery Coordinators, including interactive trainings on the BH HCBS benefit package, motivational interviewing, life role goal elicitation and development, and person-centered planning. The proposal must include a plan to provide this training to a minimum of XXX Care Managers and Recovery Coordinators and should include pre- and post-test data to demonstrate the effectiveness of the training.

MCO-Identified Problem or Concern: County B does not have sufficient designated providers for BH HCBS to meet the needs of members.

MCO Proposal Solicitation – Network Adequacy: The MCO is seeking an existing designated provider from a neighboring county to expand services into County B. A successful proposal will include a plan for the service expansion, including appropriate staffing during the ramp-up/implementation of services. This proposal must minimally include capacity to serve at least 15 members in the following services – Empowerment Services Peer Support and Psychosocial Rehabilitation. Preference will be given to providers able to provide the full spectrum of BH HCBS. The proposal must also include expansion approval (designation) from OMH/OASAS.

MCO-Identified Problem or Concern: Care Managers and Recovery Coordinators' limited knowledge of the benefit results in individuals being referred to the wrong service and multiple LOSDs needed to engage members into appropriate services.

MCO Proposal Solicitation – Appropriate BH HCBS Referrals: The MCO is seeking a partnership proposal by at least one CMA/ RCA and at least one designated provider of BH HCBS. A successful proposal will include strategies that improve Care Managers' and Recovery Coordinators' ability to refer to the appropriate BH HCBS. Funds will be granted to the proposals that best demonstrate a plan for engaging members in the appropriate service as quickly as possible, with no more than 5 business days between completion of the NYS Eligibility Assessment and the first BH HCBS intake/ evaluation session.

Appendix B: Provider Proposal Examples

We are offering these examples to stimulate innovative approaches to increasing BH HCBS. We hope that MCOs and eligible providers will work together to find new and innovative solutions that preserve conflict free care management requirements. These proposal examples are meant to stimulate provider and MCO discussion and proposal development. Provider generated proposals are *not* limited to examples below.

Example 1: Lead Agency (CMA/RCA) + BH HCBS Partner Agencies

MCO-Identified Problem or Concern: Care Managers' and Recovery Coordinators' limited knowledge of the benefit results in individuals being referred to the wrong service and multiple LOSDs needed to engage members into appropriate services.

The Partners:

1. **Lead Agency – Care Management Agency (CMA) / Recovery Coordination Agency (RCA):** The Lead Agency is a CMA and RCA that provides HCBS Assessments and MCOs of Care. They are not a BH HCBS Designated Provider.
2. **Partner A – BH HCBS Provider:** A large vocational organization that provides ACCES-VR services, OMH-funded Ongoing Integrated Supported Employment (OISE), and all four of the BH HCBS Employment Support Services. The BH HCBS provider will receive referrals for the appropriate BH HCBS that it is designated to provide.
3. **Partner B – BH HCBS Provider:** A large human services organization that operates several residential programs, a supported housing program, a PROS program, an outpatient clinic, and BH HCBS. The BH HCBS provider will receive referrals for the appropriate BH HCBS that it is designated to provide or may recommend that this person be better served in a comprehensive rehabilitation program like the PROS program.

Description of partnership proposal: Partner Agencies A & B have received many referrals for BH HCBS that did not best address a member's goal(s) and/or barriers to their goal. This partnership proposal will strive to ensure that members and Care Managers/Recovery Coordinators have all the information they need to make appropriate referrals/LOSDs for BH HCBS. The Lead Agency and partners will work together to decrease the time between completion of the NYS Eligibility Assessment and engagement in the appropriate BH HCBS to no more than 5 business days. Particular attention will be paid to referrals for BH HCBS Employment Services, as it is often found that the Care Manager/Recovery Coordinator does not have the expertise needed to select the appropriate service.

