Section 1115 SMI/SED Demonstration Implementation Plan

Overview: The implementation plan documents the state's approach to implementing SMI/SED demonstrations. It also helps establish what information the state will report in its quarterly and annual monitoring reports. The implementation plan does not usurp or replace standard CMS approval processes, such as advance planning documents, verification plans, or state plan amendments.

This template only covers SMI/SED demonstrations. The template has three sections. Section 1 is the uniform title page. Section 2 contains implementation questions that states should answer. The questions are organized around six SMI/SED reporting topics:

1. Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings
2. Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care
3. Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services
4. Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration
5. Financing Plan
6. Health IT Plan

State may submit additional supporting documents in Section 3.

Implementation Plan Instructions: This implementation plan should contain information detailing state strategies for meeting the specific expectations for each of the milestones included in the State Medicaid Director Letter (SMDL) on "Opportunities to Design Innovative Service Delivery Systems for Adults with [SMI] or Children with [SED]" over the course of the demonstration. Specifically, this implementation plan should:

1. Include summaries of how the state already meets any expectation/specific activities related to each milestone and any actions needed to be completed by the state to meet all of the expectations for each milestone, including the persons or entities responsible for completing these actions; and
2. Describe the timelines and activities the state will undertake to achieve the milestones.

The tables below are intended to help states organize the information needed to demonstrate they are addressing the milestones described in the SMDL. States are encouraged to consider the evidence-based models of care and best practice activities described in the first part of the SMDL in developing their demonstrations.

The state may not claim FFP for services provided to Medicaid beneficiaries residing in IMDs, including residential treatment facilities, until CMS has approved a state's implementation plan.

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Memorandum of Understanding: The state Medicaid agency should enter into a Memorandum of Understanding (MOU) or another formal agreement with its State Mental Health Authority, if one does not already exist, to delineate how these agencies will work with together to design, deliver, and monitor services for beneficiaries with SMI or SED. This MOU should be included as an attachment to this Implementation Plan.

State Point of Contact: Please provide the contact information for the state's point of contact for the implementation plan.

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1. Title page for the state's SMI/SED demonstration or SMI/SED components of the broader demonstration

The state should complete this transmittal title page as a cover page when submitting its implementation plan.

State	*New York State*
Demonstration name	*Enter full demonstration name as listed in the demonstration approval letter.*
Approval date	*Enter approval date of the demonstration as listed in the demonstration approval letter.*
Approval period	*Enter the entire approval period for the demonstration, including a start date and an end date.*
Implementation date	*Enter implementation date(s) for the demonstration.*

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2. Required implementation information, by SMI/SED milestone

Answer the following questions about implementation of the state's SMI/SED demonstration. States should respond to each prompt listed in the tables. Note any actions that involve coordination or input from other organizations (government or non-government entities). Place "NA" in the summary cell if a prompt does not pertain to the state's demonstration. Answers are meant to provide details beyond the information provided in the state's special terms and conditions. Answers should be concise, but provide enough information to fully answer the question.

This template only includes SMI/SED policies.

Prompts	Summary
SMI/SED. Topic_1. Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings	
To ensure that beneficiaries receive high quality care in hospitals and residential settings, it is important to establish and maintain appropriate standards for these treatment settings through licensure and accreditation, monitoring and oversight processes, and program integrity requirements and processes. Individuals with SMI often have co-morbid physical health conditions and substance use disorders (SUDs) and should be screened and receive treatment for commonly co-occurring conditions particularly while residing in a treatment setting. Commonly co-occurring conditions can be very serious, including hypertension, diabetes, and substance use disorders, and can also interfere with effective treatment for their mental health condition. They should also be screened for suicidal risk. *To meet this milestone, state Medicaid programs should take the following actions to ensure good quality of care in psychiatric hospitals and residential treatment settings.*	
Ensuring Quality of Care in Psychiatric Hospitals and Residential Treatment Settings	

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Prompts	Summary
1.a Assurance that participating hospitals and residential settings are licensed or otherwise authorized by the state primarily to provide mental health treatment; and that residential treatment facilities are accredited by a nationally recognized accreditation entity prior to participating in Medicaid	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.* Milestone achieved. All NYS-operated psychiatric hospitals are operated by the NYS Office of Mental Health (OMH) and subject to the CMS Conditions of Participation. OMH is contracted with The Joint Commission (TJC) for ensuring they meet the CMS Conditions of Participation. The state-operated psychiatric hospitals are surveyed by TJC on a triennial basis and receive an unannounced Inspection of Care audits annually. In addition, privately-operated IMDs are hospitals licensed by OMH pursuant to Article 31 of the NYS Mental Hygiene Law, subject to OMH regulations regarding operational, programmatic, and billing standards. Although such privately-operated facilities will not participate in the initial IMD waiver, OMH ensures quality of care in NYS psychiatric hospitals through routine inspection and recertification activities and such facilities are also accredited by nationally recognized accreditation entities. All NYS Psychiatric Residential Treatment Facilities meet CMS conditions of participation by maintaining accreditation with one of the following The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council of Accreditation Services for Families and Children. New York State ensures quality of care in NYS PRTFs through Inspection of Care surveys, Conditions of Participation Surveys and routine inspection and recertification activities.
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings. No changes are expected.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.

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Prompts	Summary
1.b Oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.* Milestone achieved. All NYS-operated psychiatric hospitals are operated by the NYS Office of Mental Health (OMH) and contracted with The Joint Commission (TJC) for ensuring they meet the CMS Conditions of Participation. The state-operated psychiatric hospitals are inspected by TJC on a triennial basis and receive an unannounced Inspection of Care audit annually. Accreditation by The Joint Commission offers deemed status with CMS. The process for NYS-operated psychiatric hospitals to achieve survey readiness and subsequent accreditation is rigorous and includes the following: **QUALITY IMPROVEMENT TRACKER –** Facilities are continually assessed for potential vulnerabilities using the Quality Improvement Tracker. In collaboration with the Lean program and Clinical Risk Management, External Review staff collects information from Quality Directors and facility leadership related to potential condition level findings, recurrent findings, active treatment and staffing. These data are reviewed monthly among Operations, Health Services, Nursing Services, Capital Operations and physician leadership. Facilities with an elevated vulnerability status receive additional technical assistance and consultation. **SHARING BEST PRACTICES –** External Review conducts periodic "distance learning" and onsite sessions with facility staff on challenging topics and new standards. Information is maintained and shared using tools such as an internal SharePoint site. **TECHNICAL ASSISTANCE VISITS –** Focused support and assistance about TJC or CMS topic areas presenting survey vulnerability. This may include review of policies, procedures, audits, tracers and environmental observations, as well as staff education. **SURVEYS** – External Review Liaisons are on site for CMS and TJC surveys and report on the status of the survey to the Director of External Review daily. The Director of External Review follows up as indicated.

