



**SACHS POLICY GROUP**  
**NYS Enhanced HCBS Spending Plan (July 2021)**

Category	Lead Agency	Title	Expenditure Authority	Funding Stream	ARPA Spending (\$M)	Population/Service Area	Funding Recipients	Details
Workforce	DOH	Transform the Long-Term Care Workforce and Achieve Value-Based Payment (VBP) Readiness	Directed Payments	Provider contracts	\$ 623	LTC	Licensed Home Care Services Agencies (LHCSAs), Fiscal Intermediaries (FIs), Adult Day Health Care (ADHC) providers, and Social Adult Day Care (SADC) Providers that deliver community based long-term care supports and services (CBLTSS) under contract with Medicaid Managed Care (MMC) plans, including Mainstream and Managed Long Term Care (MLTC) Plans	This directed payment program would help transition home care providers and their workforce to more advanced VBP models. New York State proposes to increase MMC plan capitated rates to fund MMC plans that include eligible providers in their contracted networks. Payment of the funds would tie to the utilization and delivery of qualifying CBLTSS by eligible providers, but would be further conditioned on providers that develop the specified workforce transformation programs and strategies that assist in workforce capacity building and VBP readiness.
Workforce	OPWDD	Improve the OPWDD Workforce: Workforce Performance Incentives	1915(c) Waiver Amendment, Appendix K	State-administered program	\$ 68.2	I/DD	Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver	This funding would support over 100,000 current DSPs and Family Care Providers who worked during the pandemic and remain employed in the OPWDD service system, with an additional bonus if the worker is fully vaccinated in accordance with NYS vaccination policy as of December 2021. This supplemental payment will be available for workers, including Family Care Providers, who are directly hired by OPWDD HCBS providers and those who deliver services in the OPWDD Self Direction program.
Workforce	OPWDD	Improve the OPWDD Workforce: IDD Workforce Longevity and Retention Bonus	1915(c) Waiver Amendment, Appendix K	State-administered program	\$ 446.2	I/DD	Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver	Supplemental payments will be implemented to provide a Longevity Bonus and Retention Bonus equivalent to a 20 percent increase in DSP compensation.
Workforce	OPWDD	Improve the OPWDD Workforce: DSP Workforce Development Grants	1915(c) Waiver Amendment, Appendix K	State-administered program	\$ 20	I/DD	Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver	This one-time grant program will pay HCBS Waiver providers that demonstrate increased DSP workforce completion of standardized credentials or demonstrated competencies.
Workforce	OPWDD	Improve the OPWDD Workforce: Workforce Recruitment Initiative	1915(c) Waiver Amendment, Appendix K	State-administered program	\$ 20	I/DD	Providers licensed or certified by OPWDD under the 1915(c) OPWDD Comprehensive Waiver	OPWDD will pursue an agency-wide workforce recruitment initiative to identify and implement data-driven strategies for recruitment, including efforts that acknowledge and incorporate the opinions and suggestions from the direct care workforce.
Workforce	DOH	Expand Advanced Training Incentive (ATI) Programs for HCBS Transitions from Nursing Homes	State Plan Amendment	State-administered program	\$ 55.35	LTC	Nursing facilities	The State proposes to expand and enhance advanced training program incentives for direct care workers to recognize the signs of patient clinical improvement and the potential for HCBS programs and services to allow for community discharge and reintegration, ensuring that individuals receive care in the least restrictive setting. The program would reward eligible nursing home providers that have shown a commitment to giving direct care staff the tools to assist in appropriate discharge to community-based settings.
Workforce	DOH	Workforce Transportation Incentive	N/A (Grants)	State-administered program	\$ 10	LTC	Certified Home Health Agencies (CHHAs), LHCSAs, and FIs	The State proposes to invest in worker transportation grants to eligible home care agencies to address identified barriers to worker recruitment or retention based on limited transportation options.
Workforce	OMH	Improve the OMH Workforce	Directed Payments	Provider contracts	\$ 16.7	BH	OMH-licensed mental health providers	This proposal would provide prescribers, licensed practitioners, and program staff in community, rehabilitation, and housing settings with targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, expanded student placements, shift differential pay, and expanded retirement contributions. Funds will be implemented through a directed payment preprint to Medicaid Managed Care Organizations (MCOs) and administered as grants to providers meeting specific qualifications and based on service utilization. Funding would go directly to mental health providers.
