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New York State Adult Behavioral Health Infrastructure Program Extension Funding Application

Form A: Agency Information and Funding Request

Refer to the *Guidance Extending the Adult BH HCBS Infrastructure Program to Support BH HCBS and the Transition to Community Oriented Recovery and Empowerment Services* for additional information.

This form must be completed by all providers applying for funding, including:

- Providers submitting a single agency stand-alone application
- Lead Entities (Agencies and BH IPAs) applying in partnership with at least one other agency, and all partner agencies

Lead Agencies or BH IPAs must also submit Form B (Lead Agency and BH IPA Information).

Section 1: Agency and BH IPA Information

a. Agency Name

b. Agency Address

Street	City	Zip
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c. Agency Identifiers

Tax ID (EIN)	MMIS	NPI
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d. CEO or highest-ranking official information

Name	Phone Number	Email
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e. Application Contact

Name	Phone Number	Email
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f. In which RPC region(s) do you currently provide BH HCBS? (Check all that apply)

Please refer to the [Regional Planning Consortium \(RPC\) Counties by Region](#) to determine RPC region(s).

<input type="checkbox"/> Capital Region <input type="checkbox"/> Central Region <input type="checkbox"/> Finger Lakes <input type="checkbox"/> Long Island	<input type="checkbox"/> Mid-Hudson <input type="checkbox"/> Mohawk Valley <input type="checkbox"/> New York City <input type="checkbox"/> North Country	<input type="checkbox"/> Southern Tier <input type="checkbox"/> Tug Hill Seaway <input type="checkbox"/> Western NY <input type="checkbox"/> N/A (BH-IPAs only)
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g. Which BH HCBS are you currently providing? (Check all that apply).

- CPST PSR Habilitation Family Support and Training Peer Support
- Education Support Services Pre-vocational Services Transitional Employment
- Intensive Supported Employment Ongoing Supported Employment N/A (BH-IPAs only)

h. Which CORE services do you anticipate providing? (Check all that apply).

- CPST PSR Family Support and Training Peer Support N/A (BH-IPAs only)

i. Please provide an estimate of the total number of unique BH HCBS recipients served during the twelve-month period prior to application submission by selecting the appropriate option below.

Please note, this estimate should:

- not include Short-Term Crisis Respite and Intensive Crisis Respite services; and
- include the total number of Medicaid Managed Care members served in BH HCBS. This number should encompass enrollees regardless of which HARP or HIV-SNP they are enrolled in.

- 0 (none) Less than 5 5-20 21-60 61-120 120+

j. Is this application being submitted in partnership with one or more additional agencies?

- No Yes

If yes, identify the Lead Agency or BH IPA in the space below. (Lead Agencies and BH IPAs applying in partnership with other agencies must also submit Form B.)

k. Which HARP(s) is this application being submitted to?

- | | | |
|--|---|---|
| <input type="checkbox"/> Affinity | <input type="checkbox"/> Excellus | <input type="checkbox"/> MetroPlus |
| <input type="checkbox"/> CDPHP | <input type="checkbox"/> Fidelis | <input type="checkbox"/> Molina |
| <input type="checkbox"/> BCBS HealthPlus | <input type="checkbox"/> HealthFirst | <input type="checkbox"/> MVP |
| <input type="checkbox"/> Emblem | <input type="checkbox"/> Independent Health | <input type="checkbox"/> UnitedHealthcare |

l. Is this Agency currently contracted with one or more HARPs?

- No Yes

If yes, identify all HARPs here:

- | | | |
|--|---|---|
| <input type="checkbox"/> Affinity | <input type="checkbox"/> Excellus | <input type="checkbox"/> MetroPlus |
| <input type="checkbox"/> CDPHP | <input type="checkbox"/> Fidelis | <input type="checkbox"/> Molina |
| <input type="checkbox"/> BCBS HealthPlus | <input type="checkbox"/> HealthFirst | <input type="checkbox"/> MVP |
| <input type="checkbox"/> Emblem | <input type="checkbox"/> Independent Health | <input type="checkbox"/> UnitedHealthcare |



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Section 2: Agency Funding Request and Application Information

a. Please detail the funding request amounts for each funding category below and include a brief explanation for how funding will be used. This information must match the Application Budget Template, included in the application materials.

Refer to the *Guidance Extending the Adult BH HCBS Infrastructure Program to Support BH HCBS and the Transition to Community Oriented Recovery and Empowerment Services* for details.

