

New York Behavioral System Market Profile

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of May 2018. PsychU provides this information for your convenience. In order to obtain the most up-to-date information about a state or its programs, please contact the organization listed within this state's Mental Health System Guidebook.

Behavioral Health Market Profile Overview

A. [Executive Summary](#)

1. [Physical Health Care Coverage Map](#)
2. [Physical Health Care Coverage Map: Medicaid & Dual Eligibles Breakout](#)
3. [Medicaid System Overview](#)
4. [Medicaid Care Coordination Initiatives](#)
5. [Behavioral Health Safety-Net System Overview](#)
6. [Behavioral Health Safety-Net Delivery System](#)

B. [Health Financing System Overview](#)

1. [Population Demographics](#)
2. [Population Centers](#)
3. [Population Distribution By Payer](#)
4. [Largest Health Plans By Enrollment](#)
5. [Largest Health Plans By Estimated SMI Enrollment](#)
6. [Health Insurance Marketplace](#)

C. [Medicaid Administration, Governance & Operations](#)

1. [Medicaid Governance: Organization Chart](#)
2. [Medicaid Governance: Key Leadership](#)
3. [Medicaid Expansion Status](#)
4. [Medicaid Expansion Status: Basic Health Program](#)
5. [Medicaid Program Benefits](#)

D. [Medicaid Financing & Service Delivery System](#)

1. [Medicaid Financing & Service Delivery System](#)
2. [Medicaid Service Delivery System](#)
3. [Medicaid FFS Program](#)
4. [Medicaid FFS Program: Behavioral Health Benefits](#)
5. [Medicaid FFS Program: SMI Population](#)
6. [Medicaid Managed Care Program](#)
7. [Medicaid Managed Care Program: Mainstream Medicaid Managed Care](#)
8. [Medicaid Managed Care Program: Health & Recovery Plans](#)
9. [Medicaid Managed Care Program: Behavioral Health Overview](#)
10. [Medicaid Managed Care Program: Behavioral Health Benefits](#)
11. [Medicaid Managed Care Program: SMI Population](#)
12. [Medicaid Program: Care Coordination Initiatives](#)
13. [Medicaid Program: Demonstration & Care Management Waivers](#)
14. [Medicaid Program: Section 1915 \(c\) HCBS Waivers](#)
15. [Medicaid Program: Section 1915 \(c\) HCBS Waivers \(Continued\)](#)

E. [State Behavioral Health Administration & Finance System](#)

1. [Office Of Mental Health Governance: Organization Chart](#)
2. [Office Of Mental Health Governance: Key Leadership](#)
3. [Department Of Drug & Alcohol Programs: Organization Chart & Key Leadership](#)
4. [Mental Health & Addiction Hospital Bed Distribution](#)
5. [State Psychiatric Institutions](#)
6. [State Psychiatric Institutions \(Continued\)](#)

F. [State Behavioral Health Stakeholder Organizations](#)

1. [Accountable Care Organizations: Medicare Shared Savings Programs](#)
2. [Accountable Care Organizations: Commercial & Medicaid ACOs](#)

