



New York State Department of Health

Semi-Annual Report: Spending Narrative for Implementation of American Rescue Plan Act of 2021, Section 9817

**Support for Medicaid Home and Community-Based Services
(HCBS) during the COVID-19 Emergency**

Federal Fiscal Year 2023 – Quarter 3 Report

February 7, 2023

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Letter of Attestation from State of New York

February 7, 2023

BY E-MAIL

Mr. Daniel Tsai
Deputy Administrator
Director, Center for Medicaid & CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd, Mail Stop S2-25-26
Baltimore, MD 21244-1850
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Re: **New York State Federal Fiscal Year 2023 Quarter 3 Semi-Annual Report:**

Implementation of American Rescue Plan Act of 2021, Section 9817

Dear Mr. Tsai:

On behalf of the New York State Department of Health (the Department or DOH) as the single state Medicaid agency, I write to provide the Federal Fiscal Year (FFY) 2023 Quarter 3 Report for New York State (the State or New York) regarding certain Medicaid expenditures for home and community-based services (HCBS) provided by Section 9817 of the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2). In connection with the receipt of increased Federal Medical Assistance Percentage (FMAP) for these categories of HCBS, I attest to the following:

- The State is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The State is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The State is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The State is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The State is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

As reflected in the enclosed semi-annual report, the State has made meaningful progress in implementing the Spending Plan and narrative that it submitted to CMS on July 8, 2021. Critically, on November 22, 2022, the State received approval from CMS for all but one proposal submitted in the original Spending Plan and previous quarterly reports. To that end, the State continues to work with CMS to finalize the methodology by which the HCBS programs and services included in our managed care premiums will be counted towards the increased FMAP.

The State offers further updates on existing implementation efforts and includes one additional activity in this semi-annual report. We also provide our current best estimate for projected HCBS expenditures subject to increased FMAP. We look forward to working with CMS to achieve full approval of the remaining proposal in our Spending Plan and narrative as reflected in this report, as well as the new and modified proposals submitted in this semi-annual report, such that New York is able to further the goals of Section 9817 of ARPA and support critical HCBS in the State.

Please do not hesitate to contact me with any questions.

Very truly yours,

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs
NYS Department of Health

Enclosure

cc: Ralph Lollar, CMS
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Executive Summary

The American Rescue Plan Act (ARPA) was signed into law on March 11, 2021. Section 9817 of ARPA provides a 10 percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022, to supplement existing state expenditures on home and community-based services (HCBS). As detailed in State Medicaid Director Letter #21-003, issued by the Centers for Medicare & Medicaid Services (CMS) on May 13, 2021 (the SMDL), CMS affords states the ability to invest or reinvest these funds in a variety of ways that expand and enhance investments in Medicaid-covered HCBS, address COVID-related needs, and build HCBS capacity. While these enhanced funds are generated until March 31, 2022, states may expend these funds any time before March 31, 2025.

This opportunity enables New York State (the State, New York, or NYS) to make significant investments that expand, enhance, or strengthen HCBS for Medicaid members. This federal funding arrived at an opportune moment, as providers are working to rebuild and expand service capacity, adjust to the realities of post-pandemic service provision, address increases in demand, and build workforce capacity. To these ends, New York proposed to make investments that will support the needs of our most vulnerable populations. New York's approach prioritizes investments with long-term sustainable benefits, including building workforce capacity and digital infrastructure to streamline service delivery, and that work to improve the quality and efficiency of services in the more immediate term, including helping HCBS providers overcome pandemic-related service disruptions and expenses. New York is pleased to update CMS about our progress in advancing these proposals.

As of this update, the New York Spending Plan contains **42** separate proposals across three categories, which is an increase from the **39** proposals initially included in the State's Spending Plan but a reduction from the **46** proposals that DOH reported in a prior update to the Spending Plan. Those three categories include:

1. Supporting and Strengthening the Direct Care Workforce
2. Building HCBS Capacity through Innovations and Systems Transformation; and
3. Investing in Digital Infrastructure

Critically, these 42 proposals are the result of an ongoing collaborative process among six State Partner Agencies that oversee the categories of HCBS funded by Section 9817 of ARPA. These agencies include: the Department of Health (DOH), the Office for People With Developmental Disabilities (OPWDD), the Office of Mental Health (OMH), the Office of Children and Family Services (OCFS), the Office of Addiction Services and Supports (OASAS), and the State Office for the Aging (NYSOFA). DOH and the Partner Agencies engaged with stakeholders to inform the development of these proposals for recommendations on the use of the funds. DOH is maintaining a public website to keep stakeholders apprised of developments and progress regarding approval and implementation of New York's Spending Plan, which links to specific updates from the

Partner Agencies on their respective websites, where applicable.

This website may be accessed here:

https://www.health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/.

At present, the State is largely focused on implementing activities, preparing to launch activities, and drafting spending authorities. The State has made progress spending ARPA HCBS enhanced FMAP funding on a number of proposals approved by CMS. To date, the State has begun spending on 19 of the 42 proposals (45%).

New York has worked diligently to design the foundational components for the 40 approved activities, and 2 pending activities. In this Spending Plan Update, New York adds the Further Improve the OPWDD Workforce proposal and modifies the Improve the OMH Workforce proposal. New York also removes the Implement Youth ACT programs, Implement Young Adult ACT Teams, School Supportive Health Services Expansion, New Children's HCBS Waiver, and Evidence Based Children's Services as these activities will no longer be included in the ARPA HCBS enhanced FMAP Spending Plan. The details of these proposals and the related progress can be found, organized by activity, in [Appendix A](#) of this document, and summarized in the [Summary of Proposals](#) section.

Sustainability Plan

New York remains committed to leveraging this significant investment to foster long-term positive impacts on the HCBS system. Thirteen of the proposed activities work to strengthen and support the direct care workforce across the state. Workforce shortages and instability were exacerbated by the COVID-19 Public Health Emergency. Investments in the HCBS workforce will help address these challenges while having long lasting impacts both on access to care for vulnerable populations in need of these services and on the quality of care that those members receive. Additional training and enhanced benefits for the HCBS workforce will play an instrumental role in improving the delivery system over the coming years. Upon evaluation of these proposals, the State will assess the impact and outcomes of each proposal and will explore the benefits of continuing these efforts beyond the initial period.

Twenty-three of the proposed activities aim to increase and strengthen service capacity, foster innovation, and create systems transformation for HCBS. Program designs have been developed to encourage investment focused on long-term impact resulting from the COVID-19 pandemic. The State is tracking possible opportunities to keep successful activities and enhancements beyond March 31, 2025.

Six of the activities aim to strengthen the digital infrastructure for HCBS provider agencies in New York. These investments will allow HCBS provider agencies to reopen strategically during times when face-to-face interactions come with a risk, while also supporting the integration of modern technology into service delivery, documentation, and care. The State has prioritized activities that are innovative enough to endure beyond March 31, 2025.

Summary of Proposals

The below table provides a brief overview of individual activity updates. Progress updates below are categorized into six distinct categories as follows:

- 1. Proposal Approved and Federal Spending Authority Approved or Not Required** – Proposals that have received CMS approval and federal spending authority approval.¹
- 2. Proposal Approved and Federal Spending Authority Submitted** – Proposals that have received CMS approval and for which the State has submitted and awaits approval of needed federal spending authorities.
- 3. Proposal Approved and Federal Spending Authority in Progress or Partially Approved** – Proposals that have received CMS approval and for which federal spending authorities are under development.
- 4. Approval Needed and Federal Spending Authority in Progress** – Proposals that have not yet received CMS approval and for which federal spending authorities are under development.
- 5. Approval Needed and Federal Spending Authority Approved** – Proposals that have not yet received CMS approval and for which federal spending authorities are approved.
- 6. Approval Needed and Federal Spending Authority Not Required**—Proposals that have not yet received CMS approval and for which federal spending authority is not required.

¹ This status also includes proposals that do not require federal authority.

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
I. A: Transform the LTC Workforce and Achieve Value-Based Payment (VBP) Readiness <i>3/31/2022 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	DOH	Top third of LHCSAs based on 2019 utilization with MLTCP/MAP contracts	\$142.9M; Funds disbursed	CMS approved directed payment preprint on March 4, 2022.	No Modifications
I. B: Improve the OPWDD Workforce <i>3/23/2022 Implementation for Retention and Longevity Bonuses;</i> <i>11/16/2022 Implementation for COVID-19 Service and Vaccine Incentives;</i> <i>3/31/2022 Implementation for Workforce Innovation Grants;</i> <i>3/31/2023 Implementation for Workforce Recruitment RFAs and Direct Contracts</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OPWDD	Licensed or certified OPWDD providers	\$488.2M; Funds are being disbursed	CMS approved an Appendix K to the NYS OPWDD Comprehensive Waiver (0238.R06.00) on November 16, 2021; CMS approved directed payment preprint on March 18, 2022; Preprint for 2022 under development.	Updated Spending Allocation and Eligible Providers

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>I. C: Workforce Transportation Incentive</p> <p><i>2/1/2023 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Approved or Not Required</p>	<p>DOH</p>	<p>Certified Home Health Agencies (CHHA); Licensed Home Care Services Agencies (LHCSA); Fiscal Intermediaries (FIs)</p>	<p>\$10.0M</p>	<p>No need for separate federal authority, as funding will be limited to the expenditure of the State Funds Equivalent amount.</p>	<p>No Modifications</p>
<p>I. D: Improve the OMH Workforce</p> <p><i>Payment Effective Dates Vary; Implementation Began March 2022</i></p>	<p>Proposal Approved and Federal Spending Authority in Progress or Partially Approved</p>	<p>OMH</p>	<p>OMH-licensed mental health providers</p>	<p>\$47.8M; Funds are being disbursed</p>	<p>CMS approved Adult Behavioral Health HCBS and Rehabilitation Services preprint on March 18, 2022. SPA 22-0046 submitted for Mental Health Outpatient Treatment and Rehabilitation services was approved by CMS on June 27, 2022. Disaster Relief SPA 21-0073 submitted in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and pending CMS approval.</p>	<p>Updated Funding Allocation and Eligible Providers</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>I. E: Improve the OASAS Workforce</p> <p><i>Payments Effective 11/1/2021; Implementation Began 3/1/2022 for Outpatient services and 3/24/22 for Residential services</i></p>	<p>Proposal Approved and Federal Spending Authority in Progress or Partially Approved</p>	<p>OASAS</p>	<p>OASAS service providers</p>	<p>\$5.6M; Funds are being disbursed</p>	<p>Disaster Relief SPA 21-0073 submitted in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and pending CMS approval for payments retroactive to November 1, 2022. Following expiration of the federal public health emergency, OASAS will use separate SPA authority to continue provider payments.</p>	<p>Updated Funding Allocation</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>I. F: Increase Medicaid Rehabilitation Rates for OMH Community Residence Programs</p> <p><i>Payments Effective 10/1/2021; Implementation Began March 2022</i></p>	<p>Proposal Approved and Federal Spending Authority in Progress or Partially Approved</p>	<p>OMH</p>	<p>OMH-licensed Rehabilitation for Community Residence providers</p>	<p>\$8.2M; Funds are being disbursed</p>	<p>Disaster Relief SPA 21-0073 submitted in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and pending CMS approval for payments retroactive to October 1, 2022. Following expiration of the federal public health emergency, OMH will use separate SPA authority to continue provider payments.</p>	<p>No Modifications</p>
<p>I. G: Enhance the Children's Services Workforce</p> <p><i>1/1/2023 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority in Progress or Partially Approved</p>	<p>DOH</p>	<p>CFTSS providers; Children's HCBS providers; Voluntary Foster Care Agency (VFCA) 29-I Health Facilities</p>	<p>\$4.8M</p>	<p>CMS approved directed payment preprint on April 6, 2022. Additional directed payment preprint for qualifying Health Homes is in progress.</p>	<p>No Modifications</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
I. H: Expand Training and Implementation Support for Evidence-Based Practices (EBP) <i>1/1/2023 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OMH	Training and technical assistance agencies with expertise in EBP dissemination; State University of New York; higher education institutions	\$8.6M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications
I. I: Expand Recruitment and Retention of Culturally Competent, Culturally Responsive and Diverse Personnel <i>Payments Effective 3/1/2023; Implementation Began June 2022</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OMH	SUNY and CUNY educational institutions	\$4.0M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications
I. J: Expand Certified and Credentialed Peer Capacity <i>Payments Effective 3/1/2023; Implementation Began February 2022</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OMH	Providers of State Plan rehabilitative services authorized pursuant to 42 CFR § 440.130(d)	\$4.0M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>I. K: Improve and Support the Assisted Living Program (ALP) Workforce</p> <p><i>9/1/2023 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority in Progress or Partially Approved</p>	<p>DOH</p>	<p>DOH-certified ALP providers</p>	<p>\$20.0M</p>	<p>DOH is considering the most appropriate authority for this proposal.</p>	<p>No Modifications</p>
<p>I. L: Home Care Minimum Wage Increase</p> <p><i>10/1/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Submitted</p>	<p>DOH</p>	<p>Existing providers of personal care services and CDPAS, enrolled in the FFS program or serving as participating providers in Medicaid Managed Care</p>	<p>\$1.29B; Funds are being disbursed</p>	<p>DOH submitted a SPA 22-75 on September 30, 2022, for FFS rate increases and included the minimum wage increase for managed care providers in the managed care rates.</p>	<p>No Modifications</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>I. M: Further Improve the OPWDD Workforce <i>3/31/2023 Implementation</i></p>	<p>Approval Needed and Federal Spending Authority in Progress</p>	<p>OPWDD</p>	<p>Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver</p>	<p>\$40.0M</p>	<p>OPWDD intends to submit and Appendix K to the NYS OPWDD Comprehensive Waiver in January 2023. OPWDD plans to submit a preprint modifying the FIDA/IDD program to effectuate the funds attributable to enrollments on or before December 31, 2023.</p>	<p>New Proposal</p>
<p>II. A: Expand Capacity in Nursing Home Transition and Diversion and Traumatic Brain Injury <i>1/31/2023 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Approved or Not Required</p>	<p>DOH</p>	<p>Structured Day Program providers; Home and Community Support Services; Community Integration Counseling; Independent Living Skills Training; Positive Behavioral Interventions and Supports; Regional Resource Development Centers</p>	<p>\$46.4M</p>	<p>DOH resubmitted the Appendix K on July 13, 2022, with the effective date for nursing visits.</p>	<p>No Modifications</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
II. B: Invest in the Expansion of the Community First Choice Option Services 4/1/2023 Implementation	Proposal Approved and Federal Spending Authority Approved or Not Required	DOH	Providers of CFCO services	\$46.8M	Implemented under existing State Plan Authority	No Modifications
II. C: Support the Unique Program of All-Inclusive Care for the Elderly (PACE) 2/1/2023 Implementation	Proposal Approved and Federal Spending Authority Approved or Not Required	DOH	PACE Organizations	\$40.0M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications
II. D: Improve the OPWDD Delivery System 5/1/2022 Implementation for Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process; 3/31/2023 Implementation for Service Delivery	Proposal Approved and Federal Spending Authority Approved or Not Required	OPWDD	Not-for-profit organizations (including OPWDD providers; Local Departments of Social Services; higher education institutions and qualified vendors meeting state-specified requirements)	\$30.0M; Funds are being disbursed	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<i>Contracts Implementation</i>						
II. E: Invest in a Community Engagement Initiative – HCBS Day Service <i>3/31/2023 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OPWDD	OPWDD-certified HCBS Waiver Day Service providers	\$15.0M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	Updated Funding Allocation
II. F: Invest in Diversity, Equity, and Inclusion for People with I/DD <i>8/1/2022 Implementation of DEI Evaluation;</i> <i>3/31/2023 Implementation of DEI Innovation Grants</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OPWDD	Not-for-profit organizations (including OPWDD providers); local government authorities; higher education institutions	\$20.0M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	Updated Funding Allocation