Workforce	OASAS	Improve the OASAS Workforce	Directed Payments	Provider contracts	\$ 7.2	Substance Abuse	OASAS-certified providers	The State proposes to provide one-time directed payments to OASAS service providers who offer one or more workforce development strategies, such as tuition reimbursement, loan forgiveness, hiring incentives, and longevity pay, among others. OASAS will set specific goals and outcome measures related to capacity building and the reduction of waitlists.
Workforce	OMH	Increase Medicaid Rehabilitation Rates for OMH Community Residence Programs	State Plan Amendment	Rate enhancements	\$ 6.9	BH	OMH-licensed Rehabilitation for Community Residence providers	The State proposes rate increases for direct care staff costs to address challenges related to workforce recruitment and retention. Funding will be disbursed through rate increases paid across FFS Medicaid claims as services are provided to eligible Medicaid recipients.
Workforce	DOH	Enhance the Children's Services Workforce	Directed Payments	Provider contracts	\$ 5.1	Children	Children and Family Treatment and Support Services (CFTSS) providers, HCBS providers, Article 29-I Foster Care Agencies, and Health Homes Serving Children	Fund: <ul style="list-style-type: none"> <li>Tuition Reimbursement</li> <li>Loan Forgiveness</li> <li>Hiring and Sign-on Bonuses</li> <li>Longevity pay for existing frontline staff and supervisors</li> <li>Support of student placements and internships to create a workforce pipeline</li> <li>Training funding</li> <li>Evidence Based Practices (EBP) maintenance of certification and fidelity to the model</li> <li>Start-up funds for EBP modalities</li> <li>Differential pay for nights and weekends</li> <li>Retirement contributions, extending health insurance benefits, or other fringe benefits for staff</li> </ul>
Workforce	OMH	Expand Training and Implementation Support for Evidence Based Practices (EBPs)	N/A (Grants)	State-administered program	\$ 4	BH	Training and Technical Assistance agencies with expertise in EBP dissemination and to the SUNY system or other institutions of higher education	Funding would be allocated to Training and Technical Assistance agencies/institutions of higher education via new or existing contracts to support the expansion of training and implementation support in EBP, with a particular focus on the assessment and treatment of co-occurring disorders, treatment of marginalized and underrepresented demographics, and specialty clinic populations.
Workforce	OMH	Expand Recruitment and Retention of Culturally Competent, Culturally Responsive, and Diverse Personnel	N/A (Grants and Intragovernmental)	State-administered program	\$ 4	BH	OMH-certified mental health providers and SUNY/CUNY educational institutions	The State proposes to provide funding to mental health providers/students and SUNY/CUNY schools to support educational attainment for diverse/multilingual individuals working in the mental health field. Loan forgiveness would be provided to diverse/multilingual students in the mental health workforce and those working in underserved communities if they agree to continue to work in the underserved communities for a pre-determined amount of time. Funds would be administered as grants to providers meeting specific qualifications and to SUNY/CUNY educational institutions for tuition reimbursement and loan forgiveness programs.
Workforce	OMH	Expand Certified and Credentialed Peer Capacity	Directed Payments	Provider contracts	\$ 4	BH	Mental health providers that are employing and/or recruiting peers, training/certification entities, and other vendors with subject matter expertise	This proposal would expand certified peer capacity (including adult peer, youth peer, and family peer) in OMH programs through investment in resources for recruitment, education/training, and career pipeline investments. The proposal would develop a New York State Peer Workforce Advancement and Mentoring Network and a Peer-Delivered Service Inclusion Center of Excellence to support OMH in these efforts. Funds will be implemented through a Directed Payment to Medicaid MCOs and administered as payments to providers based on Peer Services utilization when they meet specific qualifications.