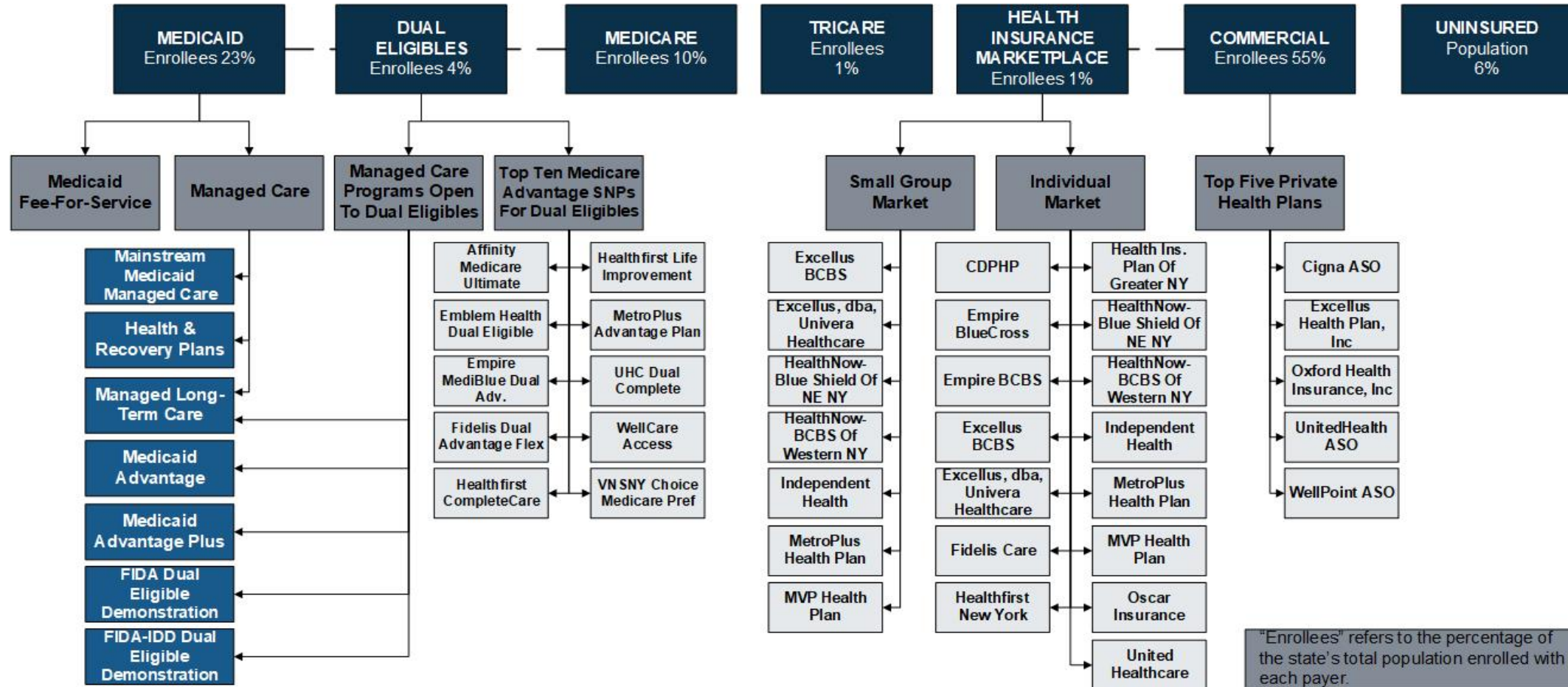
G. [Appendices](#)

1. [Acronym Legend](#)
2. [Glossary Of Terms](#)
3. [Sources](#)