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>II. G: Integrated Living Transformation Grant</p> <p><i>3/31/2023 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Approved or Not Required</p>	<p>OPWDD</p>	<p>Nonprofit organizations (including OPWDD providers); local government authorities</p>	<p>\$10.0M</p>	<p>No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.</p>	<p>Updated Funding Allocation</p>
<p>II. H: Adjust Residential Addiction Treatment Services Rate</p> <p><i>Payments Effective 11/1/2021; Implementation Began 5/24/2022</i></p>	<p>Proposal Approved and Federal Spending Authority Submitted</p>	<p>OASAS</p>	<p>Residential Addiction Treatment providers licensed or certified by OASAS</p>	<p>\$12.5M; Funds are being disbursed</p>	<p>Disaster Relief SPA 21-0073 submitted in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and pending CMS approval for payments retroactive to November 1, 2021. Following expiration of the federal public health emergency, OASAS will use separate SPA authority to continue provider payments.</p>	<p>Updated Funding Allocation</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
II. I: Expand and Implement HCBS and Community Oriented Recovery and Empowerment (CORE) Services <i>Payments effective 10/1/2021; 1/1/2023 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	DOH and OMH	Adult Behavioral Health (BH) HBCS providers; Adult CORE providers	\$9.2M	CMS approved directed payment preprint on March 18, 2022; OMH will submit a second directed payment preprint for provider payments effective April 1, 2022.	No Modifications
II. J: Support the Transition to Voluntary Foster Care Agencies Core Limited Health Related Services <i>Payments Effective 4/1/2021; 8/24/2022 Implementation</i>	Proposal Approved, Federal Spending Authority Submitted	DOH	Article VFCA 29-I Health Facilities	\$23.8M; Funds are being disbursed	Disaster SPA 21-0054 submitted to CMS on October 8, 2021, and pending CMS approval.	Updated Funding Allocation
II. K: Expand Crisis Services for People with I/DD <i>8/1/2021 Implementation</i>	Proposal Approved and Federal Spending Authority	OPWDD	CSIDD state plan providers licensed by OPWDD and providers licensed or certified by OPWDD; providers	\$11.3M; Funds are being disbursed	CMS approved Appendix K Waiver submitted on September 7, 2021 for CSIDD Services; CMS approved the	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p><i>for Expand CSIDD Services;</i> <i>11/1/2021 Implementation for Enhanced Rates for Intensive Behavioral Services (IBS); 5/1/2022 Implementation for Connecting I/DD Service System and County-Based Crisis Services Funding Support Services</i></p>	<p>Approved or Not Required</p>		<p>licensed or certified by OPWDD; providers licensed or certified by OPWDD; Conference of Local Mental Hygiene Directors</p>		<p>Appendix K for the enhanced rate for IBS on November 1, 2021; No need for separate federal authority for enhanced rates for intensive behavioral or connecting I/DD service system and county-based crisis services funding as funding will be limited to the expenditure of the State Funds Equivalent amount.</p>	
<p>II. L: Enhanced Rates for Private Duty Nursing (PDN) <i>11/1/2021 Implementation</i></p>	<p>Proposal Approved, Federal Spending Authority Submitted</p>	<p>DOH</p>	<p>PDN providers</p>	<p>\$11.8M; Funds are being disbursed</p>	<p>Disaster Relief SPA 21-0073 submitted in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and pending CMS approval; DOH submitted SPA 22-0037 on June 30, 2022.</p>	<p>Updated Funding Allocation and Spending Period</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>II. M: Supportive Residential Habilitation Transformation Grant</p> <p><i>3/31/2023 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Approved or Not Required</p>	<p>OPWDD</p>	<p>Residential Habilitation providers</p>	<p>\$10.0M</p>	<p>No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.</p>	<p>No Modifications</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>II. N: Invest in OASAS Outpatient Addiction Rehabilitation Treatment Services Adjustments</p> <p><i>Payments Effective 11/1/2021; Implementation Began 3/31/2022</i></p>	<p>Proposal Approved, Federal Spending Authority Submitted</p>	<p>OASAS</p>	<p>OASAS-licensed or certified Outpatient Addiction Rehabilitation Treatment Service providers</p>	<p>\$4.9M; Funds are being disbursed</p>	<p>Disaster Relief SPA 21-0073 submitted in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and pending CMS approval for payments retroactive to November 1, 2021. Following expiration of the federal public health emergency, OASAS will use separate SPA authority to continue provider payments.</p>	<p>Updated Funding Allocation</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>II. O: Invest in Personalized Recovery Oriented Services (PROS) Redesign</p> <p><i>Payments Effective 10/14/2021; Implementation Began 3/28/2022</i></p>	<p>Proposal Approved and Federal Spending Authority in Progress or Partially Approved</p>	<p>OMH</p>	<p>OMH-licensed rehabilitation for PROS providers</p>	<p>\$5.1M; Funds are being disbursed</p>	<p>Disaster Relief SPA 21-0073 submitted in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022, and pending CMS approval for payments retroactive to October 14, 2021. Following expiration of the federal public health emergency, OMH will use separate SPA authority to continue provider payments.</p>	<p>No Modifications</p>
<p>II. P: CFTSS Rate Adjustments</p> <p><i>Payments Effective 3/23/2022; 3/18/2022 Implementation</i></p>	<p>Proposal Approved, Federal Spending Authority Submitted</p>	<p>DOH</p>	<p>CFTSS providers</p>	<p>\$3.4M; Funds are being disbursed</p>	<p>Disaster SPA 21-0054 submitted to CMS on October 8, 2021 and pending CMS approval.</p>	<p>Updated Funding Allocation</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
<p>II. Q: Children’s Waiver HCBS Rate Adjustments</p> <p><i>Payments Effective 4/1/2021; 3/31/2022 Implementation</i></p>	<p>Proposal Approved and Federal Spending Authority Approved or Not Required</p>	<p>DOH</p>	<p>Children’s HCBS providers</p>	<p>\$53.9M; Funds are being disbursed</p>	<p>CMS approved the Appendix K on February 1, 2022.</p>	<p>Updated Funding Allocation and Spending Period</p>
<p>II. R: Invest in Assertive Community Treatment (ACT) Services</p> <p><i>Payments Effective 10/7/2021; Implementation Began 3/14/2022</i></p>	<p>Proposal Approved and Federal Spending Authority in Progress or Partially Approved</p>	<p>OMH</p>	<p>OMH-licensed ACT providers</p>	<p>\$3.5M; Funds are being disbursed</p>	<p>Disaster Relief SPA 21-0073 submitted in draft to CMS on September 18, 2022, with a revision submitted at CMS’s request on November 28, 2022, and pending CMS approval for payments retroactive to October 7, 2021. Following expiration of the federal public health emergency, OMH will use separate SPA authority to continue provider payments.</p>	<p>No Modifications</p>

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
II. S: Health Home Serving Children Rate Adjustments <i>Payments Effective 4/1/2021; Implementation Began 9/1/2022</i>	Proposal Approved and Federal Spending Authority Submitted	DOH	Health Homes Serving Children	\$1.6M	Disaster SPA 21-0054 submitted and pending CMS approval. DOH submitted SPA 22-0077 to continue this activity after the PHE ends.	Programmatic updates based on CMS feedback
II. T: Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening <i>4/1/2023 Implementation</i>	Proposal Approved and Federal Spending Authority in Progress or Partially Approved	DOH	Adult Day Health Centers; Social Adult Day Centers	\$10.0M	Directed payment preprint for SADCs is under development; DOH will submit a SPA for ADHCs.	No Modifications
II. U: Incentivize Child Welfare Step-Down Programs <i>10/1/2023 Implementation</i>	Approval Needed and Federal Spending Authority in Progress	DOH	VFCA 29-I Health Facilities	\$2.2M	Directed payment preprint under development.	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
II. V: Invest in Mental Health Outpatient Treatment and Rehabilitative Services <i>Payments Effective 2/1/2022; Implemented 9/1/2022</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OMH	OMH-Licensed Mental Health Outpatient Treatment and Rehabilitation Services providers	\$31.8M; Funds are being disbursed	SPA 22-0014 approved by CMS on June 23, 2022.	No Modifications
II. W: Continuation and Expansion of the Community Care Connections Program Model Funding <i>1/1/2023 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	SOFA and DOH	N/A	\$2.8M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications
III. A: Modernize OPWDD IT Infrastructure to Support Medicaid Enterprise & Investments to Expand Operational Capacity <i>3/31/2023 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OPWDD	Qualified Medicaid Health Information Technology (HIT) vendors	\$42.4M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
III. B: Strengthen NY Connects Infrastructure <i>10/1/2021 Implementation; 4/3/2023 Implementation for NY Connects Resource Directory and Training; 6/1/2023 for the Data Collection and Reporting System</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	SOFA and DOH	N/A	\$37.7M; Funds are being disbursed	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications
III. C: Advance Children's Services IT Infrastructure <i>1/1/2023 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	DOH	CFTSS providers; HCBS providers; VFCA 29-I Health Facilities	\$7.0M	CMS approved directed payment preprints on April 6, 2022. A directed payment preprint for qualifying Health Homes is in progress.	No Modifications
III. D: Extend Support for Behavioral Health Care Collaboratives (BHCC) <i>First payment in 9/1/2022; Second Payment 3/1/2023</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	OMH	Existing BHCCs operating as BH Independent Practice Associations	\$10.0M; Funds are being disbursed	Directed payment preprint approved on March 30, 2022.	No Modifications

Proposal	Progress Update	Lead Agency	Eligible Providers	Projected Funding (SFE)	Spending Authority & Status	Modifications
III. E: Study to Develop New CDPAP Care Technology <i>4/1/2023 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	DOH	Technology vendor offering referral registry system	\$5.1M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications
III. F: Strengthen the NYS Multiple Systems Navigator <i>3/1/2023 Implementation</i>	Proposal Approved and Federal Spending Authority Approved or Not Required	DOH	N/A	\$1.5M	No need for separate federal authority as funding will be limited to the expenditure of the State Funds Equivalent amount.	No Modifications

Appendix A: Individual Activity Updates

I. Supporting & Strengthening the Direct Care Workforce

A. Transform the Long Term Care (LTC) Workforce and Achieve Value-Based Payment (VBP) Readiness

New York seeks to leverage a significant portion of additional FMAP to increase the capacity and quality of its HCBS workforce, such that Licensed Home Care Services Agencies (LHCSAs) can implement evidence-based care interventions, promote quality, and participate effectively in value-based payment (VBP) arrangements, including Managed Long Term Care Plans (MLTCs) and Medicaid Advantage Plus plans (MAPs). Specifically, investing in evidence-based programs that help LHCSAs recruit, retain, train, and support their direct care workers will ensure that New York has adequate, high-quality personnel to meet the anticipated growth in demand. Providers may not use the funding for capital investments; however, they may use a portion to improve internet connectivity. This component is intended to strengthen HCBS by allowing providers to better access resources and supports to provide higher quality care and can be used to support real-time data collection in preparation for VBP; any spending on this portion will be tracked separately from other spending.

Eligible Providers:

LHCSAs that fall into the top third of providers in their designated regions based on 2019 utilization and that contract with MLTCPs and MAPs; these providers offer home care services such as personal care services.