Funding Category	Request Amount	Description of how Funding will be used
Staffing		
Workforce Development		
Technology and Systems Infrastructure		
Telehealth Capability		
Additional Technology Infrastructure		
Service Infrastructure		
Strategic Planning		
Other		
Administration and Overhead		
Total	\$	

b. Of the funding requested in this application, what is the dollar amount to be used on one-time, fixed expenses?

c. Describe all proposed expenses included in the "Administration and Overhead" category.

d. Detail all proposed expenses included in the “Other” category and how each expense will support your Agency’s provision of BH HCBS and/or transition to, and capacity to deliver, CORE Services.
e. How will this Agency ensure clients are connected to a Licensed Practitioner of the Healing Arts (LPHA) for a recommendation to CORE Services? How will this Agency develop a referral network for CORE Services?
f. Did this agency previously receive Infrastructure funds from any HARP? <input type="checkbox"/> No <input type="checkbox"/> Yes

Section 3: Agency Metric Information

Providers will be required to incorporate metrics into HARP Infrastructure contracts.

There are three types of metrics:

1. Required Metrics- these metrics are State-developed and required for all providers receiving Infrastructure funding (section a).
2. Budget-based Metrics- these metrics are required if a provider is requesting Infrastructure funds for certain expenditures (section b).
3. Optional Metrics- these metrics can be negotiated between providers and HARPs.

Refer to the *Guidance Extending the Adult BH HCBS Infrastructure Program to Support BH HCBS and the Transition to Community Oriented Recovery and Empowerment Services* for details.

a. Required Metrics

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

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

Required Metric	Metric Definition	Measurement Period
The Agency maintains active status as a BH HCBS provider throughout the contract period.	Active status as defined in the <i>Guidance Extending the Adult BH HCBS Infrastructure Program to Support BH HCBS and the Transition to Community Oriented Recovery and Empowerment Services</i> and should be monitored through agency self-report.	Quarterly.



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<p>The provider ensures rapid access to services upon receipt of referral for all HARP-enrolled individuals.</p>	<p>The Agency schedules an intake appointment no later than fourteen calendar days from receipt of referral, at least 80 percent of the time. If an intake cannot be scheduled (e.g. provider capacity met, provider does not participate in individual’s HARP network, etc.) the provider immediately notifies the individual.</p> <p>Note: If appropriately documented by the agency, this metric will exclude no-shows and cancellations by referred members, individuals unresponsive after multiple contact attempts by the provider, and individuals unavailable during the fourteen-day time period.</p> <p>Progress toward this metric should be monitored through agency self-report.</p>	<p>Quarterly.</p>
<p>All staff and supervisors complete required trainings as outlined in State guidance.</p>	<p>Required trainings are outlined in the Adult BH HCBS Staff Training Memo (8/7/2019) and are available to agencies through the Center for Practice Innovation Learning Community. Progress toward this metric should be monitored through agency self-report.</p>	<p>All existing staff and supervisors confirm completion of required training at the start of the Infrastructure contract. Thereafter agency will report quarterly on any new staff/supervisors completed training.</p>
<p>ii. Required Metrics for BH HCBS Providers Transitioning to CORE Services</p>		
<p>Required Metric</p>	<p>Metric Definition</p>	<p>Target Completion Date</p>
<p>The Agency maintains active status as a CORE provider throughout contract period.</p>	<p>Active status is defined in the Operations Manual and should be monitored through agency self-report.</p>	<p>Quarterly.</p>
<p>The Agency develops or amends and implements appropriate policies and procedures as required for full designation as outlined in the Terms and Conditions for CORE Services Designated Providers.</p>	<p>Required Policies and Procedures are outlined in the Terms and Conditions for CORE Services Designated Providers. Progress toward this metric should be monitored through agency self-report.</p>	<p>Within State guidelines and no longer than 6 months after State releases Terms and Conditions for CORE Services Designated Providers.</p>



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<p>The Agency has hired or assigned qualified staff and clinical supervisors for each designated service.</p>	<p>Qualified staff and clinical supervisors are defined in the Operations Manual. Progress toward this metric should be monitored through agency self-report.</p>	<p>On CORE implementation date and thereafter quarterly.</p>
<p>All staff and supervisors complete required trainings as outlined in State guidance.</p>	<p>Required trainings are outlined in the CORE Staff Training Memo (to be released) and will be available to agencies through the Center for Practice Innovation Learning Community. Progress toward this metric should be monitored through agency self-report.</p>	<p>Within State guidelines and no longer than 6 months after State releases CORE Staff Training Memo. All existing staff and supervisors confirm completion of required training by 6 months after the CORE Staff Training Memo is released. Agency monitors new hires on ongoing basis. Current staff should report by 6-month mark completed trainings.</p>
<p>The Agency receives full designation for CORE Services prior to the expiration of provisional designation status.</p>	<p>Provisional designation status is planned to expire statewide after 6 months. Agencies receiving full designation will receive a designation letter from the State, a copy of which may be provided to the HARP for verification of this metric. In the event that the State extends an Agency's provisional designation, the Agency is responsible for providing documentation of such extension to the HARP.</p>	<p>The Agency attains full designation prior to the expiration of their provisional designation letter.</p>

b. Budget-based Metrics

If this application requests Infrastructure funds for the expenditures listed below, providers will be required to incorporate the associated metric into their Infrastructure contract. Please enter the proposed target completion date for each applicable budget-based metric.