A. Executive Summary

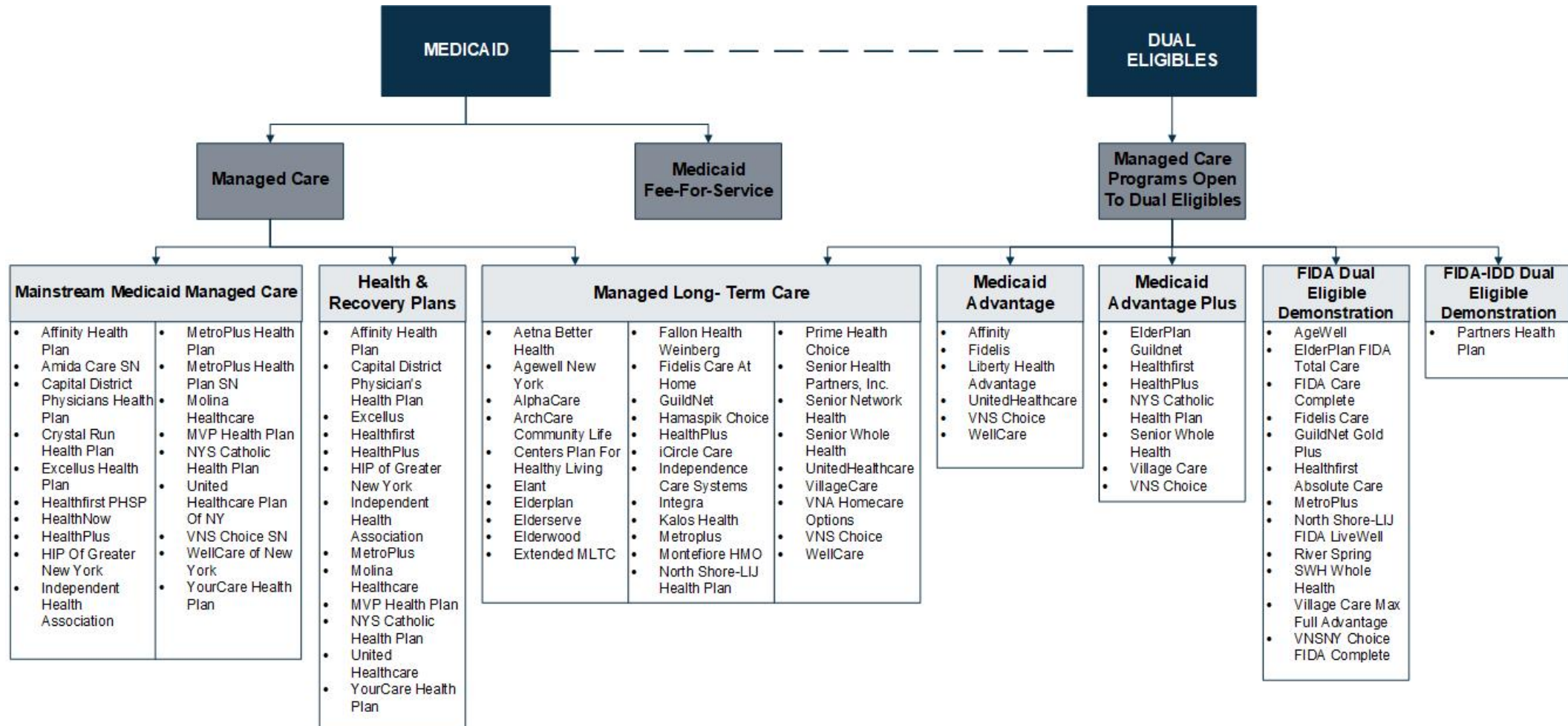
A.1. New York Physical Health Care Coverage Map

Total New York Population-19,745,289
Estimated SMI Population-989,991



A.2. New York Physical Health Care Coverage Map

Medicaid & Dual Eligibles Breakout



For acronym definitions, see [Glossary](#)

A.3. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	<ul style="list-style-type: none"> As of February 2018: 23% in fee-for-service (FFS), 77% in managed care
SMI population inclusion in managed care	<ul style="list-style-type: none"> New York offers individuals with SMI the opportunity to enroll in specially designed Health and Recovery Plans (HARP) to meet their care needs; enrollment in HARPs is not mandatory and individuals with SMI are not specifically excluded from other managed care programs Estimated 21% of population in FFS, 79% in managed care
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Managed care is mandatory for dual eligibles receiving more than 120 days of community-based long-term services and supports (LTSS) Estimated 72% of population in FFS, 28% in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	<ul style="list-style-type: none"> Mainstream Medicaid Managed Care Program (MMMC) and HARP: Included in the health plan's capitation rate Managed Long-Term Care (MLTC): Excluded from the health plan's capitation rate and provided FFS by the state
Specialty behavioral health	Covered FFS by the state	
Pharmaceuticals	Covered FFS by the state	
Long-term services and supports (LTSS)	Covered FFS by the state	

A.4. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans serving the SMI population must contract with health homes for care coordination
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		The Greater Buffalo United ACO is a Medicaid pilot ACO
Affordable Care Act (ACA) Model Health Home	✓	The state's health homes serve persons with two or more chronic conditions, persons with SMI, and children
Patient-Centered Medical Home (PCMH)	✓	NCQA certified PCMHs are eligible for additional payments

A.5. Behavioral Health Safety-Net Delivery System Overview

State Agency Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The New York State Department Of Health administers a Basic Health Plan program for individuals under age 64 with incomes between 133% and 200% of the FPL who are not otherwise eligible for Medicaid

Mental Health Services

- The New York State Office Of Mental Health provides mental health treatment services to the safety-net population by funding local governing units that are operated by the 57 counties and New York City

Addiction Treatment Services

- The New York State Office Of Alcoholism & Substance Abuse Treatment Services provides addiction disorder treatment services to the safety-net population by funding local governing units that are operated by the 57 counties and New York City