Implementation Date: March 31, 2022

Amount of Funding (SFE) Projected to Be Spent: \$142.9M

DOH has received approval on and made payment pursuant to a directed payment preprint that allocates \$142.92M of SFE funds to providers in the defined provider class. The gross funds available under this pre-print remain materially the same as previous reports. The decrease in SFE used under this proposal are offset by an increase in the FMAP from 50% to 60%.

Status Update Overall:

DOH submitted the initial Section 438.6(c) preprint to CMS on November 15, 2021, to direct payments through the MLTCP and MAP HCBS managed care programs using historical utilization data in these programs. CMS provided feedback on December 13, 2021, and DOH submitted a revised preprint to CMS on December 23, 2022, which was formally accepted for review. On February 2, 2022, DOH responded to questions received from CMS on January 25, 2022. CMS approved the preprint on March 4, 2022. DOH made payments to plans in March 2022 and has briefed plans and providers regarding reporting

requirements and implementation processes. All plans reported to DOH that they made all payments to participating LHCSAs within the approved provider class from the directed payment preprint. DOH issued guidance to providers that clarifies that ongoing internet connectivity costs are not eligible uses of funds.

Status for Federal Approval of Spending Plan:

Approved by CMS on October 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

Section 438.6(c) preprint for this proposal was submitted to CMS on November 15, 2021. CMS provided verbal feedback on December 13, 2021, regarding the type of directed payment and the provider class. DOH submitted a revised preprint to CMS on December 23, 2022. CMS approved the preprint on March 4, 2022.

B. Improve the OPWDD Workforce

There are over 100,000 Direct Support Professionals (DSPs) and Family Care Providers in the New York statewide OPWDD system, who are dedicated to helping people with intellectual and developmental disabilities (I/DD) to live independent, productive lives. However, there has been considerable turnover and attrition in this space. New York seeks to improve and sustain the workforce by implementing COVID-19 workforce performance incentives, I/DD workforce longevity and retention bonuses, DSP workforce development grants to improve quality, and a workforce recruitment initiative. For the grants distributed via this activity, the State will reinvest ARPA funds and is not seeking an additional match.

Eligible Providers:

Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver and other not-for-profit organizations, associations, higher education institutions, secondary education organizations, and/or vendors of market research/recruitment/communication or training equipment.

Implementation Date: March 23, 2022 Implementation for Retention and Longevity Bonuses; November 16, 2022 Implementation for COVID-19 Service and Vaccine Incentives; March 31, 2022 Implementation for Workforce Innovation Grants; Ongoing implementation for Workforce Recruitment Request for Applications (RFAs) and Direct Contracts, with all contracts expected to be implemented by March 31, 2023.

Amount of Funding (SFE) Projected to Be Spent: \$488.2M

Status Update Overall:

OPWDD developed two surveys to send to providers to collect information to determine funding allocations for two of the four supplemental one-time payments. The surveys were related to COVID-19 Service and Vaccination Incentives. These surveys were released in January 2022 with responses due on February 14, 2022, for the Vaccination Incentive and January 31, 2022, for the COVID-19 Incentive. The submission of a provider attestation is required prior to the disbursement of any supplemental payments to a provider.

OPWDD developed and posted a Frequently Asked Questions document related to the Workforce Stabilization Initiatives on their webpage in January 2022 to provide additional detail and be responsive to inquiries received by the provider community. OPWDD finalized and sent providers the fee-for-service funds associated with the Longevity and Retention payments with providers receiving funding on March 23 and March 31, 2022, and OPWDD effectuated payment of the COVID-19 Service and Vaccination Incentives to fee-for-service providers on November 16, 2022. With respect to Waiver providers supporting people enrolled in the FIDA program, the balance of the funds owed for the Longevity and

COVID-19 Service Incentives were also made available on November 16, 2022; the remainder of the funds owed to providers for the Retention and Vaccination Incentives are expected to be paid in the second calendar quarter of 2023, pending federal approval of a second pre-print submission.

OPWDD is determining possible metrics and developing reporting processes to understand the impact of these payments and grants on worker retention, attraction, and vaccination rates.

OPWDD is drafting RFAs for additional workforce-related grant programs. Grant selection, awards, and contract execution are planned to occur during the first calendar quarter in 2023.

Currently, OPWDD seeks to directly contract with several organizations to execute additional workforce-related grants.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

For the four supplemental one-time payments, OPWDD submitted an Appendix K to the NYS OPWDD Comprehensive Waiver (0238.R06.00) on September 7, 2021 and received CMS approval on November 16, 2021. OPWDD also submitted a preprint modifying the Fully Integrated Duals Advantage for I/DD program within managed care on December 30, 2021, provided responses to CMS questions on February 29, 2022, and received CMS approval on March 18, 2022. Specific provider payments will be confirmed as part of authority approval, and final grant award amounts are pending review of applications.

C. Workforce Transportation Incentive

New York will invest a portion of the enhanced FMAP in worker transportation grants to eligible home care agencies that apply to the State to address identified transportation barriers to worker recruitment or retention. The grants will have to be expended in full to support mitigating these barriers in a geographically appropriate manner that is included in the application and approved by the State. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

Certified Home Health Agencies (CHHA): these agencies provide home health services to individuals who need part-time, intermittent health care, and support services at home. Home health services include nursing services, home health aide services, medical supplies, equipment, and appliances suitable for use in the home, and at least one additional service that may include physical therapy, occupational therapy, speech pathology, nutritional services, and medical social services.

Licensed Home Care Services Agencies (LHCSA): these agencies provide home care services including health care tasks, assistance with personal hygiene, housekeeping tasks, and other supportive tasks to patients with health care needs in their homes.

Fiscal Intermediaries (FIs): these entities have a contract with a Managed Care Organization (MCO) to provide wage and benefit processing for consumer directed personal assistants and other fiscal intermediary responsibilities.

Implementation Date: February 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$10.0M

Status Update Overall:

DOH is finalizing the programmatic design for this proposal and will communicate the details to providers in the near future. A Request for Applications is under development and will be released shortly.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for separate federal authority in order to execute this proposal. Final grant award amounts are pending review of applications.

D. Improve the OMH Workforce

This proposal would provide prescribers, licensed practitioners, and program staff in community, rehabilitation, and housing settings to receive targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, shift differential pay, expanded retirement contributions, relocation incentives, and internship, fellowship and/or other career development opportunities. Funds will be implemented through Medicaid fee-for-service rates and a directed payment preprint to Medicaid MCOs administered uniform rate increases to adult home and community-based service providers based on service utilization. Funding would go directly to mental health providers.

Eligible Providers:

OMH-licensed mental health providers: these providers diagnose mental health conditions and provide treatment.

Implementation Dates:

Payments were effective for Adult Behavioral Health HCBS and Rehabilitation and Community Residences on October 1, 2021, ACT on October 7, 2021, PROS on October 14, 2021; implementation began in March 2022. Payments were effective for Mental Health Outpatient Treatment and Rehabilitation Services on February 1, 2022. Implementation began in September 2022. Pursuant to CMS guidance clarifying that Certified Community Behavioral Health Clinics (CCBHC) are eligible providers under Section 9817 of ARP, these demonstration providers will receive comparable OMH Workforce funding, effective July 1, 2022.

Amount of Funding (SFE) Projected to Be Spent: \$47.8M

Status Update Overall:

Federal Public Notices have been published with NYS Department of State for the applicable dates for each state plan rehabilitative services authorized pursuant to 42 Code of Federal Regulations (CFR)§ 440.130(d) program including Personalized Recovery Oriented Services (PROS) (SPA 16-0041), Assertive Community Treatment (ACT) (SPA 01-0001; pending 21-0015), Rehabilitation Services in Community Residences for adults and children (SPA 94-0027), Behavioral Health (BH) HCBS authorized pursuant to a section 1115(a) waiver, and Community Oriented Recovery and Empowerment (CORE) services proposed to be authorized in a recent amendment to a section 1115(a) waiver. Rate packages for Community Residences, ACT, and PROS have been finalized. OMH loaded the rates in the last qualifying cycle for SFY23. OMH continues to facilitate communication between providers and stakeholders, including specific provider impacts.

A Federal Public Notice was published on January 26, 2022, for Mental Health Outpatient Treatment and Rehabilitation services, and the State Plan

Amendment (SPA 22-0046) was approved by CMS on June 27, 2022. OMH, in collaboration with State Partners, finalized the enhanced rate package for Mental Health Outpatient Treatment and Rehabilitation Services and the rates were loaded to eMedNY on September 27, 2022.

OMH, working in collaboration with CMS's PPS Technical Assistance Team, State Agency Partners, and providers, will develop workforce adjustments for CCBHC demonstration projects, for the period beginning July 1, 2022.

Status for Federal Approval of Spending Plan:

Investments in Adult Behavioral Health HCBS and Rehabilitation and Community Residences, ACT, and PROS were approved by CMS on January 31, 2022. Investment in Mental Health Outpatient Treatment and Rehabilitation Services was approved by CMS on May 18, 2022. Investments for CCBHC demonstration providers are included in the Spending Plan accompanying this report.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH and OMH are pursuing rate enhancements under the Disaster Relief SPA 21-0073. Federal approval for BH HCBS and Community Oriented Recovery and Empowerment (CORE) services were approved through a Section 438.6(c) preprint on March 18, 2022.

E. Improve the OASAS Workforce

To sustain staffing levels and maintain services while also allowing for maximum flexibility, OASAS proposes to use a temporary rate increase to provide funding for OASAS providers to offer one or more workforce development strategies. OASAS has set specific goals for this funding to impact capacity building and lower waitlists. The funding will be evaluated for specific outcomes.

Eligible Providers:

OASAS providers: these providers offer substance use disorder and/or problem gambling services.

Implementation Date:

March 1, 2022 for outpatient services, March 24, 2022 for residential services; payments will be retroactive to November 1, 2021.

Amount of Funding (SFE) Projected to Be Spent: \$5.6M

Status Update Overall:

These are rehabilitative services authorized to be delivered consistent with 42 § CFR 440.130(d) and pursuant to SPA 16-0004.

Federal Public Notice for OASAS Workforce rate changes was published by the NYS Department of State on November 1, 2021. The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022. The rate package has been approved and outpatient and residential rates have been loaded and paid. OASAS has notified plans and developed billing and programmatic guidance to circulate to providers to support implementation of this proposal. This proposal is now fully implemented.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

Federal Public Notice for OASAS Workforce rate changes was published by the NYS Department of State on November 1, 2021. The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022.

F. Increase Medicaid Rehabilitation Rates for OMH Community Residence Programs

Rate increases will be targeted towards direct care staff costs in order to meet critical challenges to workforce recruitment and retention, which are needed to operate these programs more effectively and to address the current critical workforce shortages. Funding will be disbursed through rate increases paid across fee-for-service (FFS) Medicaid claims as services are provided to eligible Medicaid recipients.

Eligible Providers:

OMH-licensed Rehabilitation for Community Residence providers; these providers offer interventions, therapies, and activities to people in community residences to reduce functional and adaptive behavior deficits associated with mental illness.

Implementation Date:

Payments were effective October 1, 2021. Implementation began March 2022.

Amount of Funding (SFE) Projected to Be Spent: \$8.2M

Status Update Overall:

Rate packages for Community Residences have been finalized and paid out and the providers have been notified of their specific provider impacts.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

NYS submitted the consolidated Disaster Relief SPA 21-0073 in draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022. The SPA is currently under CMS review.

G. Enhance the Children's Services Workforce

Due to provider diversity and differing needs of agencies regarding staffing, as well as to ensure the maximum ability to maintain or build service capacity, a model is recommended that would offer eligible providers flexibility in utilizing the enhanced FMAP. Specific goals will be attached to this funding to impact capacity building and eliminate waitlists, and agencies receiving funds will be evaluated for specific outcomes.

Eligible Providers:

Children and Family Treatment and Support Services (CFTSS) providers: these providers offer services and benefits to better meet the behavioral health needs at earlier junctures in a child/youth's life to prevent the onset or progression of behavioral health conditions.

Children's HCBS providers: these providers offer support and services to children and youth in non-institutionalized settings that enable them to remain at home and in the community or return to their community from an institutional setting.

Voluntary Foster Care Agencies (VFCA) Health Facilities, which are licensed under Article 29-I of the New York Public Health Law (referred to as 29-I Health Facilities): these providers offer five health-related core services including skill building and Medicaid treatment and discharge planning helping children and youth move to and remain in home and community settings.

Implementation Date: January 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$4.8M

Status Update Overall:

On April 6, 2022, CMS approved two Section 438.6(c) preprints for this proposal (NY_Fee_HCBS.BHO2_New_20210401-20220331 and NY_Fee_HCBS.BHO1_New_20210401-20220331) which establish a methodology to award 84% of the funding to 86% of targeted providers. DOH drafted communications to both providers and plans regarding these approvals and detailed necessary next steps. Additionally, DOH is pursuing alternative means of distribution for remaining funds to the providers not captured in the preprint via State Share Only payments. The State added \$165,000 to this proposal of state share funds to increase award amounts to each provider. Attestations for the approved two Section 438.6(c) preprints for this proposal have been sent to providers who will be receiving funds via this method and/or via State-Share Only Payments. An additional Section 438.6(c) preprint for this proposal which establishes a methodology to award qualifying Health Homes additional funds has been drafted for submission to CMS and is currently going through the internal review process.