The Lead Agency will contract with an employment expert who will work closely with Care Managers, Recovery Coordinators, and their BH HCBS partners to identify, assess, and refer individuals who are seeking employment supports. The employment expert will provide training

and coaching on motivational interviewing, outreach, and member education to support identified individuals who are seeking assistance in the employment process.

Both Partners A & B will be responsible for co-hosting monthly employment clinics within their agency space. These employment clinics will include:

- Private space within existing programs at the BH HCBS agencies
- Marketing, promotion, and scheduling of assessment appointments during clinic hours
- Coordinating to ensure that agency staff are available to meet with the member, the employment expert, and the Care Manager/ Recovery Coordinator to learn about the specific BH HCBS available

The Care Manager/ Recovery Coordinator will be responsible for ensuring that individuals are offered a choice of BH HCBS providers, including Partners A & B and other designated providers that are in-network. If the member is amenable, the LOSD process will be initiated via phone call to the MCO immediately after the NYS Eligibility Assessment. This will allow the MCO to issue a same-day LOSD, and the selected BH HCBS provider will receive the referral within 24 hours of the assessment.

Partners A & B will offer enhanced engagement and support to individuals referred to their agency for BH HCBS. Members will receive appointment reminders, phone and text support, and assertive community outreach and engagement.

Funding Request:

- The Lead Agency will receive funding to support the cost of an employment expert
- Partners A & B will each receive funding to cover the cost of the employment clinics, including use of agency space and staff time
- Partners A & B will each receive funding to support intensive engagement strategies for BH HCBS referrals and to offset costs:
 - Intensive Engagement Strategies: phone support, small capped expenditures for client engagement
 - Additional costs: staff travel time in excess of 30 minutes/ 30 miles, mileage and a flat rate for missed appointments

Example 2: HH CMA/ RCA + BH HCBS Providers

MCO-Identified Problem or Concern: Members need access to BH HCBS, regardless of their HH-enrollment status.

The Partners:

1. **Lead Agency – Care Management Agency (CMA), Recovery Coordination Agency (RCA), & BH HCBS Provider:** A large behavioral health organization that provides a full array of health and behavioral health services across multiple counties. Their current services include: HH Care Management, Recovery Coordination, PROS, ACT, Residential Services/ Housing, Outpatient Clinic, a primary care office, and BH HCBS. Currently a large majority of participants in their agency programs are co-enrolled in HH Care Management Services, either through their own agency or another.
2. **Partner A – BH HCBS Provider:** A small mental health agency that provides rehabilitation and peer support services. They are a designated BH HCBS provider.
3. **Partner B – BH HCBS Provider:** A small substance use/ addiction agency that provides rehabilitation and peer support services. They are a designated BH HCBS provider.

Description of the partnership proposal: The Lead Agency recognizes that their region includes a high number of HARP members who could benefit from BH HCBS, regardless of their HH enrollment status. Because a large portion of their agency's roster is currently co-enrolled in the HH care management program, they have sought partners to support them in identifying non-HH-enrolled HARP members in the community who could benefit from BH HCBS.

The Lead Agency has partnered with two local BH HCBS providers that do not operate a CMA/RCA (Partners A & B). Both partner agencies offer a wide range of BH HCBS, including Peer Support. While both partners provide similar services, they are not competitors, as they serve different urban centers.

All three agencies included in this proposal will be responsible for identifying individuals who are HARP-enrolled and in need of the NYS Eligibility Assessment:

- Partners A & B will identify individuals within their existing programs *and* in their local communities who are HARP-enrolled. They will focus on individuals who are not currently HH-enrolled.
- The Lead Agency will focus on continuing to identify and prioritize individuals within their current care management program for assessment and plan of care services.