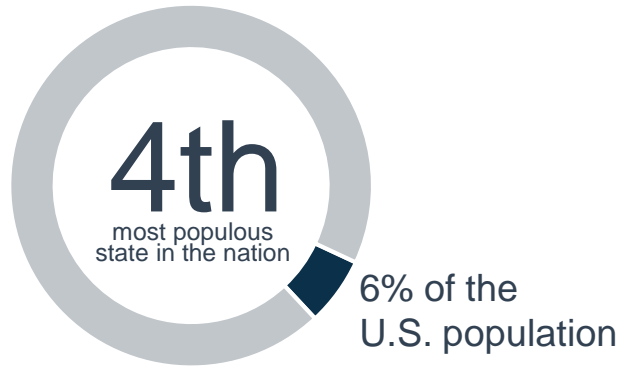
A.6. Behavioral Health Safety-Net Delivery System

- The Office Of Mental Health (OMH) and Office Of Alcoholism & Substance Abuse Services (OASAS) provide services to the safety-net population through state aid to Local Governmental Units (LGUs)
- State law requires each county and New York City to establish a LGU in order to receive state funding for the purpose of providing mental health, addiction, and developmental disabilities services
- The LGUs are responsible for development and oversight of a local system of care for persons with mental illness, addiction, or developmental disabilities; they may provide services directly or contract for provision of services
- Although the state refers to the three service areas collectively as “mental hygiene,” the funding agencies (OMH, OASAS, and the Office For People With Developmental Disabilities) operate independently at the state level; in order to receive state aid, the LGUs must submit their local services plans to the commissioners of the appropriate state agencies annually
- Funding sources for the LGUs include state appropriations, federal aid, Medicaid and other insurance payments, and direct fees

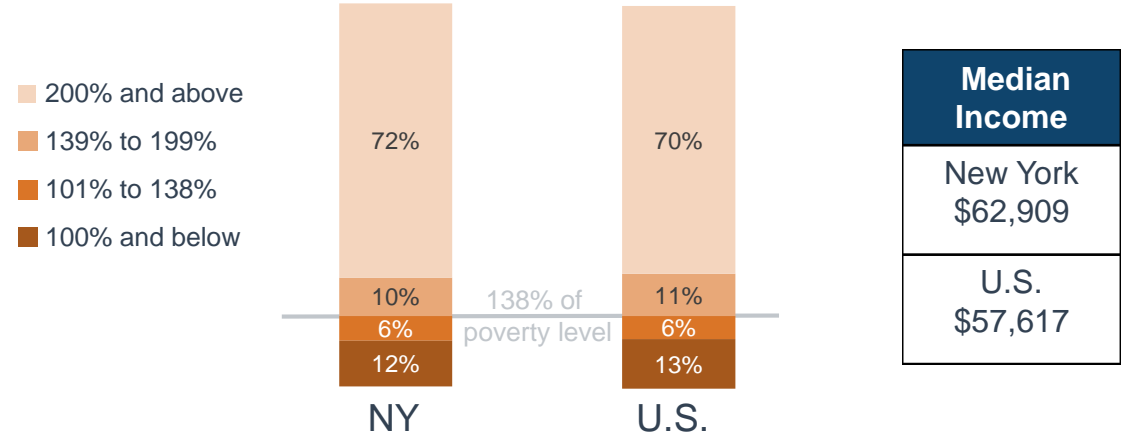
B. New York Health Financing System Overview

B.1. Population Demographics

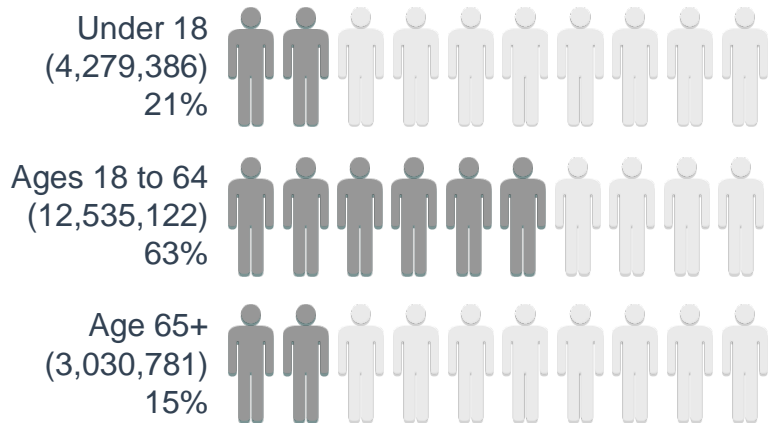
Total New York Population- 19,745,289
 Estimated SMI Population- 989,991