Based on the data submitted by providers, licensing information available to DOH regarding licensure by other state agencies of residential programs, and the CMS guidance regarding Institutions of Mental Disease (IMD) criteria, DOH is currently working to make preliminary assessments of all providers of child welfare residential programs. When complete, these determinations will be shared with providers and providers will be given the opportunity to clarify or provide additional information before site visits are scheduled to validate determinations. Many providers offer a variety of services to children/youth/families. A number of providers are authorized to provide community based services, including HCBS and CFTSS and 29-I health-related services, while also providing residential services or running group boarding homes, as an example. NYS will ensure that the funding is provided to build service capacity for children/youth who need community based services to prevent higher level of care and or assist with stepping down from a higher level of care. This funding will be utilized to build and expand preventive and community based services to serve children/youth in the least restrictive setting. ARPA funding will not be used for services provided in inpatient facilities, including facilities that may meet the definition of an IMD or Psychiatric Residential Treatment Facility (PRTF).

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

Section 438.6(c) preprints for this proposal were approved by CMS on April 6, 2022, to distribute 84% of available funds. DOH is pursuing State Share Only payments for remaining providers, for which CMS approval is not needed. An additional Section 438.6(c) preprint for this proposal which establishes a methodology to award qualifying Health Homes additional funds has been drafted for submission to CMS and is currently going through the internal review process.

H. Expand Training and Implementation Support for Evidence-Based Practices (EBP)

OMH has undertaken a significant system redesign initiative to foster provision of evidence-based practices, recovery-oriented care, and psychiatric rehabilitation services. Under this redesign, OMH must expand training and implementation support in EBP, including diagnosis and treatment across the provider continuum, with incentivization of EBP uptake and fidelity, with particular focus on the assessment and treatment of co-occurring disorders, treatment of marginalized and underrepresented demographics, and specialty clinical populations (including but not limited to clinical high risk for psychosis and obsessive-compulsive disorder), leadership training, addressing provider costs associated with training attendance, and development/expansion of rehabilitation programs and services with in-person training leading to Certified Psychiatric Rehabilitation Practitioner (CPRP) credential. The adult services component will include leadership and workforce training and implementation support in psychiatric rehabilitation. A Psychiatric Rehabilitation Academy will be established to provide in-person and web-based technical assistance and training, continuing education opportunities, and certifications leading to the increase in applicable direct care staff obtaining the CPRP credential. The children's services component will include workforce training in EBP and will support the development and expansion of training and technical assistance programs to allow providers to implement such practices with fidelity and sustainability. Specific practices will include those with a focus on the family unit and on supporting youth in high-risk situations.

Funding will be dispersed via existing or new contracts with training and technical assistance agencies and the State University of New York (SUNY) or other institutions of higher education to enhance training in best practices for psychiatric rehabilitation for the behavioral health workforce. This workforce is critical to enhance and strengthen HCBS in Medicaid.

The training and technical assistance will target providers of children's mental health services which are State Plan-authorized rehabilitative services pursuant to 42 CFR § 440.130(d), including Children's Rehabilitation Services in Community Residences (SPA 94-0027), Other Licensed Practitioner Services (SPA 19-0003), which are State Plan-authorized Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services which could be authorized under 42 CFR § 440.130(d). Other targeted providers deliver services that could be authorized under 42 CFR § 440.130(d). The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

Training and Technical Assistance agencies with expertise in EBP dissemination; these are agencies designed to improve the operation and performance of Evidence-Based Practices training and implementation dissemination.

The State University of New York (SUNY): a system of public colleges and universities in New York State.

Other institutions of higher education.

Implementation Date: January 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$8.6M

Status Update Overall:

OMH finalized and submitted the programmatic design for this proposal. OMH has identified a contractor and has finalized the contract with the New York Association for Psychiatric Rehabilitation Services (NYAPRS) to implement the New York Psychiatric Rehabilitation Training Academy. NYAPRS has begun assertive outreach and education for providers and is currently enrolling rehabilitation programs and practitioners into the Training Academy. The formal kick-off events have been scheduled in-person in each region, beginning in January 2023.

On the children's services side, OMH has identified specific evidence-based models and approaches to disseminate. Implementation activities include a needs assessment and design of a state-wide implementation plan of EBPs, expanding training from EBP model developers, and procuring training on diagnostic and case consultation EBP approaches. A solicitation of interest (SOI) was issued in December 2022 for EBP needs assessment for children's mental health services and for EBP diagnostic and case conceptualization. The EBP expansion of training is being implemented through an existing contract with New York University (NYU) for continuation of training services at the Evidence-Based Treatment Dissemination Center (EBTDC). These projects will each be implemented and rolled out throughout 2023.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for federal authority in order to execute this proposal. Specific payments will be confirmed as part of contract finalization.

I. Expand Recruitment and Retention of Culturally Competent, Culturally Responsive and Diverse Personnel

OMH will provide funding to SUNY and City University of New York (CUNY) schools based on geographic location and programs offered to underserved students to complete study in fields with the highest identified need (e.g., social work, psychology, etc.).

These funds would be used to support educational attainment for underserved students by providing the students with financial support including activities such as tuition assistance, paid internships and direct stipends, and credentialing fully or partially for providers of State Plan rehabilitative services authorized pursuant to 42 CFR § 440.130(d), including PROS (SPA 16-0041), ACT (SPA 01-0001; pending 21-0015), Rehabilitation Services in Community Residences for adults and children (SPA 94-0027), BH HCBS authorized pursuant to a section 1115(a) waiver, and CORE services proposed to be authorized in a recent amendment to a section 1115(a) waiver. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

SUNY and CUNY educational institutions: these are a system of public colleges and universities in New York State and New York City.

Implementation Date: June 30, 2022

Amount of Funding (SFE) Projected to Be Spent: \$4.0M

Status Update Overall:

OMH finalized the programmatic design for this proposal and has executed a Memorandum of Understanding (MOU) with SUNY and is working through the process to execute a contract with the Research Foundation of the City University of New York (RFCUNY). NYS published an announcement of the program on August 25, 2022. The program began in the Fall 2022 semester.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for additional federal authority in order to execute this proposal.

J. Expand Certified and Credentialed Peer Capacity

New York proposes to expand certified peer capacity (inclusive of adult peer, youth peer, family peer) in OMH programs through investment in resources for recruitment, education/training, and career pipeline investments. As New York continues to grow its capacity to provide Peer Support services across the OMH system of care, agencies that currently do not offer Peer Support services need additional guidance on how to implement these services effectively in their settings. Additionally, training expansion and capacity to best support underserved and emerging populations, such as justice-involved individuals and older adults with mental illness, will be needed to ensure the Peer Support workforce is adequately equipped to provide effective services to these groups.

Eligible providers for this activity include PROS (SPA 16-0041), ACT (SPA 01-0001; pending #21-0015), Rehabilitation Services in Community Residences for adults and children; Family Peer Support Services; Youth Peer Support Services; BH HCBS authorized pursuant to a section 1115(a) waiver; CORE services authorized in a recent amendment to a section 1115(a) waiver; and other provider types, not currently receiving Medicaid funding for the provision of rehabilitative services, that utilize peers to engage individuals with mental health conditions in the mental health system and whose efforts will expand HCBS in Medicaid by promoting awareness about and engagement in HCBS. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

Providers of State Plan rehabilitative services authorized pursuant to 42 CFR. § 440.130(d).

Implementation Date: February 21, 2022

Amount of Funding (SFE) Projected to Be Spent: \$4.0M

Status Update Overall:

OMH finalized the programmatic detail, payment mechanism, guidance for providers, and monitoring and evaluation strategy. OMH sent guidance out to eligible providers, published a press release, and offered informational sessions for eligible providers about the procurement request. OMH initiated grant payments to mental health providers in February 2022.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for additional federal authority in order to execute this proposal. Final grant award amounts are pending review of applications.

K. Improve and Support the Assisted Living Program (ALP) Workforce

New York's ALP program serves individuals who are medically eligible for nursing home placement but serves them in a less medically intensive, lower cost HCBS setting. To these ends, ALP provides personal care, room, board, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services, and the case management services of a registered professional nurse, and thus qualify as an appropriate service category for HCBS funding under Section 9817 of ARPA.

Similar to investments in other HCBS sectors, to sustain staffing levels and maintain services while also allowing for maximum flexibility in ALPs, DOH proposes to use a time-limited program, which would provide payments to ALP service providers who offer one or more workforce development strategies. As a Medicaid service that requires significant training and experience in order to serve older adults with functional and/or cognitive impairment and who need these valuable services to remain in a home and community-based setting, DOH will set specific goals for this funding to impact recruitment and retention rates. Recommendations for implementation include:

- *Tuition reimbursement;*
- *Loan forgiveness;*
- *Hiring and sign-on incentives;*
- *Longevity pay;*
- *Training funding inclusive of home health aide and personal care aide certification, continuing education units (CEUs) and professional licenses; the development of mentoring or apprenticeship programs; and the development of infection prevention and control;*
- *Differential pay for nights and weekends;*
- *Retirement contributions, extending health insurance benefits, supporting day care, or other fringe benefits for staff; and*
- *Build appropriate personal protected equipment (PPE) stockpiles from state authorized sources for ensuring that ALP workers are able to deliver care in a safe and effective manner through the end of COVID-19 and beyond.*

Eligible Providers:

DOH certified ALP providers; these providers deliver services to people who are medically eligible for nursing home placement in a less medically intensive, less restrictive setting.

Implementation Date: September 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$20.0M

Status Update Overall:

This program is in the initial planning stages and more information will be included in the next semi-annual report.

Status for Federal Approval of Spending Plan:

Approved by CMS on May 18, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH is considering the most appropriate authority to utilize as part of initial planning but will likely use a time-limited rate increase for ALP providers through a SPA. Specific provider payments will be confirmed as part of the authority approval.

L. Home Care Minimum Wage Increase

As part of the Enacted Budget for State Fiscal Year (SFY) 2022-23, New York included a \$3 increase to the minimum wage for home care workers, which will be phased-in over the next two SFYs. This minimum wage increase serves to both recognize the tireless efforts of home care workers in continuing to provide services for some of our most vulnerable New Yorkers through the COVID-19 pandemic and to attract and retain talented people in the profession at a time of such significant strain.

On October 1, 2022, the minimum wage will increase by \$2. Subsequently, on October 1, 2023, the minimum wage will increase by an additional \$1, for a total of \$3. Individuals eligible to receive this increase include home health aides, personal care aides, home attendants, and personal assistants performing Consumer Directed Personal Assistance Program (CDPAP) services. Given the availability of ARPA HCBS eFMAP funds, the minimum wage increase will be supplemented with State resources during the second phase. After the conclusion of the ARPA HCBS eFMAP funding period, the State will continue to fund the minimum wage increase using State resources.

Eligible Providers:

Existing providers of personal care services and CDPAS, enrolled in the FFS program or serving as participating providers in Medicaid Managed Care.

Implementation Date: October 1, 2022

Amount of Funding (SFE) Projected to Be Spent: \$1.29B

Status Update Overall:

DOH developed and initiated rate increases in early October 2022 that include the minimum wage increase for all eligible providers retroactive to April 1, 2022.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 15, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH submitted a SPA for FFS rate increases (SPA 22-0075) on September 30, 2022, and included the minimum wage increase for managed care providers in the managed care rates.

Activity Submitted in the FFY23 Quarter 3 Semi-Annual Report

M. Further Improve the OPWDD Workforce

There are nearly 15,000 full-time positions employed by OPWDD's network of non-profit provider agencies engaged in non-direct care activities that support the I/DD delivery system in New York State. These staff perform non-administrative support functions, such as food service, cleaning, maintenance, and security, as well as critical clinical activities. To ensure the availability of a comprehensive workforce to meet the residential, day and employments needs of people with I/DD, New York seeks to offer a one-time supplemental payment to providers to retain staff engaged in these activities. The State will use Section 9817 funds to offer this one-time incentive.

Eligible Providers:

Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver.

Implementation Date: March 31, 2023

Amount of Funding (SFE) Projected to Be Spent: \$40.0M

Status Update Overall:

OPWDD has valued this proposed payment for non-administrative support and clinical positions in the non-profit sector at approximately \$40.0M (SFE).

Status for Federal Approval of Spending Plan:

Pending approval from CMS.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

OPWDD intends to submit an Appendix K to the NYS OPWDD Comprehensive Waiver in January 2023. OPWDD also intends to submit a preprint modifying the Fully Integrated Duals Advantage for I/DD program within managed care to effectuate the portion of these funds attributable to enrollments on or before December 31, 2023.

II. HCBS Capacity, Innovations, and Systems Transformation

A. Expand Capacity in Nursing Home Transition and Diversion and Traumatic Brain Injury

Amend both the 1915(c) Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) waivers to adjust payments for Nursing Visits for Home and Community Support Services (HCSS), add independent providers to Substance Abuse Services in the TBI waiver, establish rate differentials, provide a recruitment and retention stipend for all direct service staff who provide face-to-face services, implement a training stipend program, and build an enhanced provider community. The NHTD and TBI waiver programs will also complete a contract amendment to add provider recruitment and housing specialist positions to the Regional Resource Development Centers (RRDCs).

Eligible Providers:

Existing and new 1915(c) NHTD and TBI Waiver providers including:

- **Structured Day Program Providers:** these are centers designed for older individuals who need help with activities of daily living or who are isolated and lonely.
- **Home and Community Support Services (HCSS):** these are services utilized to discreetly oversee and/or supervise the health and welfare of a participant living in the community.
- **Community Integration Counseling (CIC):** these are services individually designed to assist waiver participants to manage the emotional responses inherent in adjusting to a significant physical or cognitive disability while living in the community.
- **Independent Living Skills Training (ILST):** these are services individually designed to improve or maintain the ability of the waiver participant to live as independently as possible in the community.
- **Positive Behavioral Interventions and Supports (PBIS):** these are services individually designed and provided to waiver participants to support them to respond more appropriately to events in their environment in order to remain in their community of choice.
- **Regional Resource Development Centers (RRDCs):** these are centers responsible for the administration of the NHTD waiver program initiatives with an emphasis on ensuring participant choice, availability of waiver service providers, and cost effectiveness of waiver services within its contracted region.