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<tr><th>Prompts</th><th>Summary</th></tr>
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<u>JOINT COMMISSION RESOURCES (JCR) CONTRACTOR VISITS</u> – These visits focus on topics of specific interest to facility leadership. Each participating facility receives a two-day visit from a JCR contractor.
<u>LIGATURE REMEDIATION CALLS</u> – External Review hosts monthly (or as needed) calls with facility leadership and Capital Operations to determine the status of existing ligature risks in hospitals. The calls focus on the status of risk assessments, remediation efforts, staff education, mitigation plans and compliance with related policies. External Review tracks progress and maintains the Condition Level Tracker.
<u>UNANNOUNCED SURVEYS</u> – In cooperation with State Operations, Health Services, and Capital Operations, External Review coordinates and conducts on site unannounced surveys to identify survey vulnerabilities. These surveys address previous Readiness Assessments, facility Plans of Corrective Actions (POCAs), and the status of Quality Improvement and the Condition Level Trackers. Reports of the findings identify areas of non-compliance which are shared following the survey. Facilities provide written responses and are responsible for addressing areas identified as needing improvement.
External Review also conducts the following assessments:

Special Issues Survey Readiness visit:
Timeframe: 9-12 months following the facility’s TJC survey
Focus: Implementation of Evidence of Standards Compliance (ESC), National Patient Safety Goals (NPSG), and high-profile areas
Full Survey Readiness Assessment:
Timeframe: 18-21 months following the facility’s TJC survey
Focus: Review of TJC standards and the CMS 2 Special Conditions of Participation for Psychiatric Hospitals (as applicable), review of TJC Document List
Full Survey Readiness Assessment follow-up conference call:
Timeframe: Will be scheduled following the submission of the RAR
Focus: Review of the Readiness Assessment Response (RAR)
Full Survey Readiness Assessment follow-up visit:
Timeframe: 24-30 months following the facility’s TJC survey
Focus: Review of implementation of the RAR
Focused technical assistance visits:
Timeframe: As needed

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	○ Focus: Address issues as identified by the External Review liaison and/or the facility Quality Director *Inspections of Care Surveys continue annually for Medicaid funded psychiatric hospitals.* In addition, all licensed Article 28 and Article 31 inpatient psychiatric facilities are re-certified every three years by the Office of Mental Health's Bureau of Inspection and Certification. Collaborative Agreements between OMH and three accrediting agencies supports deemed status. All licensed RTFs are recertified every three years by the Office of Mental Health's Bureau of Inspection and Certification.
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings. Unannounced site visits were conducted by Joint Commission Resources prior to the 2022 survey cycle. Other activities listed above will continue. Software available for purchase through Joint Commission Resources will support State psychiatric center adherence to standards. This software package, known as Accreditation Manager Plus, was used in the 2022 survey cycle. Following the 2022 TJC survey cycle completion, the Office of Quality Improvement will assess lessons learned and determine which changes are needed to the readiness review process. The IOC survey process will continue to evolve to support patient safety and documentation findings.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. Implement AMP software by August 2021, led by External Review staff in OMH Central Office and carried out at each State-operated hospital under the direction of each Quality Director. De-brief from TJC surveys and modify survey readiness activities by the end of calendar year 2023.

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Prompts	Summary
1.c Utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.* Milestone achieved. The NYS Office of Mental Health (OMH) Community Reintegration Unit (CRU) focuses on assisting the state-operated psychiatric hospitals in the safe and timely movement of patients through the continuum of state -operated care, back to the individual's community of choice. The CRU team accords high priority to medically complex, high-risk, and special needs patients. These special populations comprise the majority of long-stay individuals and often have the most significant barriers to discharge. Through regular transitional care planning calls, the CRU team works with state-operated psychiatric hospitals to identify discharge barriers, develop plans to manage these populations early in their hospitalization and work towards community (re)integration. The CRU team provides consultation to the state-operated psychiatric hospitals and facilitates connections with subject matter experts for medical, psychiatric, behavioral, and programmatic concerns. The CRU team works with state and community partners to coordinate supports and interventions to reduce lengths of stay, expedite safe discharges, and foster long-term stability in the community. The CRU team also participates in pre-admission calls with the state-operated psychiatric hospitals to assist with screening individuals to determine the individual's appropriateness for admission, a lower level of care before an individual is admitted into the state-operated psychiatric hospital. In addition, the state-operated psychiatric hospitals each have a utilization review management plan which includes regular and routine review of records to ensure patients are at an appropriate level of care. The CRU team provides consultation to the state-operated psychiatric hospitals to facilitate connections with experts for medical and psychiatric consults, and with state and community partners to coordinate supports and interventions to reduce lengths of stay, expedite safe discharges, and foster long-term stability in the community.
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings.

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Prompts	Summary
	No changes are expected.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
1.d Compliance with program integrity requirements and state compliance assurance process	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.* Milestone achieved. OMH's Medicaid Compliance Program includes a system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas, including but not limited to internal audits and as appropriate external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits, credentialing of providers and persons associated with providers, mandatory reporting, governance, and quality of care of medical assistance program beneficiaries; 18 NYCRR 521.3(c)(6). OMH has various processes and systems for routine identification of its risk areas, including self-evaluation, auditing and monitoring activities relating to operational compliance risk areas. The Compliance Officer shall maintain written documentation of monitoring activities, as well as a prioritized list of those identified risks. These are detailed in OMH Official Policy Manual, Medicaid Compliance Program.
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings. No changes are expected.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action.

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Prompts	Summary
	None.
1.e State requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.* Milestone achieved. New York State-operated and licensed psychiatric hospitals are required to conduct comprehensive assessments on the physical and behavioral health needs of individuals within twenty-four hours of admission and provide or facilitate access to treatment for all identified comorbidities, substance use disorders, and suicidal ideation. Individuals with physical health needs that exceed the ability of a state hospital are treated by community providers through direct contract with the state. Additionally, the New York State Office of Mental Health has a Medical Director solely dedicated to physical health needs of hospital inpatients. This leader oversees OMH's Bureau of Health Services which includes dental and pharmacy services.
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings. No changes are expected.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
1.f Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings.	*Current Status: Provide information on current state policies and requirements for ensuring quality of care in psychiatric hospitals and residential settings.* Milestone achieved.

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Prompts	Summary
	The NYS Office of Mental Health employs a thorough quality improvement philosophy based in LEAN and Six Sigma principles. Monthly review of each State hospital along key performance domains allows teams to surface and solve problems. Tools include the Office of Quality Improvement (OQI) Tracker and the Inpatient Care Tracker. Periodic licensing reviews evaluate care delivery and quality according the specific, measurable criteria. In addition, ad hoc monitoring reviews take place, as needed. Performance Improvement Plans may be required following patterns of aberrant results, and/or incidents involving allegations or abuse/neglect or other reportable incidents. Subsequent review and follow-up on corrective actions is required. Licensed settings have quality-related infrastructure which includes, at a minimum, Risk Management, Incident Review Committees and patient rights programs to ensure quality and compliance with mandatory quality reporting and proactive continuous quality improvement activities.
	Future Status: Describe planned activities to address milestone not already met and any other plans for enhanced quality assurance policies for inpatient and residential treatment settings. NYS OMH is in the process of operationalizing policies and procedures for each state-operated psychiatric hospital's governing body to incorporate additional data and metrics reviews into routine meetings.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. Access to data must be regularly available, accessible, and easily understood by treatment setting leaders. OMH's Office for Population Health and Evaluation is equipped to support these efforts and is implementing additional structures to achieve these goals for state-operated and community based licensed providers by late-2022.
SMI/SED. Topic_2. Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care	