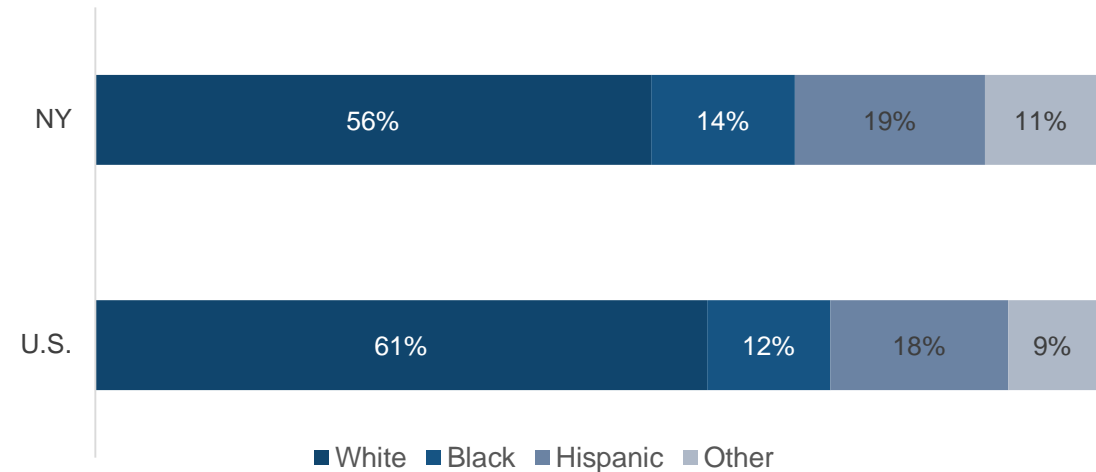
Population Distribution By Income To Poverty Threshold Ratio