Please ensure the information contained in this section is consistent with Section 2 of this application and the Application Budget Template.

Budget-based Metrics	Metric Definition	Implementation Timeline/ Target Completion Date
<p><i>If funds are requested to support hiring, sustaining, and training direct service staff:</i> The agency has hired qualified staff to deliver services. All staff complete</p>	<p>If funds are allocated to support hiring and training for direct services staff, the agency must identify staff needs and post for open positions. Each FTE supported by Infrastructure funds</p>	



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<p>training requirements in accordance with State guidance.</p>	<p>should be filled within appropriate timelines negotiated between the HARP and the agency.</p> <p>All staff must complete staff training requirements via the CPI Learning Community within timeframes established in state guidance.</p> <p>The agency and the HARP should monitor progress toward this metric through agency self-report. The HARP may request CPI training transcripts from the agency to verify completion of staff trainings.</p>	
<p><i>If funds are requested to support hiring/sustaining qualified BH HCBS Supervisor:</i> The BH HCBS supervisor will provide at least one hour of supervision to each staff for every 40 hours of direct service provision.</p>	<p>The agency and the HARP may negotiate the expected staff supervision time based on the total cost and the planned capacity of the agency to serve HARP members through BH HCBS.</p> <p>This metric should be monitored via agency self-report. The HARP may request a copy of the agency's BH HCBS Staffing Plan to verify.</p>	
<p><i>If funds are requested to support access to an LPHA and/or a Clinical Supervisor:</i> The agency must dedicate at least 0.25 FTE of a qualified staff's time to CORE Services for the purposes of completing the LPHA recommendation and/or providing clinical supervision, as appropriate.</p>	<p>The agency must hire or assign at least 0.25 FTE of a qualified staff's time to CORE Services within a timeline negotiated between the HARP and the agency.</p> <p>The agency and HARP may negotiate the appropriate percentage of FTE (over 0.25) of a qualified staff's time based on the total cost and the planned capacity of the agency to serve HARP members through CORE Services.</p> <p>This metric should be monitored via agency self-report. The HARP may request a copy of the agency's CORE Services Staffing Plan to verify.</p>	



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<p><i>If funds are requested to support EHR/EBS Modifications:</i> Completion of electronic health record (EHR) and/or electronic billing service (EBS) modifications to align with CORE billing updates and changes to service documentation requirements.</p>	<p>EHR and EBS systems updates should be initiated within an appropriate timeline as negotiated between the HARP and the agency.</p> <p>Completion of systems changes may be impacted by the timeliness of the EHR/EBS vendor. The agency and the HARP should monitor ongoing progress toward this metric through agency self-report.</p>	
<p><i>If funds are requested to support Telehealth Capabilities:</i> Applying for and receiving approval from OASAS/OMH for permanent approval to deliver CORE Services through telehealth or telepractice, outside of the COVID-19 emergency allowance.</p>	<p>If the agency is not already in receipt of permanent approval to deliver BH HCBS / CORE Services through telehealth/ telepractice, this metric must be included.</p> <p>The telehealth/ telepractice application must be initiated within an appropriate timeline as negotiated between the HARP and the agency.</p> <p>Timeliness of the approval may be impacted by State turn-around times. The agency and the HARP should monitor progress toward this metric through agency self-report. The agency may also provide the HARP with a copy of the approval when received.</p>	
<p><i>If funds are requested for marketing:</i> Completion of provider websites or other marketing materials updated to reflect services provided under CORE Services and/or BH HCBS.</p>	<p>Progress toward this metric is monitored through agency self-report. Although marketing materials are not subject to HARP approval, the HARP may choose to request copies of any materials developed.</p>	
<p><i>If funds are requested to support development of a referral network:</i> The agency has provided strategic outreach and information to a range of local agencies and programs, including:</p>	<p>Providers may engage in strategic outreach throughout the term of the contract. The HARP and agency should negotiate an appropriate number of agencies/programs to be outreached based on the local community. HARPs may provide</p>	



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<p>mental health treatment programs, addiction treatment programs, housing or residential treatment programs, physical health providers, and Care Management Agencies.</p>	<p>the agency with information regarding where their members receive services (e.g. specific clinics or primary care offices).</p> <p>Progress toward this metric is monitored through agency self-report.</p>	
<p><i>If funds are requested to support language access:</i> Availability of services in languages other than English.</p>	<p>Progress toward this metric should be monitored via agency self-report.</p>	

c. Optional Metrics (Process Measures or Performance Measures)
 Agencies may propose optional metrics below for consideration. Optional metrics will be determined by HARPs and providers during the contract negotiation process.

Optional metrics may be based on process measures (outputs) or performance measures (outcomes) but must clearly and directly relate to the provision of BH HCBS and/or to the transition to, and provision of, CORE Services. Proposed metrics should be reasonable and attainable based on the duration of the contract term.

Proposed Metrics (Optional)	Metric Definition	Proposed Timeline