Prompts	Summary
Understanding the services needed to transition to and be successful in community-based mental health care requires partnerships between hospitals, residential providers, and community-based care providers. To meet this milestone, state Medicaid programs, must focus on improving care coordination and transitions to community-based care by taking the following actions.	
Improving Care Coordination and Transitions to Community-based Care	
2.a Actions to ensure psychiatric hospitals and residential settings carry out intensive pre-discharge planning and include community-based providers in care transitions.	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.* Milestone achieved. The New York State Office of Mental Health (OMH) has an ongoing, intensive program to assist individuals in preparing for discharge to the community. All people being discharged from a psychiatric center work with a discharge planner who helps connect them to services in their community. Additionally, New York State suspends Medicaid for individuals admitted and state psychiatric hospitals. Hospital discharge planners work with counties to reactivate Medicaid upon discharge. New York has a Medication Grants program to ensure access to medication upon discharge for uninsured and other individuals until they become stable in the community. For long stay populations, New York provides intensive support services to help them reintegrate into the community. This includes state - operated Mobile Integration Teams (MIT) that wrap community support services around discharged patients during transition to the community, and for as long as they need them to remain in the community.
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers. The NYS OMH is in the process of incorporating screenings for Assertive Outpatient Treatment prior to individuals being discharged from a state-operated psychiatric hospital. Discharge planning assesses individual readiness for independent community living through review of ability to self-administer medications, procure and prepare nutritious food, and support oneself in the housing/residential settings available to them at the time of discharge.

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Prompts	Summary
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
2.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers when needed and available.	Milestone achieved. *Current Status:* The State Psychiatric Center inpatient and residential staff are required to begin discharge planning upon admission. Planning includes a comprehensive evaluation of the individual's skills, abilities, life goals, economic supports, community supports and prior life circumstances that led to hospitalization or residential placement. Teams then actively work to stabilize the individual's symptoms, restore and build life skills for self-sufficiency, engage their social supports, connect them to financial benefits, complete referrals and coordinate the transition of care to appropriate community mental health, medical and housing providers. NYS-operated inpatient psychiatric facilities assess an individual's housing needs prior to discharge. If it is determined that an individual needs housing services, the psychiatric facility works with the Single Point of Access (SPOA), or the Human Resources Administration in New York City, to provide a referral to housing providers. Once the housing provider accepts the referral to house an individual upon discharge from the psychiatric facility, the residential entity works with the psychiatric facility to determine the best placement and the wrap-around services needed to ensure the individual is stable and successfully housed in the community. These wrap-around services could include clinic, care management, Assertive Community Treatment, and Personalized Recovery Oriented Services. For psychiatric residential treatment facilities, the Children's Single Point of Access (C-SPOA) guides the referral process; potential wrap- around services include Youth ACT and CFTSS.
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers.

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Prompts	Summary
	Future status includes enhanced individual preparation for discharge through better housing applications, more detailed preparation for housing interviews and clear articulation of individual strengths at the point of discharge. OMH is placing enhanced focus on individual strengths and knowledge of necessary skills for independent living, as part of placement in housing settings.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. Facility discharge planning staff and Central Office State Operations staff continue to refine housing and placement procedures in collaboration with hospital-based peer advocates. These improvements are underway and are expected to continue into late 2022.
2.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers through most effective means possible, e.g., email, text, or phone call within 72 hours post discharge	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.* Milestone achieved. Staff conduct a post-discharge follow up phone call to individuals within 48-hours of discharge from state-operated psychiatric centers. This phone call provides an opportunity to review discharge plans, including medications and aftercare appointments, answer questions and address any issues or concerns. Follow up calls should be made as needed until the individual has been successfully linked with an outpatient treatment provider. Additional contacts are made, when possible, to collaterals and/or other involved providers, as clinically indicated, to support the engagement in aftercare services. In addition, staff access the Psychiatric Services & Clinical Knowledge Enhancement System (PSYCKES) database, which maintains and arrays robust Medicaid claims data, to assess patient-specific needs and risk levels. Providers have access to PSYCKES and use it to assess important treatment indicators such as prior hospitalizations, medication histories and co-morbid physical health conditions, when known.

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Prompts	Summary
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers. Future status includes continuation of the PSYCKES High Risk Quality Collaboratives to help licensed providers better serve hard to engage and high - risk individuals.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. *None*
2.d Strategies to prevent or decrease lengths of stay in EDs among beneficiaries with SMI or SED prior to admission	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.* Milestone achieved. All New York State community hospitals and emergency departments (EDs) or emergency rooms have access to PSYCKES. PSYCKES provides information on Medicaid individual behavioral and physical health histories, Health Home status, outpatient providers, and medications. Additionally, all EDs and inpatient facilities are required to engage in discharge planning. New York State is in the process of enhancing crisis stabilization programs to divert people from EDs. New York State also has twenty-one licensed Comprehensive Psychiatric Emergency Room Programs (CPEPs) designed to assess and appropriately treat individuals with SMI and SUD. Continuous assessment of individuals' needs by all providers engaged in their care is a priority. These providers work with the individual to support continued stability in the community and ensure the implementation of recovery-based services for that individual. Finally, New York State's DSRIP focused on reducing unnecessary admissions and readmissions for people with mental illness or substance use conditions and learnings from DSRIP are being applied.
	Future Status: Describe planned improvements to care coordination benefits/requirements and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers.

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Prompts	Summary
	Expand crisis diversion programs and mobile crisis teams. Incorporate lessons learned through DSRIP into standard community practice. Increase the number of CPEPs in the State, including programs located in populous areas outside of NYC. Fund CPEPs for Peer Specialists and Peer Bridgers to improve viable connections to treatment and services in the community. Implement best practices identified in the High Risk Quality Collaborative (HRQC) for CPEPs and EDs. Implementation of improved and frequent data metrics from the CPEPs to OMH.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. Submitted a State Plan Amendment to expand Medicaid funded mobile crisis services, crisis residences and crisis stabilization centers for adults and to fund crisis intervention services for both adults and children retroactive to 2022.
2.e Other State requirements/policies to improve care coordination and connections to community-based care	*Current Status: Provide information on the state's current care coordination benefits/requirements including actions to connect beneficiaries with community-based care including pre-discharge planning, post discharge follow-up, and information-sharing among providers.* Milestone achieved. In addition to PSYCKES, all individuals that are members of Health and Recovery Plans (HARPs), which are Special Needs Medicaid Managed Care Plans for individuals with serious mental illness and substance use disorders are automatically eligible for Medicaid Health Home care coordination. Additionally, New York State is a CCBHC demonstration state. There are currently 13 CCBHCs, all of whom provide care coordination as a required service. Furthermore, NYS has 44 providers who received directly from SAMHSA a two- year CCBHC Expansion Grant. These grants require enhanced care coordination. New York State has designated Specialty Mental Health Care Management Agencies (CMAs) within the NYS Health Home networks to serve the highest need individuals with SMI, including those being discharged from State PSYCHIATRIC CENTERs. Specialty CMAs will provide Health Home Plus (HH+), an intensive level of care