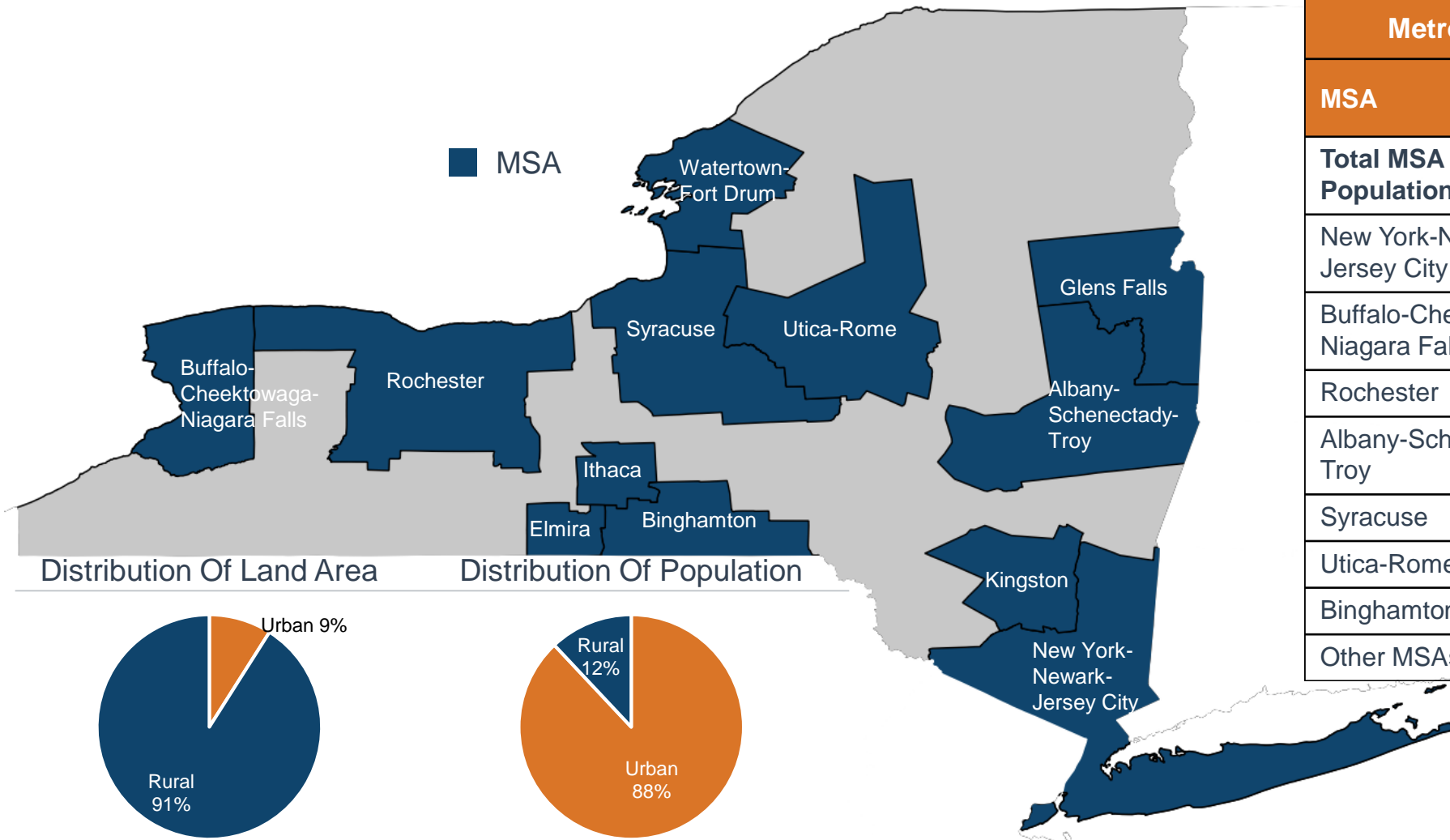
Population Distribution By Age



New York & U.S. Racial Composition

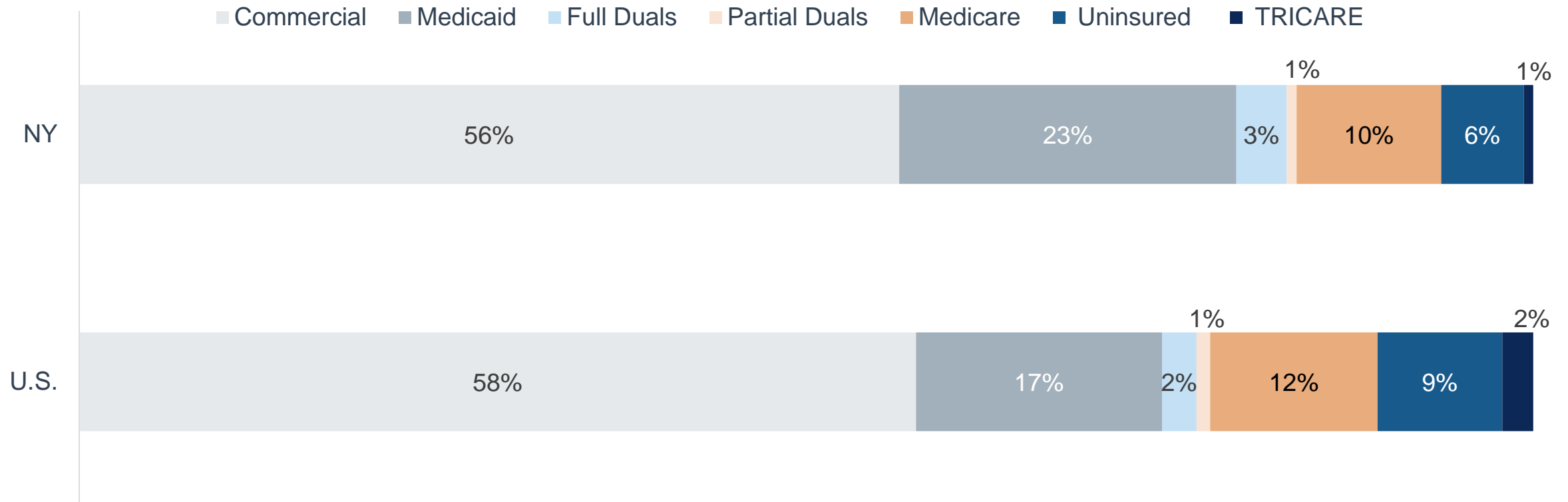


B.2. Population Centers



Metropolitan Statistical Areas (MSAs)		
MSA	NY Residents	Percent Of Population
Total MSA Population	18,364,381	93%
New York-Newark-Jersey City	13,465,661	68%
Buffalo-Cheektowaga-Niagara Falls	1,132,804	6%
Rochester	1,078,879	5%
Albany-Schenectady-Troy	881,839	4%
Syracuse	656,510	3%
Utica-Rome	293,803	1%
Binghamton	244,094	1%
Other MSAs	610,791	3%

B.3. Population Distribution By Payer National vs. State



B.4. Largest New York Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
UnitedHealthcare	Commercial Administrative Services Only (ASO)	4,185,985
Anthem	Commercial ASO	2,800,422
Medicare Fee-For-Service (FFS)	Medicare	1,836,928
Medicaid FFS	Medicaid	1,371,418
NYS Catholic Health Plan	Medicaid Managed Care	1,227,309
Healthfirst PHSP	Medicaid Managed Care	922,360
Cigna	Commercial ASO	848,891
Oxford Health Insurance Co	Commercial	710,014
Excellus Health Plan, Inc	Commercial	623,527
Excellus Health Plan, Inc	Commercial ASO	548,001

*Medicare enrollment as of September 2017; Medicaid as of February 2018; Commercial as of 4th quarter 2016

B.5. Largest New York Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,836,928	262,681
Medicaid FFS	Medicaid	1,371,418	114,811