Implementation Date: January 31, 2023

Amount of Funding (SFE) Projected to Be Spent: \$46.4M

Status Update Overall:

DOH submitted an Appendix K waiver request modifying the 1915(c) NHTD and TBI waivers to CMS on December 8, 2021. DOH has resubmitted the Appendix K to CMS three times, after receiving feedback. The Appendix K was first resubmitted on January 12, 2022, was later resubmitted on February 9, 2022, and most recently submitted on March 11, 2022. A formal Request for Additional Information (RAI) was received from CMS after the March 11, 2022, submission. The response was submitted with a corrected Appendix K on April 5, 2022 and approved on May 13, 2022. DOH resubmitted the Appendix K on July 13, 2022, with the effective date for nursing visits. DOH held a webinar for providers on June 16, 2022, setting the groundwork on each of the adjustments, including establishing necessary rate codes and assigning rates to existing providers. DOH hosted a second webinar for providers on August 24, 2022, to review final steps for providers to complete to receive payments.

As of December 16, 2022, all provider submissions have been reviewed by the Regional Resource Development Centers and have been submitted for final review by DOH. The data analysis was completed on January 13, 2023. Provider level data was sent to provider agencies for confirmation of contents the week of January 9, 2023. Corrections are being implemented by DOH in conjunctions with the Regional Resource Development Centers with an expected date of completion of February 10, 2023. The corrected data will then be sent to the rates unit for payment.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH submitted the Appendix K waiver amendments to CMS on December 8, 2021. CMS provided feedback and DOH resubmitted the Appendix K waiver on January 12, 2022, February 9, 2022, and March 11, 2022. Feedback was requested by CMS and a subsequent Appendix K was submitted to CMS on April 5, 2022. CMS approved the Appendix K on May 13, 2022. DOH resubmitted the Appendix K on July 13, 2022, with the effective date for nursing visits.

B. Invest in the Expansion of the Community First Choice Option Services

With this funding, New York proposes to expand its Community First Choice Option (CFCO) platform to include additional services along with its robust personal care and consumer directed personal care services. These additional services would expand access to individuals with physical, emotional/behavioral, and intellectual/developmental disabilities of all ages to many options available currently only to those enrolled in one of New York's 1915(c) waivers.

Eligible Providers:

Providers of CFCO services; these providers offer home and community-based personal care and consumer directed personal care services to eligible Medicaid enrollees.

Implementation Date: 4/01/2023

Amount of Funding (SFE) Projected to Be Spent: \$46.8M

Status Update Overall:

DOH is finalizing the programmatic design for this proposal. Billing guidance and programmatic detail is in development and will be communicated to providers in the CFCO program as soon as it is available.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

A SPA was approved by CMS in October 2015. At this time, DOH does not anticipate any amendments to the original SPA.

C. Support the Unique Program of All-Inclusive Care for the Elderly (PACE)

Support a fully integrated care model to enhance PACE Organizations as an option for dually eligible beneficiaries in New York. The State proposes to invest \$40M in State Funds Equivalent in PACE Organizations to assist PACE centers to reopen safely and institute effective control measures and provide PACE programs workforce development funds to recruit and retain qualified staff.

Eligible Providers:

All authorized PACE Organizations in New York, operating as of April 1, 2021; these organizations provide comprehensive medical and social services to certain frail, elderly people living in the community.

Implementation Date: February 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$40.0M

Status Update Overall:

DOH requested guidance from CMS on appropriate funding mechanisms for investing in PACE, given inherent limitations under federal rules regarding maximum funding that PACE Organizations may receive under their premiums. CMS provided guidance on February 8, 2022, and DOH developed an updated funding distribution methodology that will provide funding to all PACE organizations.

DOH will distribute funding across the nine PACE organizations in New York proportional to the size of each organization. The payment will comply with regulation § 460.182(c), which states that “PACE organization[s] must accept the capitation payment amount as payment in full for Medicaid participants and may not bill, charge, collect, or receive any other form of payment from the State administering agency or from, or on behalf of, the participant” as it will not be tied to members or the utilization of services for members enrolled in the PACE plan.

DOH is not materially modifying the original spending plan proposal as approved by CMS with regard to the allowable investment areas. PACE organizations will be able to use funding for site re-opening, workforce supports, and growing the PACE program. The below table provides a more detailed list of activities for which PACE organizations will be permitted to use funding under this proposal.

Site Reopening and Infrastructure Upgrades	Investments in the Workforce	Growing the PACE Program
<ul style="list-style-type: none"> ▪ Purchasing PPE ▪ Funding COVID-19 testing, compensation and education for staff ▪ Renovating/improving PACE centers for infection prevention (e.g., HVAC) ▪ Installing symptom screening devices ▪ Improving infection prevention strategies in PACE transportation ▪ Renovating PACE center to enhance social distancing ▪ Making infrastructure enhancements that allow PACE centers to withstand and continue operating during natural disasters, public health emergencies, and other emergency situations 	<ul style="list-style-type: none"> ▪ Adopting workforce recruitment and retention activities to attract and retain a qualified workforce ▪ Addressing current shortage of aides and transport drivers 	<ul style="list-style-type: none"> ▪ Expanding capabilities for telehealth and telemedicine ▪ Increasing outreach and education ▪ Expanding capacity to address social determinants of health and health disparities

DOH shared an updated proposal summary with CMS for approval on June 14, 2022. CMS approved the proposal on November 23, 2022. DOH intends to distribute funds to PACE organizations in early 2023.

Status for Federal Approval of Spending Plan:

Approved by CMS on November 23, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for separate federal authority in order to execute this proposal.

D. Improve the OPWDD Delivery System

OPWDD will fund several contracts, grants, and cooperative agreements to improve and stabilize HCBS delivery, enhance state and local infrastructure to support people and their families through person-centered practices and services, and increase access to HCBS. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

Not-for-profit organizations, including OPWDD providers, Local Departments of Social Services (LDSS), institutions of higher education, and/or qualified vendors meeting state-specified requirements.

Implementation Date: May 1, 2022 for Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process Implementation, additional program evaluation contracts to be implemented no later than March 31, 2023; March 31, 2023 for Service Delivery Contracts Implementation

Amount of Funding (SFE) Projected to Be Spent: \$30.0M

Status Update Overall:

OPWDD released the Improvement of Assistive Technology, Environmental Modifications, and Vehicle Modification Process Request for Proposals (RFP) on December 31, 2021. The contract start date was May 1, 2022.

OPWDD completed an RFP and executed a contract with the selected vendor on November 7, 2022 to conduct the Managed Care Assessment. OPWDD is drafting an RFP for the Coordinated Care Organization (CCO) Program Evaluation. Vendor selection, award, and contract execution are planned to occur by March 31, 2023.

OPWDD has also directly contracted with Supported-Decision Making New York and Maximus for service delivery improvement-related grant programs.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

As funds will be distributed through grants, direct contracts, and existing procurement processes, OPWDD does not anticipate the need for federal authority to execute this proposal. Final grant award amounts are pending review of applications.

E. Invest in a Community Engagement Initiative – HCBS Day Service

OPWDD is developing a comprehensive initiative to convert center-based day services into more community-based day services that will allow for greater interaction and independence in the community.

During the COVID-19 pandemic, site-based services were suspended to mitigate the spread of COVID-19; however, the ability of such providers to deliver services was curtailed. As we began to reopen, site-based services were and continue to be utilized at rates below pre-pandemic service levels. OPWDD is proposing to use the additional FMAP afforded under Section 9817 of ARP to support providers that develop and submit plans for new, innovative, and person-centered alternatives to traditional site-based day services. This funding will also include options for the development of telehealth infrastructure as a component of model changes.

Funds will be available to providers through a grant application process. The funding will support the acquisition of technology, staff training, and, under limited circumstances, the payment of capital costs. The payment of capital costs may be allowed when the payment of such costs accelerates the development of alternate program models delivered in settings fully compliant with the HCBS settings criteria. These alternate program models would expand access to HCBS. These payments could be used to accelerate the repayment of approved, cost-verified property costs for sites that are no longer needed; however, no more than 10% of the grant award could be used for this purpose. In this case, any profit that the provider gains from the sale of the property must be reinvested in a manner that expands and promotes the delivery of HCBS.

As a result, the biggest impediment to transitioning from site-based services – the carrying costs of the properties in which they are provided – would be eliminated, paving the way forward for more individualized alternatives that would enhance the lives of people with developmental disabilities in New York State.

To receive funds, providers must commit to participation in a learning Community of Practice (CoP) and must achieve operational changes to expand more integrated models of community-based day service delivery as a condition of receipt of payment. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

OPWDD certified HCBS Waiver Day Service providers; these providers assist with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication, and travel that regularly takes place in a non-residential setting, separate from the person's private residence or other residential arrangement.

Implementation Date: March 31, 2023

Amount of Funding (SFE) Projected to Be Spent: \$15.0M

Status Update Overall:

OPWDD is drafting an RFA for the Community Engagement Day Services Grant. Grant selection, awards, and contract execution are planned to occur during the first calendar quarter of 2023.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

As funds will be distributed through grants, we do not anticipate the need for federal authority to execute this proposal. Final grant award amounts are pending review of applications.

F. Invest in Diversity, Equity, and Inclusion for People with I/DD

OPWDD seeks to leverage the CoP work and initial agency assessments of equity issues to develop and implement a comprehensive strategic initiative, inclusive of culture, ethnicity, language, sexual orientation, gender identity, and ability. This one-time investment will provide for equity analyses of data, focus group research, and partnerships with people and organizations in underserved communities to inform longer-term equity and access efforts, as well as investments in early-stage strategies to address identified equity and access needs. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

Not-for-profit organizations (including OPWDD providers), local government authorities, and/or institutions of higher education with demonstrated expertise in addressing the needs of underserved and historically marginalized populations.

Implementation Date: On August 1, 2022, contract work with Georgetown for DEI Evaluation began; March 31, 2023 for Implementation of DEI Innovation Grants

Amount of Funding (SFE) Projected to Be Spent: \$20M

Status Update Overall:

OPWDD is drafting an RFA for Diversity, Equity, and Inclusion (DEI) Capacity building grants. Grant selection, awards, and contract execution are planned to occur in the first calendar quarter of 2023.

OPWDD will directly contract with Georgetown Consulting Services to execute a DEI-related evaluation grant.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

As funds will be distributed through grants and existing procurement processes, OPWDD does not anticipate the need for additional federal authority to execute this proposal.

G. Integrated Living Transformation Grant

This initiative establishes a grant opportunity to assess the effectiveness of housing investments that expand access to affordable, accessible, non-certified housing options for OPWDD Waiver participants, including individuals seeking to transition from certified settings. The initiative would be implemented through competitive grant funding. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

Not-for-profit organizations (including OPWDD providers) and/or local government authorities with demonstrated experience and skills in developing housing options for populations of individuals who have experienced housing access barriers.

Implementation Date: March 31, 2023

Amount of Funding (SFE) Projected to Be Spent: \$10.0M

Status Update Overall:

OPWDD is drafting a RFA for the Integrated Living Transformation grant. Grant selection, awards, and contract execution are planned to occur in the first calendar quarter of 2023.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

As funds will be distributed through grants, OPWDD does not anticipate the need for additional federal authority to execute this proposal. Final grant award amounts are pending review of applications.

H. Adjust Residential Addiction Treatment Services Rate

To maintain crucial services, New York proposes to temporarily increase rates for existing residential services and to increase services for individuals in early recovery to assist with reintegrating into their community by incorporating the residential reintegration service into the Medicaid benefit package; apply the 10 percent rate adjustment to OASAS residential addiction treatment services; and utilize enhanced FMAP monies to support necessary staffing and start-up costs for OASAS residential reintegration addiction treatment services through enhanced Medicaid rates once incorporated into the Medicaid benefit. The letter to State Medicaid Directors (21-003; see Appendix B) provides that enhanced FMAP funds may be utilized for rehabilitative services or Section 1115 waivers that cover rehabilitative services. New York State has an existing State Plan Amendment for Substance Use Disorder (SUD) rehabilitative services (SPA 16-0004) for non-hospital facilities licensed under 820 with an associated 1115 waiver demonstration authority for SUD services otherwise covered under the Rehabilitative section of the State Plan approved August 2, 2019. ARPA funding will not be available to hospital-based facilities and IMDs because they are not covered under the rehabilitative State Plan. To the extent that a non-hospital rehabilitation facility is providing a rehabilitation service, it is covered under the State Plan Amendment for rehabilitative services or is a Cost Not Otherwise Matchable under the 1115 for Rehabilitative Services. The intent is to supplement the implementation of these rehabilitative services to support institutional diversion and strengthen community transition to non-hospital-based rehabilitation services for individuals with substance use disorders who have been substantially impacted by both COVID and increasing overdose rates.

Eligible Providers:

Residential Addiction Treatment providers licensed or certified by OASAS; these providers offer direct intervention for individuals with substance use or co-occurring mental and substance use disorders in non-hospital, licensed residential facilities. IMDs are not eligible for this funding.

Implementation Date: May 24, 2022; payments will be effective November 1, 2021.

Amount of Funding (SFE) Projected to Be Spent: \$12.5M

Status Update Overall:

These are services authorized to be delivered consistent with 42 CFR § 440.130(d) and pursuant to SPA 16-0004, with the exception of expansion of HCBS services through the addition of Disaster SPA 21-0073 and SPA 21-0064 for residential addiction reintegration benefits, which would assist individuals in reintegration to independent living.