HCBS Capacity	DOH	Support Program Growth in Personal Care Services (PCS) and Consumer Directed Personal Assistance Services (CDPAS) to Ensure Capacity	State Plan Amendment	Provider contracts	\$ 415	LTC	Existing providers of PCS and CDPAS, enrolled in the fee-for-service (FFS) program or serving as participating providers in Medicaid managed care	The State proposes to support existing FFS and managed care programs that offer PCS and CDPAS by ensuring adequate program funding is available to support natural program growth, including through investments that expand capacity and access such as workforce development.
HCBS Capacity	DOH	Expand Capacity in Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)	1915(c) Waiver Amendment, Appendix K	State-administered program	\$ 47	LTC	Existing and new NHTD and TBI Waiver providers	The State proposes several amendments to the 1915(c) NHTD and TBI waivers, including adjusting payments for nursing visits, developing a new service of Adult Companion Services, establishing rate differentials, providing recruitment and retention stipends, and building an enhanced provider community.
HCBS Capacity	DOH	Invest in the Expansion of Community First Choice Option (CFCO) Services	State Plan Amendment	Provider contracts	\$ 46.9	LTC, I/DD, BH	Providers of CFCO services	This proposal would expand CFCO services to include additional services for individuals with physical, emotional/behavioral, and intellectual/developmental disabilities of all ages.
HCBS Capacity	DOH	Support of the Unique Program of All-Inclusive Care for the Elderly (PACE) Fully Integrated Model	PACE Organization Premium Adjustment	Rate enhancements	\$ 40	LTC	PACE programs	The State proposes to invest \$40 million as part of capitated premiums paid to PACE organizations to: <ul style="list-style-type: none"> <li>Assist PACE centers with reopening safely and institute effective control measures</li> <li>Provide PACE programs with workforce development funds for the recruitment and retention of qualified staff to serve as part of members' Interdisciplinary Teams</li> </ul>
HCBS Capacity and Innovation	OPWDD	Improve the OPWDD Delivery System	N/A (Grants)	State-administered program	\$ 30	I/DD and I/DD children	Not-for-profit organizations (including OPWDD providers), Local Departments of Social Services (LDSS), institutions of higher education, and/or qualified vendors	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. Investments will address current inefficiencies and seek to assist underserved populations through modernization of the state system to administer assistive technology, address the technology needs of participants, address the needs of unpaid family caregivers, and exploring incentives to expand and support integrative employment, among others.

HCBS Capacity and Innovation	OPWDD	Invest in a Community Engagement Initiative - HCBS Day Services	N/A (Grants and Intragovernmental)	State-administered program	\$	30	I/DD	OPWDD-certified HCBS Waiver day service providers	This proposal would convert center-based day services into more integrated community day services that will allow for greater interaction and independence in the community. Through a grant application process, OPWDD will provide one-time, outcome-based payments to providers and will provide technical assistance and operational support for model changes that support person-centered day services delivered in the broader community. Funding will include options for the development of telehealth infrastructure.
HCBS Capacity	OPWDD	Invest in Diversity, Equity, and Inclusion for People with I/DD	N/A (Grants and Intragovernmental)	State-administered program	\$	30	I/DD	Not-for-profit organizations (including OPWDD providers), local government authorities, and institutions of higher education	This proposal would provide a one-time investment 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 early-stage strategies to address identified equity and access needs.
HCBS Capacity and Innovation	OPWDD	Integrated Housing Pilot	N/A (Grants)	State-administered program	\$	20	I/DD	Not-for-profit organizations (including OPWDD providers) and/or local government authorities	This proposal would establish a pilot program and evaluation for a limited number of participants 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. Funds would be invested in development of housing navigators, supplemental short-term rental assistance, housing subsidies, and other housing-related costs. The pilot would be implemented through competitive grant funding.
HCBS Capacity	OASAS	Adjust Residential Addiction Treatment Services Rate	State Plan Amendment	Rate enhancements	\$	22	Substance Abuse	Residential addiction treatment providers licensed or certified by OASAS	The State proposes a temporary 10% rate adjustment for existing residential services. This proposal would also increase services for individuals in early recovery by incorporating the residential reintegration service into the Medicaid benefit package and providing funding to support necessary staffing and start-up costs.