Partners A & B will identify members to the Lead Agency for recovery coordination or care management services. All agencies will ensure that members who are currently served in one of their existing programs (e.g. housing, Clinic, or PROS) are given the opportunity for staff with an existing relationship to be present during the assessment and care planning process. This staff person's presence should serve as a support to the member, assist with advocating for the member, support person-centered decision making, and educate the member on BH HCBS. For example, a HARP member may be enrolled in a housing program with Partner A. The housing

staff person may be present for the NYS Eligibility Assessment. The Recovery Coordinator from the Lead Agency may even go to the member's apartment to conduct the assessment if the member is most comfortable in that environment.

Individuals will be offered a choice of BH HCBS providers, including the Lead Agency and both Partner Agencies, and other designated providers in their communities. The Lead Agency and both partners will offer enhanced engagement and support to individuals referred to their agency for BH HCBS. Members will receive appointment reminders, phone and text support, and assertive community outreach and engagement.

Funding Request:

- The Lead Agency will receive funding to recruit and hire Recovery Coordinators (RCs) with experience in behavioral health. Funding will also support training for RCs and CMs in motivational interviewing, person-centered planning, and an overview of BH HCBS.
- Training for treatment and housing staff on the BH HCBS benefit package.
- Partners A & B will each receive funding to support the cost of staff time associated with supporting members through the assessment and care planning process.
- As BH HCBS providers, the Lead Agency and both partners will each receive funding to support intensive engagement strategies for BH HCBS referrals and to offset costs:
 - Intensive Engagement Strategies: phone support, small capped expenditures for client engagement
 - Additional costs, including: staff travel time in excess of 30 minutes/ 30 miles, mileage and a flat rate for missed appointments

Example 3: Community-Based Behavioral Health IPA

MCO-Identified Problem or Concerns:

- (1) Members need access to BH HCBS, regardless of HH-enrollment status,
- (2) Shortage of certified peers in geographic area,
- (3) Crisis Respite Services are not consistently available or utilized in geographic area, and
- (4) Care Managers and Recovery Coordinators' limited knowledge of the benefit results in individuals being referred to the wrong service and multiple LOSDs needed to engage members into appropriate services.

The Partners:

1. **Lead Agency – Community-Based Behavioral Health IPA:** A Behavioral Health Independent Practice Association (BH IPA) that includes BH HCBS Provider Agencies, Article 31 providers, Article 32 providers and HH CMAs that have been meeting for one year to support each other through the BH VBP Transformation.
 - a. **Partner A – CMA/RCA:** A downstream CMA/RCA that primarily serves adults with substance use disorders and co-occurring mental illness and/or chronic health conditions. This agency is not a designated provider of BH HCBS.
 - b. **Partner B – CMA/RCA:** A downstream CMA/RCA that primarily serves adults with serious mental illness and co-occurring disorders. This agency is not a designated provider of BH HCBS.
 - c. **Partners C-L – BH HCBS Designated Providers:** The BH IPA includes 10 separate BH HCBS providers.

Description of partnership proposal: The Lead Agency/IPA proposal builds on the existing relationship between ten BH HCBS designated providers and CMAs/RCAs. The BH IPA will hire a BH HCBS Administrator who will facilitate collaboration, communication, and coordination across agencies. The BH HCBS Administrator will ensure that all parties receive the support and training needed to move HARP members through the workflow and into services.

Funding Request:

- The BH IPA will receive funding to recruit, train, and hire a BH HCBS Administrator whose responsibilities will include facilitating communication and partnership between CMAs/RCAs and HCBS providers, including:
 - The BH HCBS Administrator will set up quarterly “Agency Reviews” with each BH HCBS provider, during which reports will be obtained through eMedNY, PSYCKES, and internal electronic medical records that identify individuals who are HARP-Enrolled. The Administrator will work with the provider agency to screen these individuals to determine whether they are HH-enrolled, whether they reside in an HCBS compliant setting, and whether they are appropriate for referral to the RCA/CMA.

- The Administrator will set up quarterly case reviews with each RCA/CMA to review rosters for their care management/ recovery coordination programs and to provide support in moving these clients through the workflow.
- The Administrator is also responsible for reaching out to other community stakeholders, including hospitals and emergency rooms, to identify individuals in the community who are HARP-enrolled and who would benefit from CMA/RCA services.