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Prompts	Summary
	management support that includes experienced care managers providing face to face interventions, helping individuals to remain in the community.
	Future Status: Improvements include enhanced care coordination for people with SMI and connections to community-based care, including pre-discharge planning, post discharge follow-up, and information-sharing among providers. These will occur As noted above, New York has designated Specialty Mental Health Care Management Agencies (CMAs) to serve individuals with SMI The State received approval to move the OMH Article 31 clinic into the rehabilitation State Plan Amendment option. This change, is enacted, will further support individuals in the community and assist in preventing hospitalizations by allowing clinicians to go off-site to support individuals who may be approaching crisis and/or who may have disengaged from care. This change will also extend Peer Support services to better engage high need individuals.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
SMI/SED. Topic_3. Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services	
Adults with SMI and children with SED need access to a continuum of care as these conditions are often episodic and the severity of symptoms can vary over time. Increased availability of crisis stabilization programs can help to divert Medicaid beneficiaries from unnecessary visits to EDs and admissions to inpatient facilities as well as criminal justice involvement. On-going treatment in outpatient settings can help address less acute symptoms and help beneficiaries with SMI or SED thrive in their communities. Strategies are also needed to help connect individuals who need inpatient or residential treatment with that level of care as soon as possible. To meet this milestone, state Medicaid programs should focus on improving access to a continuum of care by taking the following actions.	
Access to Continuum of Care Including Crisis Stabilization	

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Prompts	Summary
3.a The state's strategy to conduct annual assessments of the availability of mental health providers including psychiatrists, other practitioners, outpatient, community mental health centers, intensive outpatient/partial hospitalization, residential, inpatient, crisis stabilization services, and FQHCs offering mental health services across the state, updating the initial assessment of the availability of mental health services submitted with the state's demonstration application. The content of annual assessments should be reported in the state's annual demonstration monitoring reports.	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.* Milestone achieved. The New York State Office of Mental Health provides information about the public mental health system as part of the annual 507 planning process required by State law. Comprehensive reports are required every five years, and interim reports are completed annually. In addition, every two years the New York State Office of Mental Health conducts the Patient Characteristics Survey (PCS), which collects demographic, clinical, and service-related information for each individual that receives a public mental health services within a defined time period. Furthermore, the Bed Availability System, which is part of New York's Health Commerce System, is a self-service portal used by licensed hospitals to share their available bed capacity. Inpatient mental health providers report available capacity on a regular basis.
	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools. No changes are expected. The content of annual assessments will be reported in the state's annual demonstration monitoring reports.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
3.b Financing plan	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.*

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Prompts	Summary
	Milestone achieved. New York State tracks daily availability of community inpatient psychiatric beds. New York State Medicaid program covers a continuum of clinical and rehabilitation mental health services including community-based mental health clinics, intensive outpatient clinical programs, personalized recovery-oriented services program (PROS), and Assertive Community Treatment (ACT). NYS licenses, funds and/or operates 108 ACT teams across the state, with several teams specially designed to serve the shelter population, and individuals with forensic histories. There are 81 licensed PROS programs across the state, which provide psychosocial rehabilitation and treatment, helping individuals to regain the skills and supports necessary to remain in the community and promote life role goals in areas of independent living, employment, education and socialization. The NYS 1115 Managed Care Waiver allows for approved clinic rehabilitation through the State Plan Amendment. Adults with SMI in Medicaid Managed Care are eligible for enrollment in a specialized Health and Recovery Plan (HARP), which provides specialized behavioral health expertise and access to Health Home care management. Members of HARPs also have access to an array of rehabilitative services such as Psychosocial Rehabilitative Services, Peer Support, Supported Employment, Supported Education. NYS licenses 22 comprehensive psychiatric emergency programs (CPEPs) to deal with emergent mental health needs. Several CPEPs serve children, as well as adults. New York State is working to increase the availability of non-hospital crisis stabilization services. The New York State Office of Mental Health is working with local governments to coordinate a state-wide crisis response system which enables all New Yorkers to access mobile crisis (including telephonic triage, mobile response, telephonic follow-up, and mobile follow-up) services, and is in the process of implementing Crisis Residential Programs for children, adolescents, and adults. NYS has demonstration authority through the 1115 Waiver Crisis Intervention Benefit to reimburse state-approved providers for these services provided to adults, and a children’s crisis intervention EPSDT state plan amendment. for children/youth up to twenty-one. NYS will be licensing crisis residences under the NYS 589 regulations.

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	In addition, New York State currently has federal demonstration authority for thirteen Certified Community Behavioral Health Centers (CCBHCs) to operate throughout the state until September of 2023. New York State has submitted a State Plan Amendment to continue to operate the CCBHCs after the demonstration period ends and to potentially increase the number of CCBHCs receiving a Medicaid rate prior to the end of the demonstration.
	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools. Continued expansion of mobile and crisis stabilization services. Work with CMS to get an approved CCBHC State Plan Amendment that could be used to enable CCBHC Expansion grants to continue after the SAMHSA grant has ended through the provision of a Medicaid rate.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
3.c Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.* Milestone achieved. The New York State Office of Mental Health launched an electronic bed tracking system in September 2018 to improve the method in which information is collected and maintained statewide. The Bed Availability System (BAS) expects all hospitals in New York State to report psychiatric inpatient bed availability twice daily. OMH Field Offices, County Mental Health Directors and all general hospitals, psychiatric hospitals, and OMH State-operated hospitals have access to the search tool for immediate, up-to-date information.
	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools. No changes are expected.

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	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
3.d State requirement that providers use a widely recognized, publicly available patient assessment tool to determine appropriate level of care and length of stay	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.* Milestone achieved. During pre-admission and referral to civil, adult psychiatric centers, all providers across NYS submit an Inpatient Referral Form (IRF), which is an online standardized admission assessment tool available to all referral sources. The IRF is submitted through the state's Health Commerce System (HCS) in order to maintain security of Protected Health Information. The IRF surveys an individual's clinical status at the time of referral to determine whether inpatient setting is needed. Using the IRF, staff may query the referring provider to ensure that their request for inpatient level of care is needed, and why. Also, discussion may take place regarding whether recommendations can be offered that may help the patient engage in alternative, less restrictive care settings. Upon admission, the patient's team engages in clinical assessment and uses shared decision-making approaches with the patient to ensure the development of a treatment plan designed to be inter-disciplinary, active-treatment focused, and patient-centered. During intermediate care admission, ongoing evaluation for active psychotic symptomatology occurs using standardized assessment tools such as PHQ9, GAD7, and mania scores. Ongoing evaluation of patient's medical comorbidities as related to antipsychotic/mood stabilizing medications, i.e. AIMS, metabolic monitoring, etc. takes place to ensure the patient's appropriateness for continued stay in a psychiatric facility. In addition, upon reviewing case status, if patient appears to be refractory, consultation service is available for behavioral or psychopharmacological recommendations.