HCBS Capacity	DOH, OMH	Expand and Implement HCBS and Community Oriented Recovery and Empowerment Services (CORE)	Directed Payments	Rate enhancements and provider contracts	\$	12.5	BH	Adult CORE providers	The State proposes to allocate funding to adult CORE providers through rate increases paid across MCO Medicaid claims as services are provided to eligible Medicaid recipients. Funding will ensure start-up, increase access, and address workforce challenges related to the expansion and implementation of HCBS CORE.
HCBS Capacity	DOH, OCFS	Support the Transition to Article 29-I Health Facility Core Limited Health Related Services	State Plan Amendment	Rate enhancements	\$	8.6	Children	Article 29-I Health Facilities	This proposal would implement a rate adjustment of 25% to Article 29-I Health Facilities for Core Limited Health-Related Services. The adjustment would be retroactive to April 1, 2021 and effective through March 31, 2022.
HCBS Capacity and Innovation	OPWDD	Expand Crisis Services for People with I/DD	Appendix K	Rate enhancements and State-administered program	\$	11.4	I/DD, BH	Crisis Services for I/DD (CSIDD) state plan providers licensed by OPWDD and 1915(c) Comprehensive Waiver providers licensed by OPWDD	This proposal would: <ul style="list-style-type: none"> <li>Expand CSIDD through start-up funding</li> <li>Enhance rates for intensive behavioral health services</li> <li>Connect the I/DD emergency system and county-based mobile crisis services through a pilot program</li> </ul>
HCBS Capacity	DOH	Enhanced Rates for Private Duty Nursing (PDN)	State Plan Amendment	Rate enhancements	\$	10	LTC	PDN providers	The State proposes to provide a one-time investment to supplement FFS Medicaid PDN rates for adult recipients to align with the rates recently enhanced for the under 23 years old population. The investment would apply until March 31, 2022.
HCBS Capacity and Innovation	OPWDD	Provide Incentives for the Development of More Integrated Residential Services	N/A (Grants/Incentive Payments)	State-administered program	\$	10	I/DD	1915(c) Comprehensive Waiver providers licensed or certified by OPWDD	This proposal would fund incentive payments for Residential Habilitation providers to expand the use of innovative technologies, housing options, and staffing models to expand Supportive Residential Habilitation and Family Care Residential Habilitation options.
HCBS Capacity	OASAS	Invest in OASAS Outpatient Addiction Rehabilitation Treatment Services Adjustments	State Plan Amendment	Rate enhancements	\$	4	Substance Abuse	OASAS licensed or certified outpatient addiction rehabilitation service providers	This proposal would provide a 10% temporary rate enhancement for all outpatient addiction rehabilitation service providers.
HCBS Capacity	OMH	Invest in Personalized Recovery Oriented Services (PROS) Redesign	State Plan Amendment	Provider contracts	\$	3	BH	OMH-licensed PROS providers	This proposal would provide enhanced rates to PROS programs, paid by FFS or MMC plans, to: <ul style="list-style-type: none"> <li>Increase offsite capacity and 1:1 services</li> <li>Provide program-specific staffing investments, including peers and rehabilitation staff</li> <li>Develop grants for physical plant improvements</li> </ul>
HCBS Capacity	DOH	CFTSS Rate Adjustments	State Plan Amendment	Rate enhancements	\$	2.3	BH, Children	CFTSS providers	This proposal would provide a 25% rate adjustment to CFTSS rates, including "off-site" rates. The adjustment would be retroactive to April 1, 2021 and effective through March 31, 2022.
HCBS Capacity	DOH	Children's Waiver HCBS Rate Adjustments	1915(c) Waiver Amendment, Appendix K	Rate enhancements	\$	2.3	BH, Children	Children's HCBS providers	This proposal would provide a 25% rate adjustment to HCBS rates. The adjustment would be retroactive to April 1, 2021 and effective through March 31, 2022.
HCBS Capacity	OMH	Invest in Assertive Community Treatment (ACT) Services	State Plan Amendment	Rate enhancements	\$	2.7	BH	OMH-licensed ACT providers	This proposal would increase the existing service payment rates for ACT teams serving the highest need individuals in the health system. Funding would be disbursed through rate increases paid across FFS or MCO Medicaid claims as services are provided to eligible Medicaid recipients.