UnitedHealthcare	Commercial ASO	4,185,985	96,278
NYS Catholic Health Plan	Medicaid Managed Care	1,227,309	72,503
Anthem	Commercial ASO	2,800,422	64,410
Healthfirst PHSP	Medicaid Managed Care	922,360	54,488
UnitedHealthcare Plan Of NY	Medicaid Managed Care	475,442	28,087
NYS Catholic Health Plan	Medicaid Managed Care (SMI/Addiction Specialty Plan)	27,397	27,397
Healthfirst	Medicaid Managed Care (SMI/Addiction Specialty Plan)	22,862	22,862
MetroPlus Health Plan	Medicaid Managed Care	375,660	22,192

*Medicare enrollment as of September 2017; Medicaid as of February 2018; Commercial as of 4th quarter 2016

B.6. Health Insurance Marketplace

Health Insurance Marketplace	
Type Of Marketplace	State
Individual Enrollment Contact	https://www.nystateofhealth.ny.gov
	1-855-355-5777
Small Business Enrollment Contact	https://www.nystateofhealth.ny.gov/employer
	1-855-355-5777

2018 Individual Market Health Plans
1. Capital District Physicians Health Plan
2. Empire BlueCross
3. Empire BlueCross Blue Shield
4. Excellus BlueCross Blue Shield
5. Excellus, dba, Univera Healthcare
6. Fidelis Care
7. Healthfirst New York
8. Health Insurance Plan Of Greater New York
9. Healthnow, dba, Blue Shield Of Northeastern New York
10. Healthnow, dba, Blue Shield Of Western New York
11. Independent Health
12. MetroPlus Health Plan
13. MVP Health Plan
14. Oscar Insurance
15. UnitedHealthcare