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	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools. NYS will continue its efforts to ensure providers and insurers are working together to promote access for individuals into structured levels of care. NYS also plans to continue its work to align practices with OMH's Guiding Principles. Identification of all available wrap around service to support patient and engagement with community for discharge placement with treatment team will continue.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
3.e Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	*Current Status: Provide information on the status of the state's assessment of mental health provider availability and an overview of the current continuum of care, including crisis stabilization, the state's ability of the state to track availability of beds, and the use of patient assessment tools.* The NYS Office of Mental Health (OMH) displays provider and program information to the public via the OMH Program Finder/Mental Health Program Directory (https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages). As part of the 1115 Waiver implemented in 2015, behavioral services were carved into Medicaid Managed Care and a special needs plan called a Health and Recovery Plan (HARP) was created to provide behavioral health services to individuals with significant mental illness and substance use disorder needs. As part of this transition, NYS incorporated an array of behavioral health home and community-based services (BH HCBS) into the HARP to assist individuals meet their recovery goals. To access BH HCBS, HARP enrollees have to complete a functional needs assessment to assist with determining areas in which there are unmet needs and which BH HCBS they are eligible for. More recently, the State has worked with CMS to streamline access to these services by moving some of the Adult BH HCBS to rehabilitation state plan In July 2019 OMH expanded its tele-mental health regulations to include additional practitioners (psychologists, social workers, mental health counselors, marriage & family therapists, creative arts therapists, and psychoanalysts); to include home offices and private practices {prescribers may be anywhere in the US; other practitioners must be in

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Prompts	Summary
	NYS}; to allow recipients to be located at home, or at another temporary location within/outside NYS while receiving services; and to include ACT and PROS as eligible treatment settings. During the COVID-19 Disaster Emergency, OMH provided both regulatory and billing flexibility to enable a significant expansion in the provision of tele-mental health. OMH extended waivers to allow greater tele-mental health flexibility, including: an emergency attestation process to enable rapid initiation of tele-mental health; ability to obtain consent to initiate services verbally and document in the Electronic Health Records; allowing services to begin without an in initial in-person visit; expanding the types of providers able to provide services; allowing New York State (NYS) licensed providers living outside of NYS to provide tele-mental health services in NYS; and allowing telehealth for inpatient admission evaluations including involuntary admissions. One of the most significant expansions was allowing for services to be able to be provided over the telephone and other audio/visual platforms, including common smartphones.
	Future Status: Describe plans to expand community-based services, including references to the financing plan as appropriate, and the state's plans to improve annual assessments of the availability of mental health providers and the state's ability to track availability of beds, and plans to encourage widespread use of patient assessment tools. In an effort to increase access to mental health services, OMH is planning to make many of the telehealth regulatory flexibilities permanent, including: the ability to provide services using telephonic means; expanding practitioner types to include peers and paraprofessionals; expanding where practitioners may be located beyond NYS; removal of the first visit in-person requirement; and allowing telehealth to satisfy one of the MHL Article 9 required physician certificates.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None.
SMI/SED. Topic_4. Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration	
Critical strategies for improving care for individuals with SMI or SED include earlier identification of serious mental health conditions and focused efforts to engage individuals with these conditions in treatment sooner. To meet this milestone, state Medicaid programs must focus on improving mental health care by taking the following actions.	
Earlier Identification and Engagement in Treatment	

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Prompts	Summary
4.a Strategies for identifying and engaging beneficiaries with or at risk of SMI or SED in treatment sooner, e.g., with supported employment and supported programs	*Current Status: Provide information on current strategies to increase earlier identification/ engagement in treatment, integration of behavioral care in non-specialty settings, and specialized programs for young people with SED/SMI.* Milestone achieved. New York State has numerous initiatives in place to identify and engage Medicaid beneficiaries with, or at risk of, SMI or SED. These include: 1. A range of Children and Family Treatment and Support Services including: Crisis Intervention, Community Psychiatric Supports and Treatment, Psychosocial Rehabilitation, Family Peer Support Services, and Youth Peer Support and Training. Many of these services were formerly HCBS services; moving them to the State Plan allows more children and families to access them sooner, before functional deficits set in. 2. Children's HCBS Waiver with services including: Community Habilitation, Day Habilitation, Caregiver/Family Support and Services, Community Self Advocacy Training and Support, Prevocational Services, Supported Employment, Respite Services (planned and crisis), Palliative Care, Environmental Modifications, Adaptive and Assistive Equipment and Non-medical Transportation. These services support children, youth, and families and can prevent the need for residential and inpatient services. 3. First Episode Psychosis services 4. School-based mental health clinics allow school-age children broader access to clinical services. NYS has seen tremendous growth in school-based clinics; currently, we have 845 across the state. 5. Project TEACH offers education and training, psychiatric consultation, and referral services available to all prescribers in NYS. The overall goal is to enhance the capacity of pediatric primary care to address the needs of children and adolescents with mild to moderate mental illness, thus increasing the likelihood that problems will be identified and addressed earlier. 6. Other (please add as appropriate): NYS OMH is partnering with the NYS DOH to cultivate workforce capacity to address infant and early childhood mental health (IECMH). Over 800 individuals have been trained to use the DC:0-5, which is the most appropriate diagnostic tool for this population. There are plans to train approximately 150-300 more in the coming year. 7. Personalized Recovery Oriented Services- includes psychosocial rehabilitation interventions supporting individuals with education and employment goals, offering the full Individual Placement and Support (IPS) evidenced-based practice. 8. Adult BH HCBS for HARP enrollees provides several employment support and education services

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Prompts	Summary
	Future Status: Describe planned strategies to increase early identification/ engagement in treatment, integration of behavioral health care in non-specialty settings, and availability of specialized programs for young people with SED/SMI. NYS will request authorization of Medicaid coverage for a targeted set of in-reach services up to 30 days prior to discharge for individuals hospitalized in a State-operated IMDs. These services include care management, clinical consultations, peer services, and pharmaceutical management. These services will help to increase engagement in treatment and reduce inpatient lengths of stay for Medicaid enrolled individuals in state-operated psychiatric center IMDs.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. Future Status initiatives will require planning and coordination among billing and operational staff within the NYS State-operated IMD structures. Such planning and coordination will be documents in project plans with timelines and accountabilities, pending CMS approval of NYS application. For the In-reach Waiver population, NYS will remove the exclusion from Medicaid Managed Care enrollment for individuals residing in state operated IMDs to streamline enrollment of this population into a Medicaid Managed Care plan upon discharge.
4.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	*Current Status: Provide information on current strategies to increase earlier identification/ engagement in treatment, integration of behavioral care in non-specialty settings, and specialized programs for young people with SED/SMI.* New York State has a robust set of programs designed to bring behavioral health care into non-specialty settings. These include: 1. Co-licensed FQHCs, which can deliver the full range of mental health and physical health services 2. Integrated licensed clinics that can provide primary care as well as mental health treatment 3. Project TEACH which provides psychiatric consultation to pediatricians and other prescribers