Federal Public Notice was published with the New York Department of State on

November 1, 2021. The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022. The rate package has been approved and OASAS provided the approved rates and billing guidance to plans, providers, and other stakeholders.

Status for Federal Approval of Spending Plan:

Approved by CMS on May 18, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022. The rate package was approved. This proposal is now fully implemented.

I. Expand and Implement HCBS and Community Oriented Recovery and Empowerment (CORE) Services

HCBS and CORE services expansion and implementation support aimed to complement current infrastructure funding via enhanced rates, marketing, and outreach funds; expanded provider capacity via workforce funding; and improved access and engagement via transportation and telehealth infrastructure. Ensuring access to critical treatment and rehabilitation services for individuals identified as having significant behavioral health needs and service utilization (Health and Recovery Plan (HARP) enrollees). Funding will be disbursed through rate increases paid across MCO Medicaid claims as services are provided to eligible Medicaid recipients, and through state directed grants in areas where there is insufficient provider capacity. Funding will be allocated to Adult Behavioral Health HCBS and CORE providers.

Eligible Providers:

Adult Behavioral Health (BH) HBCS providers; these providers offer services that assist with daily living and social skills, individual employment support, and education support to start, return to, or graduate from school to learn skills to get or keep a job in order to allow individuals to be more involved in their community.

Adult CORE providers: these providers offer nursing assessment, medical administration, case management, peer supports, psychological testing, individual, family, or group counseling for people with diagnosed mental illness, and/or co-occurring substance use disorder, whose level of functioning is significantly affected by the behavioral health illness.

Implementation Date:

Payments will be effective for dates of service beginning October 1, 2021. Implementation begins January 2023.

Amount of Funding (SFE) Projected to Be Spent: \$9.2M

Status Update Overall:

CMS approved the corresponding directed payment template on March 18, 2022. OMH has finalized its monitoring and evaluation strategy under the State's directed payment preprint as approved by CMS. OMH guidance was communicated to Medicaid Managed Care Plans (MMCP) and providers on February 11, 2022. CORE services are section 1115(a)-authorized rehabilitation services, authorized pursuant to 42 CFR § 440.130(d). OMH will submit a second directed payment preprint for provider payments effective April 1, 2022.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

Section 438.6(c) preprint was approved by CMS on March 18, 2022.

J. Support the Transition to Voluntary Foster Care Agencies (i.e., Article 29-I providers, as licensed under State Law) Core Limited Health Related Services

Implement a temporary rate adjustment of 25 percent retroactive to April 1, 2021, until September 30, 2022, for Article 29-I Health Facility Core Limited Health Related Services Per Diem Rates. Services will be delivered consistent with 1905(a)(13) of the SSA, 42 CFR § 440.130(d) and rehabilitative services authorized in SPA 21-0003. This temporary increase would assist providers to build capacity to meet the increasing needs of children.

Eligible Providers:

Article 29-I Health Facilities

Implementation Date:

Payments were loaded on July 27, 2022 and went into effect on August 24, 2022. The 25% temporary rate increase payments were paid retroactive to April 1, 2021 and continued through September 30, 2022.

Amount of Funding (SFE) Projected to Be Spent: \$23.8M

Status Update Overall:

DOH is awaiting CMS approval of the Disaster SPA 21-0054. This addresses the 29-I program with services delivered consistent with 1905(a)(13) of the SSA, 42 CFR§440.130(d) and rehabilitative services authorized in SPA 21-0003. DOH drafted guidance for providers and MMCP regarding billing.

Additionally, DOH is defining more clearly the scope of services covered in this rate increase to cover both Rehabilitative and Prevention Services. Since these services are being delivered by the same providers and same practitioners this increased rate in both areas will allow providers to expand overall capacity to serve both children with behavioral health issues and children who are at risk of developing them as a result of trauma and other adverse childhood experiences.

Based on the data submitted by providers, licensing information available to DOH regarding licensure by other state agencies of residential programs, and the CMS guidance regarding IMD criteria, DOH is currently working to make preliminary assessments of all providers of child welfare residential programs. When complete, these determinations will be shared with providers and providers will be given the opportunity to clarify or provide additional information before site visits are scheduled to validate determinations. Many providers offer a variety of services to children/youth/families. A number of providers are authorized to provide community based services, including HCBS and CFTSS and 29-I health-related services, while also providing residential services or running group boarding homes, as an example. NYS will ensure that the funding is provided to build service capacity for children/youth who need community based services to

prevent higher level of care and or assist with stepping down from a higher level of care. This funding will be utilized to build and expand preventive and community based services to serve children/youth in the least restrictive setting. ARPA funding will not be used for services provided in inpatient facilities, including facilities that may meet the definition of an IMD or PRTF.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH developed a Disaster SPA 21-0054 "Enhanced FMAP" that was submitted to CMS October 8, 2021 and is pending approval. Specific rate increases will be confirmed when the proposed rate package receives approval.

K. Expand Crisis Services for People with I/DD

There is a growing need for enhanced behavioral health services that exceeds current service capacity. In order to address the behavioral health needs of people with I/DD the State will: expand Crisis Services for People with I/DD (CSIDD), enhance rates for Intensive Behavioral Support Services (IBS), and connect I/DD Service System and Community-Based Services.

Eligible Providers:

CSIDD State Plan providers licensed by OPWDD; these providers offer targeted services for individuals with I/DD who have significant behavioral or mental health needs. CSIDD are delivered by multi-disciplinary teams who provide personalized and intensive time-limited therapeutic clinical coordination of Medicaid services for individuals ages six and older.

Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver.

Implementation Date: August 1, 2021 for Expand CSIDD Services;
November 1, 2021 for Enhanced Rates for Intensive Behavioral Services (IBS);
May 1, 2022 for Connecting I/DD Service System and County-Based Crisis Services Funding Support Services

Amount of Funding (SFE) Projected to Be Spent: \$11.3M

Status Update Overall:

CSIDD services are covered under the State Plan Rehabilitation benefit. The CSIDD SPA 19-0014, was approved on December 16, 2019, with an effective date of January 1, 2019.

OPWDD developed and released an RFA for a grant focused on expanding CSIDD services. The contract start date for the Region 2 CSIDD Expansion was November 1, 2021. For Region 3 CSIDD Transition, the contract start date is tentatively planned for no later than the end of the first calendar quarter of 2023.

For the enhanced rate for IBS, OPWDD submitted an Appendix K for the NY OPWDD Comprehensive Waiver (0238.R06.00) and received approval.

OPWDD has directly contracted with a single entity and invested a portion of the funding to support pilot projects at the county level to address gaps in crisis response and children's services.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

For the enhanced rate for IBS, OPWDD submitted an Appendix K Waiver September 7, 2021, and received approval on November 1, 2021. A 1915(c) Waiver Amendment will be submitted to continue these enhancements and align with the end of the Appendix K Authority.

L. Enhanced Rates for Private Duty Nursing (PDN)

New York proposes to invest state and federal enhanced matching funds, on a one-time basis, to supplement FFS Medicaid private duty nursing (PDN) rates for adult recipients receiving services in the home to align with the rates recently enhanced for the under-23 population. The investment would apply until March 31, 2024. This proposal would ensure adequate reimbursement and access to PDN services for FFS members who turn 23 years old and remain in the program and help with staffing cases, which has been even more challenging during the COVID-19 pandemic. The FFS Medicaid base fees are currently lower than the Medicaid Managed Care fees creating a disincentive for providers to service FFS adult members.

Eligible Providers:

PDN providers; these providers offer substantial, complex, and continuous skilled nursing care provided in the home for medically fragile Medicaid beneficiaries.

Implementation Date: November 1, 2021

Amount of Funding (SFE) Projected to Be Spent: \$11.8

Status Update Overall:

SPA 21-0066 was submitted to CMS on December 30, 2021, and subsequently withdrawn. This proposal was moved under the Disaster Relief SPA 21-0073, a draft of which was submitted to CMS on September 18, 2022, with a revision submitted on November 28, 2022. The SPA is currently under CMS review. DOH submitted SPA 22-0037 to CMS on June 30, 2022. Following a 15-day call with DOH on August 30, 2022, CMS issued an RAI stating that SPA 22-0037 will not be reviewed until SPA 21-0073 is approved. This impacts the PDN program. 42 CFR § 440.80 authorizes PDN in a home, hospital, or SNF setting. Consistent with those requirements and the updated standards in 42 CFR § 440.70 regarding home health services, PDN services funded under this proposal are only available in HCBS settings, rather than in a facility. DOH has established the rate package and has notified providers of the rate change. The new rates were implemented on November 1, 2021. The temporary rate increases are as follows: for the Upstate Region, Code S9123 increased by \$16.38, Code S9123 High Tech increased by \$18.79, Code S9124 increased by \$13.75, and Code S9124 increased by \$15.56. For the Downstate Region, Code S9123 increased by \$18.54, Code S9123 High Tech increased by \$20.39, Code S9124 increased by \$14.83, and Code S9124 increased by \$17.30.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH submitted SPA 21-0066 to CMS on December 30, 2021, and subsequently withdrew it. The Disaster Relief SPA 21-0073 was submitted to CMS as a draft on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022 and is currently under review. DOH submitted SPA 22-0037 to CMS on June 30, 2022.

M. Supportive Residential Habilitation Transformation Grant

Establishes a grant opportunity to increase the ability of providers to employ flexible strategies to enhance person-centered service delivery and to further incentivize the provision of supports and services that will allow individuals with I/DD to live in a more integrated setting of their choosing. These resources will be used to incentivize Residential Habilitation Providers to expand the use of innovative tools and technologies, investments in capital and start-up costs associated with staffing “hubs”, planning and development of service delivery options costs, and the identification, hiring, and training of neighbors or staff to expand Supportive Residential Habilitation and Family Care Residential Habilitation options that support people in a more independent manner in the most integrated settings, consistent with their needs and preferences. Funds will not be used for participants’ room and board costs. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

Residential Habilitation Providers; these providers offer care, skills training, and supervision to participants in a non-institutional setting.

Implementation Date: March 31, 2023

Amount of Funding (SFE) Projected to Be Spent: \$10.0M

Status Update Overall:

OPWDD released an RFA for a Supportive Residential Habilitation Transformation grant on March 22, 2022. Contract execution is tentatively planned for the first quarter of calendar year 2023.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

As funds will be distributed through grants, OPWDD does not anticipate the need for federal authority to execute this proposal. Final grant award amounts are pending review of applications.

N. Invest in OASAS Outpatient Addiction Rehabilitation Treatment Services Adjustments

Utilize enhanced funding to increase access by incentivizing providers that deliver services in the community for all outpatient addiction rehabilitation services through a 10 percent temporary rate enhancement.

Eligible Providers:

OASAS licensed or certified Outpatient Addiction Rehabilitation Treatment Service providers; these providers offer clinical services for people with addiction to substances and their families.

Implementation Date: March 31, 2022; payments effective November 1, 2021.

Amount of Funding (SFE) Projected to Be Spent: \$4.9M

Status Update Overall:

A Federal Public Notice for OASAS Outpatient rate changes was published by the New York Department of State on November 1, 2021. State Plan Amendment 21-0073 was submitted to CMS as a draft on September 18, 2022 (with revision submitted November 28, 2022). The rate package has been approved and OASAS has developed billing and programmatic guidance that was circulated to providers to support implementation of this proposal. These services are authorized to be delivered consistent with 42 CFR §440.130(d) and pursuant to SPA 16-0004. This proposal is now fully implemented.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

NYS submitted the draft consolidated Disaster Relief SPA 21-0073 in draft to CMS on September 18, 2022, with a revision submitted at CMS's request on November 28, 2022. The rate package was approved.

O. Invest in Personalized Recovery Oriented Services (PROS) Redesign

Supporting a PROS redesign via enhanced rates within PROS to include an increase in offsite capacity and one-on-one service, program specific staffing investments including peers and rehabilitation staff, and grants for physical plant improvements. Physical plant improvements would not be directly funded by this proposal; rather, the State is providing 10 percent rate enhancements for existing State Plan services, which providers may use to cover operational, workforce, and other costs required to preserve access to HCBS. Investment is based upon Consolidated Financial Report (CFR) gap-to-actual costs and recent provider closure. The PROS model must be updated to accommodate changing population and system need and demographics (i.e., telehealth, desire for more one-on-one, off-site capability, unemployment), while right-sizing financial models to support it. Funding will be disbursed through rate increases paid across FFS or MMCP.

Eligible Providers:

OMH-licensed rehabilitation for PROS providers; these providers offer a comprehensive model that integrates rehabilitation, treatment, and support services for people with serious mental illness. These are State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA 16-0041.

Implementation Date: Payments will be effective for dates of service beginning October 14, 2021. Implementation began March 28, 2022.

Amount of Funding (SFE) Projected to Be Spent: \$5.1M

Status Update Overall:

Federal Public Notice was published with NYS Department of State on October 13, 2021. The rate package for PROS was finalized, the rates were loaded and paid, and the providers were notified of the changes. OMH continues to facilitate communication between providers and stakeholders including specific provider impacts.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

NYS published a Federal Public Notice for the State Plan Amendment on October 13, 2021. NYS submitted the draft consolidated Disaster Relief SPA 21-0073 on September 18, 2022, with a revision submitted on November 28, 2022.

P. CFTSS Rate Adjustments

Apply the 25 percent rate adjustment to Children and Family Treatment and Support Services (CFTSS) rates, including “off-site” rates, retroactive to April 1, 2021, until the end of the Public Health Emergency.