HCBS Capacity and Innovation	OMH	Implement Youth ACT Programs	State Plan Amendment	Provider contracts	\$	1.6	BH, Children	OMH-licensed ACT providers	This proposal would support the implementation of Youth ACT programs through start-up, training, and monitoring funds. Funding would also be reinvested into pre-discharge Residential Treatment Facility transitional services. Funds would be distributed through start-up Medicaid rate increases.
HCBS Capacity	DOH	Health Home Serving Children Rate Adjustments	State Plan Amendment	Rate enhancements	\$	0.6	BH, Children	Health Homes Serving Children	This proposal would provide a temporary annual assessment fee of \$200 to Health Homes for conducting an HCBS eligibility determination.
HCBS Capacity and Innovation	OMH	Implement Young Adult ACT Teams	State Plan Amendment	Provider contracts	\$	0.184	BH	OMH-licensed ACT providers	This proposal would support the implementation of Young Adult (18-25) ACT programs through start-up, training, monitoring funds, and pre-discharge. Funds would be distributed through start-up Medicaid rate increases.
Digital Infrastructure	OPWDD	Modernize OPWDD IT Infrastructure to Support Medicaid Enterprise & Investments to Expand Operational Capacity	N/A (Intragovernmental and Government Procurement)	State-administered program	\$	42.4	I/DD	Qualified Medicaid Health Information Technology (HIT) vendors	OPWDD will collaborate with DOH and New York State Information Technology Services to seek investments to access and leverage ongoing federal HIT 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 systems to manage scheduling and deployment of the direct support staff workforce and inventory tracking.
Digital Infrastructure	DOH, SOFA	Strengthen NY Connects Infrastructure	N/A (Intragovernmental)	State-administered program	\$	29.8	I/DD, LTC	N/A	This proposal would invest enhanced funding in NY Connects, which serves as the referral infrastructure for HCBS. The investment would add resources to the directory across service sectors, including individuals with I/DD, children with special needs, and those with serious behavioral health conditions.
Digital Infrastructure	DOH	Advance Children's Services IT Infrastructure	Directed Payments	State-administered program	\$	8.8	Children	CFTSS providers, HCBS providers, Article 29-I facilities, and Health Homes Serving Children	The State proposes to allocate funding through a development fund or grant process to support infrastructure and administrative assistance related to the Children's Medicaid Redesign. Funding may be used to integrate EHR systems, develop billing platforms/hire billing vendors, reimburse for EVV equipment, fund administrative and training staff, and for telehealth equipment and enhancement for patients and providers, among others.
Digital Infrastructure	OMH	Extend Short-Term Support for Behavioral Health Care Collaboratives (BHCCs)	Directed Payments	State-administered program	\$	8	BH	Existing BHCCs operating as BH Independent Practice Associations (IPAs)	This proposal would provide additional development funding to allow BH IPAs to continue their pre-pandemic work.
Digital Infrastructure	DOH	Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening	Directed Payments	Provider contracts	\$	10	LTC	All ADHCs and SADCs that were closed due to state or local orders during the COVID-19 pandemic	The State proposes to use a directed payment template with MLTCs to fund ADHCs and SADCs based on utilization of services, allowing them to reopen safely and institute effective infection control measures. Funding will also be provided for workforce development to ensure recruitment and retention of qualified staff for the return to in-person services.
Digital Infrastructure	DOH	Study to Develop New CDPAP Care Technology	N/A (Government Procurement)	State-administered program	\$	5.1	LTC	Technology vendors capable of offering a referral registry system	This proposal will explore and pilot a private registry system to assist CDPAP participants in finding individuals willing to serve as personal assistants in a small number of designated service areas. This pilot will study whether this type of registry is useful to participants and helpful in reducing overtime for high hour cases where the participant may not be able to identify sufficient assistants to meet their needs. DOH will study whether the designated areas in which the referral registry system pilot is launched experience reductions in unstaffed authorized care hours, reduction in overtime spending, and increases the number of personal assistants who serve consumers.