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Prompts	Summary
	4. First Episode Psychosis programs 5. NYS is supporting the implementation of HealthySteps within pediatric primary care settings. This is a primary prevention model which identifies needs in families with infants and very young children while they are participating in a pediatric well-child office visit. HealthySteps Specialists screen for Adverse Childhood Experiences, Maternal Depression, and social and emotional developmental milestones, then provide needed guidance and intervention. They prevent the use of harsh parenting techniques, increase school readiness, and reduce emergency room visits, among other positive outcomes. 6. Children and Family Treatment and Support Services (CFTSS): child and family treatment and support services are intended to be mobile and can be delivered in schools, homes, and other community settings, broadening access and effectiveness. 7. DSRIP integrated care programs designed to bring behavioral health into primary care settings.
	Future Status: Describe planned strategies to increase early identification/ engagement in treatment, integration of behavioral health care in non-specialty settings, and availability of specialized programs for young people with SED/SMI. NYS will continue to expand availability of the programs listed above. In addition, NYS will request authorization of Medicaid coverage for a targeted set of in-reach services up to 30 days prior to discharge for individuals hospitalized in a State-operated IMDs. These services include care management, clinical consultations, peer services, and pharmaceutical management. These services will help to increase engagement in treatment and reduce inpatient lengths of stay for Medicaid enrolled individuals in state-operated psychiatric center IMDs.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. Future Status initiatives will require planning and coordination among billing and operational staff within the NYS State-operated IMD structures. Such planning and coordination will be documents in project plans with timelines and accountabilities, pending CMS approval of NYS application. For the In-reach Waiver population, NYS will remove the exclusion from Medicaid Managed Care enrollment for individuals residing in state operated IMDs to streamline enrollment of this population into a Medicaid Managed Care plan upon discharge.

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Prompts	Summary
4.c Establishment of specialized settings and services, including crisis stabilization, for young people experiencing SED/SMI	*Current Status: Provide information on current strategies to increase earlier identification/ engagement in treatment, integration of behavioral care in non-specialty settings, and specialized programs for young people with SED/SMI.* New York State is in the process of establishing Crisis Stabilization programs for children and adults. 9 Intensive Crisis Stabilization Awards were made in July 2022. An RFP for 3 additional ICSCs was re-issued on 11/4 (2 NYC EDR, 1 CR EDR) An RFP for 12 Supportive Crisis Stabilization Centers was released with awards anticipated in November 2022 All Crisis Stabilization Centers are required to have identified areas to serve children and are required to have staff available 24/7 who are trained in working specifically with children/youth/young people with SED/SMI. OMH is in the process of launching 2 new ACT Teams with an intentional focus on serving Young Adults (18-25), one in Brooklyn, NY and another in Erie County.
	Future Status: Describe planned strategies to increase early identification/ engagement in treatment, integration of behavioral health care in non-specialty settings, and availability of specialized programs for young people with SED/SMI. Reimbursement for crisis intervention services through a rehabilitation State Plan Amendment to CMS in 2022, including mobile crisis, crisis residence and crisis stabilization centers for Medicaid beneficiaries throughout the State, across the lifespan.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None
4.d Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	*Current Status: Provide information on current strategies to increase earlier identification/ engagement in treatment, integration of behavioral care in non-specialty settings, and specialized programs for young people with SED/SMI.* Project TEACH, a program that strengthens and supports the ability of New York's pediatric primary care providers to deliver care to children and families who experience mild-to-moderate mental health concerns, has been in place in NYS since 2010. Statewide this program has offered over 18,000 consultations to 3,687 PSYCHIATRIC CENTERPs to date and has completed 6,066 referrals to specialty providers. These consultations began as telephonic and are now

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	also available as telepsychiatry sessions, reflecting NY's ongoing commitment to investing in multi-modal technology in order to extend access. In addition, OMH created the bureau of Transition Aged Youth (TAY) which is dedicated to focusing on the needs of individuals with mental health needs between the ages of 16-25. The TAY Bureau works with Adult and Children Program Divisions within OMH, and with the NYS Office of Children and Family Services to identify issues and barriers to care. In 2019 the TAY Bureau traveled statewide to meet with YouthPower, TAY populations, and their families to understand the current service landscape and issues.
	Future Status: Describe planned strategies to increase early identification/ engagement in treatment, integration of behavioral health care in non-specialty settings, and availability of specialized programs for young people with SED. No additional strategies are in place at this time. NYS will continue to expand availability of the programs listed above.
	Summary of Actions Needed: Specify a list of actions needed to be completed to meet milestone criteria. Include persons or entities responsible and timeframe for completion of each action. None
SMI/SED.Topic_5. Financing Plan	
State Medicaid programs should detail plans to support improved availability of non-hospital, non-residential mental health services including crisis stabilization and on-going community-based care. The financing plan should describe state efforts to increase access to community-based mental health providers for Medicaid beneficiaries throughout the state, including through changes to reimbursement and financing policies that address gaps in access to community-based providers identified in the state's assessment of current availability of mental health services included in the state's application.	
F.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, observation/assessment centers, with a coordinated	*Current Status* There are 13 separate 988 Crisis Contact Centers throughout NYS that provide mental health crisis and suicide prevention services. There are 2 additional 988 Crisis Contact Centers in development. All 62 counties in NYS have access to an in-state 988 Crisis Contact Center. NYS currently has mobile crisis capacity in 50/62 counties in NYS. These services are based on identification by county mental hygiene directors and work collaboratively with local mental health and substance use providers and law enforcement based on the needs of their communities.

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community crisis response that involves collaboration with trained law enforcement and other first responders.	Several crisis stabilization centers are in development and exist throughout New York State in different forms and licensing options.
	Future Status NYS has proposed a comprehensive crisis response system that includes the implementation of 988 as a single point of access for mental health crisis and suicide prevention. This system, described in the State Plan Amendment, will bring together local mobile crisis services, including crisis stabilization and crisis residences. The 988 Crisis Contact Centers will work collaboratively with their communities for streamlining access to other components of the comprehensive crisis response system, including mobile crisis teams, crisis residential programs, and crisis stabilization centers. 988 Crisis contact Centers are working with local 911 Public Service Answering Points will have identified protocols for the transfer of non-emergency behavioral calls to 988 Crisis Contact Centers. Mobile Crisis Services will be available24/7 in all 62 counties in NYS. Mobile crisis teams will be created based on the needs of the communities they serve, including mobile crisis teams consisting of a licensed professionals and peers or paraprofessionals, EMS and a licensed professional or co-response of law enforcement and a licensed professional.
	Summary of Actions Needed NYS will seek federal approval to expand Medicaid funded mobile crisis services to adults and fund crisis stabilization services for both adults and children in the end of 2021 or by April 1, 2022.
F.b Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment,	*Current Status* NYS currently has 13 CCBHC demonstrations programs and 44 SAMHSA CCBHC Expansion grants. The demonstration program is currently slated to end September of 2023 and NYS is committed to continuing these programs through the available federal options (e.g., SPA). NYS is also reviewing options to maintain CCBHC Expansion grant programs that have received 2 years of funding from SAMHSA.