Eligible Providers:

CFTSS providers designated to provide CFTSS consistent with 1905(a)(13) of the SSA, 42 CFR § 440.130(d) and as outlined in SPA 20-0018.

Implementation Date: Payments were loaded on February 18, 2022 and went into effect on March 23, 2022.

Amount of Funding (SFE) Projected to Be Spent: \$3.4M

Status Update Overall:

DOH is awaiting CMS approval of the Disaster SPA 21-0054. Guidance was drafted and sent out for providers and MMCP regarding billing. Additionally, DOH is defining more clearly the scope of services covered in this rate increase to cover both Rehabilitative and Prevention Services. Since these services are being delivered by the same providers and same practitioners this increased rate in both areas will allow providers to expand overall capacity to serve both children with behavioral health issues and children who are at risk of developing them as a result of trauma or other adverse childhood experiences. Included programs are consistent with 1905(a)(13) of the SSA, 42 CFR § 440.130(d) as outlined in SPA 20-0018.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH developed a Disaster SPA 21-0054 “Enhanced FMAP” that was submitted to CMS on October 8, 2021. Specific rate increases will be confirmed when the proposed rate package receives approval.

Q. Children's Waiver HCBS Rate Adjustments

Implement a HCBS rate adjustment of 25 percent retroactive to April 1, 2021, until June 30, 2023. This would assist providers to build capacity to meet the increasing need.

Eligible Providers:

Children's HCBS providers.

Implementation Date: By March 31, 2022, payments effective April 1, 2021.

Amount of Funding (SFE) Projected to Be Spent: \$53.9M

Status Update Overall:

CMS approved the Appendix K NY. 4125.R05.12 modification of the 1915(c) NY Children's Waiver (4125.R05.00) on February 1, 2022. DOH developed updated rates and prepared a notice to providers and MMCP about the rate adjustment.

FFS rate distribution occurred on March 23, 2022, and MMCP rate distribution occurred March 31, 2022. Payments are ongoing.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH submitted Appendix K to CMS on January 14, 2021. CMS approved the Appendix K on February 1, 2022. Payments are ongoing.

R. Invest in Assertive Community Treatment (ACT) Services

Increasing the existing service payment rates for ACT teams serving the highest need individuals in the mental health system. ACT services are State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA 01-0001 and pending SPA 21-0015. Funding will be disbursed through rate increases paid across FFS or MCO Medicaid claims following a State Plan Amendment as services are provided to eligible Medicaid recipients.

Eligible Providers:

OMH-licensed ACT providers; these providers consist of a community-based group of medical, behavioral health, and rehabilitation professionals who use a team approach to meet the needs of an individual with severe and persistent mental illness.

Implementation Date: Payments will be effective for dates of service beginning October 7, 2021. Implementation began March 14, 2022.

Amount of Funding (SFE) Projected to Be Spent: \$3.5M

Status Update Overall:

NYS published a Federal Public Notice for the State Plan Amendment on October 6, 2021. A SPA was submitted to CMS on December 30, 2021. This proposal impacts State Plan authorized rehabilitative services pursuant to 42 CFR § 440.130(d) and as outlined in SPA 01-0001 and approved SPA 21-0015. Rate packages were finalized, rates were loaded and paid, and OMH notified providers of rate changes. OMH continues to facilitate communication between providers and stakeholders including specific provider impacts.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

Federal Public Notice was issued with NYS Department of State on October 6, 2021. NYS submitted the draft consolidated Disaster Relief SPA 21-0073 on September 18, 2022, with a revision submitted on November 28, 2022.

S. Health Home Serving Children Rate Adjustments

Provide a temporary annual assessment fee of \$200 to Health Homes for conducting an HCBS eligibility determination.

Eligible Providers:

Health Homes Serving Children (HHSC).

Implementation Date: Disaster SPA 21-0054 effective payment date starts 4/1/21.

Amount of Funding (SFE) Projected to Be Spent: \$1.6M

Status Update Overall:

DOH completed a Disaster SPA 21-0054 and is awaiting approval for the assessment fee retroactive to April 1, 2021. DOH submitted SPA 22-0077 to continue this activity after 9/30/22 and is finalizing billing guidance for HHSC.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH completed a Disaster SPA 21-0054 awaiting approval for the assessment fee retroactive to April 1, 2021 and is awaiting approval from CMS. DOH will pursue a SPA 22-0088 to begin 10/1/22 and is finalizing billing guidance for HHSC.

T. Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening

New York State proposes to use a directed payment template with MLTCs, with the possibility of capital investments, to fund ADHCs and SADCs based on utilization of services in an effort to strengthen, enhance, and expand the availability of these HCBS which were closed during the height of the pandemic. This is in an effort to assist SADCs and ADHCs to reopen safely and institute effective infection control measures and provide SADCs and ADHCs workforce development funds for recruitment and retention of qualified staff. Providers pursuing any capital investments will be required to confirm their resulting location is fully compliant with the HCBS settings criteria.

Eligible Providers:

All ADHCs and SADCs operating in NYS or having closed operations in the time period 2019 to present; these centers provide a coordinated program of professional and compassionate services for adults in a community-based group setting.

Implementation Date: April 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$10.0M

Status Update Overall:

DOH is developing a Section 438.6(c) preprint for SADCs and will submit a SPA for ADHCs. Guidance and programmatic detail will be developed and communicated to providers in the near future.

Status for Federal Approval of Spending Plan:

Approved by CMS on October 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH is in the process of developing a Section 438.6(c) preprint for SADCs and is developing a SPA for ADHCs. DOH will seek CMS approval of the preprint in order to include this funding within managed care rates. After approval, information will be shared with both providers and health plans which details program requirements, measures used to drive funding amounts, and other elements of program design. Providers will not be allowed to use this funding on capital expenditures.

U. Incentivize Child Welfare Step-Down Programs

Child welfare agencies must actively enhance their care delivery systems for children with behavioral health conditions in order to reduce the number of children and lengths of stay of children in Qualified Residential Treatment Programs (QRTPs) considered to be IMD by CMS. Specifically, this proposal will support the QRTPs in establishing additional community supports to allow children to step down from an institutional level of care. These services are behavioral health and other medical services covered under the rehabilitative services benefit mentioned on page 15, Appendix B, of the State Medicaid Director Letter (SMDL) #21-003. These include Child and Family Treatment and Support Services including psychosocial rehabilitation, family peer and youth peer support services, services provided by Other Licensed Practitioners, Community Psychiatric Supports and Treatment, and crisis services, in addition to services provided by voluntary foster care agency health facilities licensed under Article 29-I of the NYS Public Health Law, which include skill building and psychotherapy. This will also include Home and Community Based Services for children and youth who are eligible and enrolled in the 1915c Children's Waiver.

Eligible Providers:

29-I providers

Implementation Date: October 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$2.2M

Status Update Overall:

DOH has been working collaboratively with the OCFS Services to analyze the service array available to prevent children/youth from going entering residential foster care and if already in residential care, building community-based services to return children/youth back to their community sooner. DOH will develop a Section 438.6(c) preprint modifying the 29-I program within Medicaid Managed Care for submission to CMS.

Based on the data submitted by providers, licensing information available to DOH regarding licensure by other state agencies of residential programs, and the CMS guidance regarding IMD criteria, DOH is currently working to make preliminary assessments of all providers of child welfare residential programs. When complete, these determinations will be shared with providers and providers will be given the opportunity to clarify or provide additional information before site visits are scheduled to validate determinations. Many providers offer a variety of services to children/youth/families. A number of providers are authorized to provide community-based services, including HCBS and CFTSS and 29-I health-related services, while also providing residential services or running group boarding homes, as an example. NYS will ensure that the funding is provided to build service capacity for children/youth who need community-based services to prevent higher

level of care and or assist with stepping down from a higher level of care. This funding will be utilized to build and expand preventive and community-based services to serve children/youth in the least restrictive setting. Child Welfare step down preventive services funded under this activity fit squarely into the category of rehabilitative mental health services included in Appendix B of the State Medicaid Director Letter (SMDL) #21-003, such as rehabilitative services and 1915(c) services. ARPA funding will not be used for services provided in inpatient facilities, including facilities that may meet the definition of an IMD or PRTF.

Status for Federal Approval of Spending Plan:

Pending approval from CMS.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

DOH will be developing a preprint for submission to CMS. Specific rate increases will be confirmed as part of authority approval.

V. Invest in Mental Health Outpatient Treatment and Rehabilitation Services

Increase the existing service payment rates for Mental Health Outpatient Treatment and Rehabilitation Services, a critical access point in the mental health system. Funding will be disbursed through rate increases paid across FFS or MCO Medicaid claims following a State Plan Amendment as services are provided to eligible Medicaid recipients. As more Medicaid recipients seek access for behavioral health services under the current pandemic, these investments will be used to target peer support service provision, offsite service delivery, electronic health record (EHR) changes, and strengthening provider staffing resources.

Eligible Providers:

OMH-Licensed Mental Health Outpatient Treatment and Rehabilitation Services Providers; these providers offer counseling, group therapy, medical consultations, and psychiatry to help patients learn to cope with stressors and manage their mental health.

Implementation Date: Payments will be effective for dates of service beginning February 1, 2022. Implementation began in September 2022.

Amount of Funding (SFE) Projected to Be Spent: \$31.8M

Status Update Overall:

NYS published a Federal Public Notice for the SPA on January 26, 2022. The SPA was submitted to CMS on March 31, 2022 and approved by CMS on June 23, 2022. An enhanced rate package for OMH-Licensed Mental Health Outpatient Treatment and Rehabilitation Services was developed and rates were loaded in September 2022. OMH notified providers of rate changes.

Status for Federal Approval of Spending Plan:

Approved by CMS on May 18, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

SPA 22-0014 was approved by CMS on June 23, 2022. .

W. Continuation and Expansion of the Community Care Connections Program Model Funding

New York proposes to invest a portion of this enhanced funding to support the continuation and expansion of the Community Care Connections (CCC) model and the integration of community-based social workers and nurse care coordinators into the medical system of care. The CCC model integrates traditional community-based aging services with medical systems of care to positively impact the aims of cost, quality, and patient satisfaction. Due to CCC's proven ongoing success of improving health outcomes while also reducing healthcare utilization for older adults, NYSOFA will utilize this funding to support the continuation and expansion of the CCC model into other counties within New York State by expanding the CCC model to an additional 6 counties, supporting consultation and guidance for community-based organizations (CBOs) to facilitate program replication, continuing support for the evaluation of the CCC model, and continuing to develop contracts with payers for sustainable funding.

Funding will be used to address the social, economic, and clinical needs of older adults, which supports New York State's movement from a volume-based system to value-based system. NYSOFA intends to leverage the NY Connects No Wrong Door (NWD) System as a key component within the CCC model and incorporate care transitions programming to successfully facilitate referrals between institutional care and home and community-based settings. Costs and services funded through this proposal will include staffing, staff mileage to home visits and client medical appointments, IT equipment for documentation and care planning, program management, subcontracts with CBOs, travel required for outreach and expansion, and the independent evaluation of the CCC model by the New York Academy of Medicine.

Eligible Providers:

N/A

Implementation Date: January 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$2.8M

Status Update Overall:

Lifespan has begun outreach activity to rural counties targeted for expansion in preparation for the project start in January 2023. To date, 21 outreach contacts and meetings have taken place in Steuben and Yates counties resulting in new referrals. Primary care practices in the additional expansion counties have been identified and plans for outreach are underway. In addition, a virtual presentation was given to a multi-county Continuum of Care Coalition on November 22, 2022. A wide range of community-based organizations and RN Care Managers across the Finger Lakes region attended. Lifespan's outreach activities have also included potential sub-contracted partners including the Centers of Excellence for Alzheimer's Disease at Glens Falls Hospital in Warren County for an initial

conversation about the replication of CCC in the North Country. Lifespan will also connect with the Office for the Aging in Oneida County to assist with a plan for expansion in Central New York.

In anticipation of expansion, Lifespan has hired three LPN Healthcare Coordinators who live in rural counties: one in Livingston, one in Steuben and one at the border of Yates, Steuben, and Ontario Counties. Lifespan's base operations in Monroe, Ontario, Livingston, and Genesee Counties are supported by six additional LPN Healthcare Coordinators and three Social Work Care Managers. Lifespan will recruit for and hire an additional three Social Work Care Managers to achieve the expansion plan to serve an additional 500 older adults for a total of 1,940 in the targeted counties over the 24-month period.

Lifespan has also reconvened the CCC Advisory Committee to review the workplan for the CCC expansion project.

Status for Federal Approval of Spending Plan:

Approved by CMS on October 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for additional federal authority in order to execute this proposal.

III. Digital Infrastructure Investment

A. Modernize OPWDD IT Infrastructure to Support Medicaid Enterprise & Investments to Expand Operational Capacity

Investments to Expand Operational Capacity. OPWDD will collaborate with the DOH and New York State Information Technology Services (ITS) to seek investments to access and leverage ongoing federal Health Information Technology funding for OPWDD's Medicaid IT infrastructure, including billing, incident management, needs assessments and service determinations, care management, and statewide case management. In addition, resources will be used to develop new interactive dashboards, reporting, and data integration for stakeholder transparency to ensure quality supports and services are delivered to New Yorkers with developmental disabilities. Resources will also be used to make one-time investments in areas such as systems to manage scheduling and deployment of the direct support staff workforce and inventory tracking.

Eligible Providers:

Qualified Medicaid Health Information Technology (HIT) vendors; these design, develop, create, use, and maintain information systems for the healthcare and LTSS industries.