Through the BH IPA:

- Both Partners A & B will receive funding to hire and train Recovery Coordinators (RCs). These RCs will be made available to work *onsite* with partnered BH HCBS providers. The RCs will be flexible in availability, including weekend and evening hours. A combination of grant funding and rates will support RCs' salaries and training until sustainability threshold is reached.
- One of the BH HCBS provider agencies will receive funding to develop and provide training to CMs and RCs at Partner Agencies A & B. Training will include in-person sessions and recorded webinars on the BH HCBS benefit package and supporting individuals with identifying meaningful goals.
- One of the BH HCBS provider agencies will receive funding to provide optional peer navigation services through the assessment process. This same provider will receive funding to support individuals undergoing the peer certification process (e.g. funding for space/venue, stipends, mentoring).
- One of the BH HCBS provider agencies will receive funding to support Crisis Respite development, including funding to support 24-hour staffing during the ramp-up phase of implementation.
- All BH HCBS providers (Partners C-L) in this proposal will receive funding to support innovative engagement strategies upon receipt of an LOSD, including but not limited to: phone support, missed appointments, staff travel time in excess of 30 miles/ 30 minutes, and capped engagement dollars.

Appendix C: Possible State Endorsed BH HCBS Infrastructure Metrics

The metrics listed below are not an exhaustive or exclusive list. Proposals may or may not use any of the following metrics, and/or may add additional MCO or provider identified metrics to those included on this list:

1. **Engaged in BH HCBS** – This proposal will increase the number of HARP Members in MCO’s membership actively engaged in HCBS by X within Y months.
2. **Rapid Engagement** – This proposal will decrease the time between NYS Eligibility Assessment and BH HCBS Provider Intake to no more than X days within Y months for XX% of HCBS-Eligible MCO members who choose to receive BH HCBS.
3. **NYS Eligibility Assessment** – This proposal will increase the number of HARP Members in MCO’s membership who have been assessed for HCBS Eligibility by X within Y months.
4. **LOSD** – This proposal will increase the number of HARP Members in MCO’s membership who obtain a Level of Service Determination for BH HCBS by X within Y months.
5. **Increase Crisis Respite** – This proposal will increase the appropriate utilization of available Short-Term Crisis Beds as an alternative to ED use in [GEOGRAPHIC AREA] by X within Y months.
6. **Peer Services** – This proposal will increase use of Peer Services delivered to HARP Members in MCO’s membership, to include face to face services provided by State credentialed Peer, by X within Y months.

If training is part of the proposal, metrics must be chosen from both training (#7) AND one or more from areas #1 - #6

7. **Training – as part of a comprehensive proposal to increase utilization of HCBS:**
 - A 2-hour interactive, in-person training for Recovery Coordinators and Care Managers on the HCBS benefit package will be developed within Y months.
 - The above training will be provided to at least X Recovery Coordinators/ Care Managers within Y months.
 - The above training will increase Recovery Coordinators/ Care Managers understanding of the benefit package, as measured by a pre-/post-test.

Appendix D: HARP Enrollment by Plan

[HEALTH & RECOVERY PLAN ENROLLMENT BY COUNTY AND PLAN](#) for April, 2018, pg. 24:

**HCBS Infrastructure and QI Funding
(millions)**

	Fiscal Year 2018 Q3/Q4	Fiscal Year 2019				Program Ttl. LTD
		Q1	Q2	Q3	Q4	
Infrastructure	\$40.0	\$2.5	\$2.5	\$2.5	\$2.5	\$50.0
Quality Incentive	\$5.0	\$5.0	\$5.0	\$5.0	\$5.0	\$25.0
Program Total	\$45.0	\$7.5	\$7.5	\$7.5	\$7.5	\$75.0