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and services in integrated care settings such as the Certified Community Behavioral Health Clinic model.	*Future Status* NYS will make CCBHC a permanent program structure through the appropriate federal program option and will use CCBHC Expansion grants as a mechanism to increase the number of CCBHCs in the state.
	Summary of Actions Needed NYS will work with CMS on the CCBHC SPA submitted and follow up any other new federal actions that would make CCBHC a permanent program structure to expand the number of CCBHCs.
SMI/SED. Topic_6. Health IT Plan	
As outlined in State Medicaid Director Letter (SMDL) #18-011, "[s]tates seeking approval of an SMI/SED demonstration … will be expected to submit a Health IT Plan ("HIT Plan") that describes the state's ability to leverage health IT, advance health information exchange(s), and ensure health IT interoperability in support of the demonstration's goals."[1] The HIT Plan should also describe, among other items, the: • *Role of providers in cultivating referral networks and engaging with patients, families and caregivers as early as possible in treatment; and* • *Coordination of services among treatment team members, clinical supervision, medication and medication management, psychotherapy, case management, coordination with primary care, family/caregiver support and education, and supported employment and supported education.* *Please complete* all *Statements of Assurance below—and the sections of the Health IT Planning Template that are relevant to your state's demonstration proposal.*	
Statements of Assurance	
Statement 1: Please provide an assurance that the state has a sufficient health IT infrastructure/ecosystem at every appropriate level (i.e. state, delivery system, health plan/MCO and individual provider) to achieve the goals of the demonstration. If this is not yet the case, please describe how	The State has signed agreements with several health information exchange (HIE) entities known in New York State as Qualified Entities (QE) to exchange health data across the state amongst all participating health providers. Currently the state is sharing a limited dataset (ADT, allergies, demographics) but is working to expand to include additional information (medications, labs, treatment plans, etc.) within the next 18 months. In addition, all state-operated facilities will have direct portal access to QE data and can view health data from outside providers to provide more coordinated care. This includes the ability to receive clinical alerts and use secure direct messaging with outside providers.

[1] See SMDL #18-011, "Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance." Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf.

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Prompts	Summary
this will be achieved and over what time period	
Statement 2: Please confirm that your state's SUD Health IT Plan is aligned with the state's broader State Medicaid Health IT Plan and, if applicable, the state's Behavioral Health IT Plan. If this is not yet the case, please describe how this will be achieved and over what time period.	Not applicable.
Statement 3: Please confirm that the state intends to assess the applicability of standards referenced in the Interoperability Standards Advisory (ISA)[2] and 45 CFR 170 Subpart B and, based on that assessment, intends to include them as appropriate in subsequent iterations of the state's Medicaid Managed Care contracts. The ISA outlines relevant standards including but not limited to the following areas: referrals, care plans,	The State intends to utilize standards referenced in the Interoperability Standards Advisory (ISA) when appropriate and when standards exist.

[2] Available at https://www.healthit.gov/isa/.

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consent, privacy and security, data transport and encryption, notification, analytics and identity management.	
To assist states in their health IT efforts, CMS released SMDL #16-003 which outlines enhanced federal funding opportunities available to states "for state expenditures on activities to promote health information exchange (HIE) and encourage the adoption of certified Electronic Health Record (EHR) technology by certain Medicaid providers." For more on the availability of this "HITECH funding," please contact your CMS Regional Operations Group contact. [3] *Enhanced administrative match may also be available under MITA 3.0 to help states establish crisis call centers to connect beneficiaries with mental health treatment and to develop technologies to link mobile crisis units to beneficiaries coping with serious mental health conditions. States may also coordinate access to outreach, referral, and assessment services—for behavioral health care--through an established "No Wrong Door System."* [4]	
Closed Loop Referrals and e-Referrals (Section 1)	
1.1 Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider	*Current State: # and/or % of Behavioral Health Providers who have adopted "Certified" EHRs (CEHRT-Certified EHR Technologies) and utilize it for e-referrals and or closed loop referrals.* *1) # and/or % of Behavioral Health Providers who utilize "Direct" secure messaging for e-referrals and or closed loop referrals* *2) # and/or % of Primary Care Providers who have adopted "Certified" EHRs (CEHRT-Certified EHR Technologies) that are utilizing it for e-referrals and or closed loop referrals with mental health providers* *3) # or % of Primary Care Providers who utilize "Direct" secure messaging for e-referrals and or closed loop referrals with Mental Health Providers* NYS does not have the ability accept closed-loop referrals at this time.
	Future State: Describe the future state of the health IT functionalities outlined below:

[3] See SMDL #16-003, "Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers." Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd16003.pdf.
[4] Guidance for Administrative Claiming through the "No Wrong Door System" is available at https://www.medicaid.gov/medicaid/finance/admin-claiming/no-wrong-door/index.html.

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Prompts	Summary
	There are no plans to implement any closed loop referrals at this time.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state: There are no plans to implement any closed loop referrals at this time.
1.2 Closed loop referrals and e-referrals from institution/hospital/clinic to physician/mental health provider	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* NYS does not have the ability accept closed-loop referrals at this time.
	Future State: Describe the future state of the health IT functionalities outlined below: There are no plans to implement any closed loop referrals at this time.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state: There are no plans to implement any closed loop referrals at this time.
1.3 Closed loop referrals and e-referrals from physician/mental health provider to community based supports	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* NYS does not have the ability accept closed-loop referrals at this time.
	Future State: Describe the future state of the health IT functionalities outlined below: NYS does not plan to implement closed loop referrals due to a lack of resources.

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Prompts	Summary
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state: NYS does not plan to implement closed loop referrals due to a lack of resources.
Electronic Care Plans and Medical Records (Section 2)	
2.1 The state and its providers can create and use an electronic care plan	*Current State: Describe the current state of the health IT functionalities outlined below:* The state currently uses an internally developed and maintained documentation system known as the Mental Health Automated Recording System (MHARS) in its state-operated psychiatric centers and outpatient clinic settings. Adoption has recently been standardized yet many locations struggle to consistently document in MHARS due to a lack of resources. Licensed mental health providers use a variety of proprietary and commercial off-the-shelf electronic health records which support electronic care plans.
	Future State: Describe the future state of the health IT functionalities outlined below: OMH is actively involved in obtaining a modernized Electronic Health Record. This functionality is expected to be part of the solution
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:

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Prompts	Summary
	OMH will release an RFP by June of 2023 and expects implementation to begin in 2024.
	Current State: Describe the current state of the health IT functionalities outlined below: The state currently uses an internally developed and maintained documentation system known as the Mental Health Automated Recording System (MHARS) in its state-operated psychiatric centers and outpatient clinic settings. Adoption has recently been standardized yet many locations struggle to consistently document in MHARS due to a lack of resources. Licensed mental health providers use a variety of proprietary and commercial off-the-shelf electronic health records which support electronic care plans.
	Future State: Describe the future state of the health IT functionalities outlined below: Due to a lack of funding, there are no plans to change New York's health IT functionalities in state-operated psychiatric centers at this time.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state: None
2.2 E-plans of care are interoperable and accessible by all relevant members of the care team, including mental health providers	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*

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Prompts	Summary
	Current State: Describe the current state of the health IT functionalities outlined below: *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* Not at this time.
	Future State: Describe the future state of the health IT functionalities outlined below: OMH is actively involved in obtaining a modernized Electronic Health Record. This functionality is expected to be part of the solution to challenges stemming from information fragmentation affecting patient care and quality.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state: For OMH operated facilities OMH will release an RFP by June of 2023 and expects implementation to begin in 2024 For local providers NYS does not promote any specific systems or guidance, and this occurs through a variety of platforms (e.g. Foothold).
	Not at this time.
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:

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Prompts	Summary	
2.3 Medical records transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	2.3 Medical records transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* Within certain parts of the mental health delivery system (e.g. clinic, residential treatment facilities), local providers have the ability to electronically transmit medical records from youth-oriented systems of care to adult behavioral health systems. NYS does not promote any specific systems or guidance, and this occurs through a variety of platforms (e.g. Foothold).
		Future State: Describe the future state of the health IT functionalities outlined below: OMH is actively involved in obtaining a modernized Electronic Health Record. This functionality is expected to be part of the solution to challenges stemming from information fragmentation affecting patient care and quality.
		Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:

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Prompts	Summary
	For OMH operated facilities OMH will release an RFP by June of 2023 and expects implementation to begin in 2024. For local providers NYS does not promote any specific systems or guidance, and this occurs through a variety of platforms (e.g. Foothold).
2.4 Electronic care plans transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* Within certain parts of the mental health delivery system (e.g. clinic), local providers have the ability to electronically transmit medical records from youth-oriented systems of care to adult behavioral health systems. NYS does not promote any specific systems or guidance, and this occurs through a variety of platforms (e.g. Footholds).
	Future State: Describe the future state of the health IT functionalities outlined below: OMH is actively involved in obtaining a modernized Electronic Health Record. This functionality is expected to be part of the solution to challenges stemming from information fragmentation affecting patient care and quality.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:

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Prompts	Summary
	For OMH operated facilities OMH will release an RFP by June of 2023 and expects implementation to begin in 2024.
Consent - E-Consent (42 CFR Part 2/HIPAA) (Section 3)	
3.1 Individual consent is electronically captured and accessible to patients and all members of the care team, as applicable, to ensure seamless sharing of sensitive health care information to all relevant parties consistent with applicable law and regulations (e.g., HIPAA, 42 CFR part 2 and state laws)	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* Individual consent is mandated in New York State. Once consent is obtained and electronically communicated to the HIE, all appropriate members of the care team will have access. Patients may also access their own healthcare information.
	Future State: Describe the future state of the health IT functionalities outlined below: No changes planned.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
Interoperability in Assessment Data (Section 4)	
4.1 Intake, assessment and screening tools are part of a structured data capture process	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours*

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Prompts	Summary
so that this information is interoperable with the rest of the HIT ecosystem	*due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* Not all data is currently structured data. This is due to reliance on older electronic health systems that are not all meaningful use certified. In addition, not all screening tools have structured data sets associated with them.
	Future State: Describe the future state of the health IT functionalities outlined below: The state is working to implement structured data where clinically appropriate.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state: Assessment of current source data systems and working collaboratively to address lack of structured standards.
Electronic Office Visits – Telehealth (Section 5)	
5.1 Telehealth technologies support collaborative care by facilitating broader availability of integrated mental health care and primary care	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* The state is expanding telehealth technologies (telepsychiatry) to support collaborative care.
	Future State: Describe the future state of the health IT functionalities outlined below:
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
Alerting/Analytics (Section 6)	
6.1 The state can identify patients that are at risk for discontinuing engagement in their treatment, or have stopped engagement in their treatment, and can notify their care teams in	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.*

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Prompts	Summary
order to ensure treatment continues or resumes (Note: research shows that 50% of patients stop engaging after 6 months of treatment[5])	OMH's Sustained Engagement Support Team is part of NYS OMH's relentless efforts to increase engagement among individuals who are involved in State-Operated outpatient services. • SES Outreach Specialists located in Albany and NYC • Monitoring all adults who have been unsuccessfully discharge from State-operated Outpatient Clinic or ACT team • Conduct telephonic outreach and engagement services in an effort to facilitate a return to State-Operated services or linkage to a community provider • Patients are identified as unsuccessful discharges upon outpatient clinician completing the MHARS Disposition 116 Form and selecting Disposition type – Termination, no further service and then Termination Type – Unsuccessful Discharge options. • When episode of care is an adult outpatient licensed clinic, day treatment, or ACT program and the Disposition type selected is Termination, no further service, a selection from the Termination Type dropdown is required entry. It is optional entry for all other episode of care programs. • This includes adults who were discharged due to loss of contact, declination of services, and incarceration.
	Future State: Describe the future state of the health IT functionalities outlined below: No changes planned.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
6.2 Health IT is being used to advance the care coordination workflow for patients experiencing their first episode of psychosis	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* Milestone achieved.

[5] Interdepartmental Serious Mental Illness Coordinating Committee. (2017). *The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/ismicc_2017_report_to_congress.pdf

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Prompts	Summary
	Early intervention programs for first-episode psychosis (FEP) require population-based methods to identify individuals with FEP. This study adapted a previously published method to estimate incidence of first psychotic diagnosis in a state Medicaid program. Incidence of first psychotic diagnosis in this Medicaid population was higher than previously found in insured populations. State and federal dollars have combined to build programs across the state within Western New York, Central New York, the Hudson Valley, New York City and Long Island. We expect to have 23 sites operational by early 2020. Over time, OMH hopes to double the number of teams to serve the population in need. What does this entail? Creating teams involves identifying and training staff, helping them to liaison with the community and conduct outreach to identify individuals who are eligible. The teams need to serve both teens and young adults, and to provide youth-friendly, recovery-oriented care in the community that focuses on the goals of the patients. Data collection and measurement-based care support a quality and value-driven approach. Clinicians and patients provide data to the NKI data center and OPME which is then fed back to the teams to identify programmatic strengths and weaknesses. Quality improvement is ongoing and dynamic.
	Future State: *Describe the future state of the health IT functionalities outlined below:* Future work will focus on algorithm refinements and piloting outreach. Administrative data algorithms may be useful to providers, Medicaid MCOs, and state Medicaid authorities to support case finding and early intervention.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state: New York State's Office of Mental Health will continue to support the OnTrack NY program which is focused on algorithm refinements and piloting outreach. These actions will continue throughout 2022 and into 2023.
Identity Management (Section 7)	
7.1 As appropriate and needed, the care team has the ability to tag or link a child's electronic medical records with their respective parent/caretaker medical records	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* The State is currently doing no work in this area.

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Prompts	Summary
	Future State: Describe the future state of the health IT functionalities outlined below: There are currently no plans to tag or link a child's electronic medical records with their respective parent/caretaker medical records.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:
7.2 Electronic medical records capture all episodes of care, and are linked to the correct patient	*Current State: Describe the current state of the health IT functionalities outlined below:* *. Example: The state is planning to conduct individual phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* The State uses a master data management (MDM) application to assist in ensuring all episodes of care are captured and linked to the correct patient.
	Future State: Describe the future state of the health IT functionalities outlined below: No specific plans to change this are currently in place.
	Summary of Actions Needed: Specify a list of action items, milestones and responsible individuals/departments needed to make progress in moving from the current to future state:

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Section 3: Relevant documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the implementation plan. This information is not meant as a substitute for the information provided in response to the prompts outlined in Section 2. Instead, material submitted as attachments should support those responses.

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