Implementation Date: March 31, 2023

Amount of Funding (SFE) Projected to Be Spent: \$42.4M

Status Update Overall:

A scope of work for an RFP for a consultant to develop an HIT plan for federal review is currently in development. The anticipated release date of the RFP, and the contract start date, is tentatively planned for no later than the end of the first calendar quarter of 2023.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

As funds will be distributed through existing procurement processes, OPWDD does not anticipate the need for federal authority to execute this proposal. Final grant award amounts are pending review of applications.

B. Strengthen NY Connects Infrastructure

New York proposes to invest a portion of this enhanced funding for NY Connects to include additional resources in the directory, across the service sectors serving children with special needs and individuals: intellectual and developmental disabilities (I/DD), mental health and chronic behavioral health conditions, serious mental illness (SMI), and substance use disorder (SUD). NYSOFA would develop and deliver specific training for NY Connects operators about changes in accessing services and supports across the disability continuum. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Providers:

N/A

Implementation Date: October 1, 2021 for the approved portion of the proposal; April 3, 2023 for the enhancements to the NY Connects Resource Directory and Training and June 1, 2023 for the Data Collection and Reporting System Improvements portion of the proposal.

Amount of Funding (SFE) Projected to Be Spent: \$37.7M

Status Update Overall:

DOH and NYSOFA have finalized the initial investment areas for NY Connects, as proposed in and approved as part of the July 2021 Spending Plan, and have begun the initial phase of the investment and implementation process.

Effective October 1, 2022, NYSOFA is expanding this proposal in the following two areas:

- 1. Data Collection and Reporting System Improvements (\$7.7M):** The current NYSOFA Statewide Client Application is a collaboration-based Case Management system that connects individuals and their family/caregivers with service providers. It enables care professionals to better share information among their peers and improves service delivery and outcomes. The system utilizes a suite of program modules and tools connecting multiple programs across a community. To administer their local functions, the Area Agencies on Aging (AAAs) utilize the Statewide Client Application, as well as a variety of in-house, locally developed and maintained systems. Included in the data collection, is a defined minimum data set (MDS) established by NYSOFA that addresses standardized information for community-based LTSS. The State will invest a portion of this enhanced funding for NY Connects by improving the data collection and reporting system across the service sectors serving children with special needs and individuals with I/DD, mental health and chronic behavioral health conditions, SMI, and SUD. This system will track and analyze service utilization, Care and Case Management services and referral, administration requirements, federal reporting requirements,

compliance monitoring, data validation and verification, production of standard reports, as well as ad hoc reporting functionality, and querying of data for custom tabulations to fully assess all feasible data elements/options. NYSOFA has conducted an internal agency review of the data collection and reporting system RFP and is planning to release the RFP shortly.

- 2. Enhance NY Connects Resource Directory and Training for NY Connects Staff (\$0.25M):** In coordination with all NY Connects NWD system partners, NYSOFA will invest a portion of this funding to further enhance the NY Connects Resource Directory with information and resources specific to children with special needs and individuals with I/DD, mental health and chronic behavioral health conditions, SMI, and SUD. To support the enhancements to the NY Connects Resource Directory, NYSOFA will collaborate with the NWD system partners to continue developing and providing effective training curricula for NY Connects staff across the state. NY Connects staff will receive updated training specific to each population so that they may help individuals and their family/caregivers who are served by other state agencies, with exploring their options and making informed choices on LTSS and other available resources. NY Connects staff will also receive training and education on caregiver resources and supports for each population.

The NYSOFA project team developed the scope of work for this project and completed a thorough review of all existing trainings to identify needed enhancements and new topics for development. Additionally, NYSOFA provided an overview of the project to NWD partner agencies during a standing interagency call on November 28, 2022. NWD partner agencies will review existing content respective of their agency/service network and provide feedback to NYSOFA in early 2023. NYSOFA has also been meeting regularly with AgingNY to discuss the scope of work as AgingNY will be issuing a contract with the training product development vendor. The contract with the vendor is expected to begin in early 2023.

Status for Federal Approval of Spending Plan:

Initial proposal approved by CMS on August 25, 2021. Expanded proposal approved by CMS on May 18, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for federal authority in order to execute this proposal.

C. Advance Children's Services IT Infrastructure

Create a flexible mechanism by which providers can enhance their IT infrastructure to meet the needs of children and families they serve. This can include integrating EHR systems, developing billing platforms/hiring billing vendors, Health Home build system to take oversight of Modifications, HCBS Requirements, POC, and Linkages to Services Oversight, Electronic Visit Verification (EVV) reimbursement, funding for administrative staff, funding for training staff, telehealth equipment, necessary facility changes, and a funding pool to incentivize Article 29-I providers meeting established performance targets and criteria.

Eligible Providers:

CFTSS Providers, HCBS providers, VFCA 29-I Health Facilities

Implementation Date: January 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$7.0M

Status Update Overall:

On April 6, 2022, CMS approved two Section 438.6(c) preprints for this proposal (NY_Fee_HCBS.BHO2_New_20210401-20220331 and NY_Fee_HCBS.BHO1_New_20210401-20220331) which establish a methodology to award 84% of the funding to 86% of targeted providers. DOH is drafting communications to both providers and Medicaid Managed Care Plans regarding these approvals and detailing necessary next steps. Additionally, DOH is pursuing alternative means of distribution for remaining funds to the providers not captured in the preprint via State Share Only payments. The State added \$165,000 to this proposal of state share funds to increase award amounts to each provider. Attestations for the approved two Section 438.6(c) preprints for this proposal have been sent to providers who will be receiving funds via this method and/or via State-Share Only payments. An additional Section 438.6(c) preprint for this proposal which establishes a methodology to award qualifying Health Homes additional funds is currently under internal review for submission to CMS.

Based on the data submitted by providers, licensing information available to DOH regarding licensure by other state agencies of residential programs, and the CMS guidance regarding IMD criteria, DOH is currently working to make preliminary assessments of all providers of child welfare residential programs. When complete, these determinations will be shared with providers and providers will be given the opportunity to clarify or provide additional information before site visits are scheduled to validate determinations. Many providers offer a variety of services to children/youth/families. A number of providers are authorized to provide community-based services, including HCBS and CFTSS and 29-I health-

related services, while also providing residential services or running group boarding homes, as an example. NYS will ensure that the funding is provided to build service capacity for children/youth who need community-based services to prevent higher level of care and or assist with stepping down from a higher level of care. This funding will be utilized to build and expand preventive and community-based services to serve children/youth in the least restrictive setting. ARPA funding will not be used for services provided in inpatient facilities, including facilities that may meet the definition of an IMD or PRTF.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

Section 438.6(c) preprints for this proposal were approved by CMS on April 6, 2022, to distribute 84% of available funds. DOH is investigating additional means to distribute remaining funds and will submit subsequent authorities for those alternative means of distribution if required. Attestations for the two approved Section 438.6(c) preprints for this proposal have been sent to providers who will be receiving funds via this method and/or via State-Share Only Payments. An additional Section 438.6(c) preprint for this proposal which establishes a methodology to award qualifying Health Homes additional funds is currently under internal review for submission to CMS.

D. Extend Support for BH Care Collaboratives (BHCC)

Beginning in 2018, New York State invested \$60M to develop BHCC service networks across the behavioral and physical health continuum to prepare the BH system to enter into value-based reimbursement through supporting fiscal and clinical integration that is the foundation of BHCCs. Funds supported BH provider system culture change, moving from competition to collaboration across networks. BH providers in these BHCC networks gained knowledge and insight about how to define and measure the value BH brings to the overall health care system and managed care organizations. Most of these provider networks incorporated as Behavioral Health Independent Practice Association (BH IPAs), in order to enter contract arrangements. These BH IPAs developed significant infrastructure to drive integrated care, measure and manage data across networks, and improve service delivery across the behavioral and physical health spectrum. This additional development funding would allow for BH IPAs to continue their pre-pandemic work including enhancing data platforms and quality assurance processes, measuring quality and continuity of care across the provider network and through the larger system of care, and supporting engagement with payers for alternative payment models or value-based reimbursement arrangements with a focus on rehabilitation and recovery services.

Eligible Providers:

Existing BHCCs operating as BH IPA: these providers expand, enhance, and strengthen HCBS in the Medicaid program by assisting HCBS providers become empaneled to provide services to more Medicaid Managed Care enrollees and engage with payors in beneficial value-based contracting arrangements. BHCC network providers are licensed behavioral health providers under Article 31 and Article 32 of the New York Mental Hygiene Law, including mental health clinics, substance use disorder providers, PROS, ACT and related HCBS providers, and, in that capacity, are authorized to deliver Appendix B services, including State Plan rehabilitative services pursuant to 42 CFR § 440.130(d) and Adult BH HCBS, which are section 1115(a) authorized HCBS.

Implementation Date: First payment was made in September 2022 and was retroactive to April 1, 2022. The second payment will be made in March 2023.

Amount of Funding (SFE) Projected to Be Spent: \$10.0M

Status Update Overall:

OMH, in collaboration with the Department of Health, submitted a directed payment template to CMS on January 20, 2022, subsequently revised and resubmitted on March 29, 2022. CMS approved the directed payment preprint on March 30, 2022.

Status for Federal Approval of Spending Plan:

Approved by CMS on January 31, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

Section 438.6(c) preprint was resubmitted to CMS on March 29, 2022. CMS approved the directed payment preprint on March 30, 2022.

Specific provider payments were confirmed as part of authority approval.

E. Study to Develop New CDPAP Care Technology

New York will support the exploration and piloting of a private registry system to assist participants in CDPAP in finding individuals willing to serve as personal assistants in a small number of designated service areas to study whether this type of registry is useful to those participants who have someone in mind that may cover some, but not all, of their authorized hours, or who require a backup and do not have additional people to meet that need. In addition, this type of registry may also be helpful in reducing overtime for high hour cases where the participant may not be able to identify sufficient assistants to meet their needs. It may also allow personal assistants to serve multiple consumers and improve their ability to make this work a fulltime job. The State will reinvest ARPA funds for this activity and is not seeking an additional match.

Eligible Applicant:

A technology vendor that offers a referral registry system.

Implementation Date: April 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$5.1M

Status Update Overall:

DOH is finalizing specifications for the referral registry pilot. Selection of a technology vendor capable of providing such a pilot is forthcoming. DOH is planning to release an invitation for bids. Further programmatic detail will be developed and communicated to providers in the near future.

Status for Federal Approval of Spending Plan:

Approved by CMS on August 25, 2021.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for additional federal authority in order to execute this proposal.

F. Strengthen the NYS Multiple Systems Navigator

New York proposes to invest a portion of this enhanced funding to grow and improve the accessibility of the NYS Multiple Systems Navigator sponsored by the NYS Council on Children and Families (CCF). The NYS Multiple Systems Navigator (www.msnavigator.org) is a website for youth with multiple disabilities, parents, caregivers, and direct care professionals that serves as a one-stop resource on high-quality supports and services available from health, education, and human services agencies that serve vulnerable New Yorkers. Since its creation, the Multiple Systems Navigator has simplified a complex process of accessing information from numerous child- and family-serving agencies by compiling it on one consumer-friendly site, helping provide access to comprehensive, current, relevant, and easy-to-find information for those typically in need of multiple intensive services and supports including health, mental health, developmental disability, and other services. Specifically, the funds would enable youth, families, and the workforce supporting this target population to access available HCBS more easily and other services and supports across the State.

This project will meet the dual goals of supporting the direct care workforce and investing in the State's digital infrastructure. Specifically, enhancements to the MS Navigator will enable youth, families and the workforce supporting this target population to access available home and community-based services (HCBS) across the State. It is imperative that CCF with the support and guidance of the vendor work to incorporate stakeholder feedback about the redesign of the MS Navigator, by conducting surveys, focus groups or otherwise soliciting feedback from state and local agencies, providers, families, and youth.

The upgrade/enhancement of the user interface and user experience will follow timely and emergent user experience best practices such as adding a printable report function or text/share function to allow users the option to print or share with a contact/friend via email or text a listing of their map search. Increasing the search parameters to include NYS CCF member state agencies websites (OPWDD, NYSOFA, OMH, State Education Department (SED), Office of Temporary and Disability Assistance (OTDA), OCFS, and DOH) will greatly enhance the search capability and presentation of results, services will be easier to find and ultimately access for youth, families, and the workforce.

Making it easier for users to view multiple programs and services (with descriptions) within a short distance of their location, receive driving directions, while providing the option to print or share results. These enhancements of the user interface and the search capabilities will provide the first of its kind digital experience for parents, caregivers, and case managers of youth with multiple disability and developmental needs and behavioral challenges. Website enhancements will also improve the accessibility of the site for individual with disabilities. These investments will support improvements to advance the MS Navigator as a repository of easy-to-locate available home and community-based supports and many other related services.

In addition, CCF would develop a program and service equity mapping application to help State and local agencies make more informed funding decisions to target resources to populations in the greatest need. This application would map current service and program information from multiple State agencies and organize these maps by categories with optional data overlays. An interactive dashboard would use the data to ensure necessary resources are reaching the populations most in need.

Eligible Providers:

N/A

Implementation Date: March 1, 2023

Amount of Funding (SFE) Projected to Be Spent: \$1.5M

Status Update Overall:

CCF plans to procure information technology and media contractors to implement this project in accordance with New York State procurement requirements. The Project-based Information Technology (PBITS) Participant of Interest from was released on November 17, 2022. The PBITS Mini-Bid was released on December 8, 2022, with bids required by January 11, 2023. Review will take place in January including vendor interviews.

Status for Federal Approval of Spending Plan:

Approved by CMS on May 18, 2022.

Update on Needed Federal Authorities (SPA, Preprint, etc. as indicated in the Spending Plan):

We do not anticipate the need for additional federal authority in order to execute this proposal.