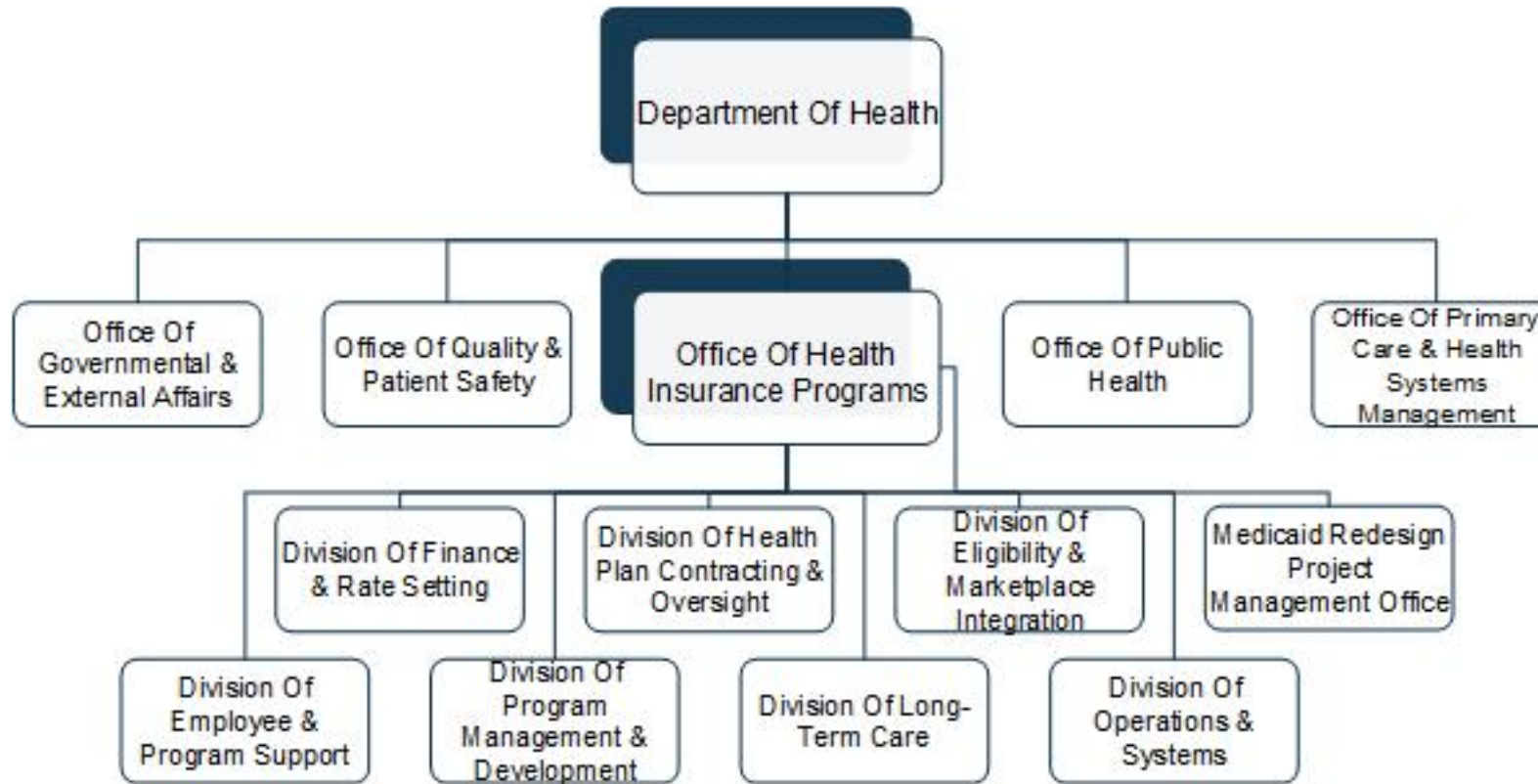
2018 Small Group Market Health Plans
1. Excellus BlueCross Blue Shield
2. Excellus, dba, Univera Healthcare
3. Healthnow, dba, Blue Shield Of Northeastern New York
4. Healthnow, dba, Blue Shield Of Western New York
5. Independent Health
6. MetroPlus Health Plan
7. MVP Health Plan

For acronym definitions, see [Glossary](#)

C. Medicaid Administration, Governance & Operations

C.1. Medicaid Governance

Organization Chart



C.2. Medicaid Governance

Key Leadership

Name	Position	Department
Howard Zucker, M.D.	Commissioner Of Health	Department Of Health
Donna Frescatore	Deputy Commissioner, State Medicaid Director	Office Of Health Insurance Programs
Elizabeth J. Misa	Medicaid Deputy Director	Office Of Health Insurance Programs
John Ulberg	CFO & Director	Division Of Finance & Rate Setting
Jonathan Bick	Director	Division Of Health Plan Contracting & Oversight
Judith A. Arnold	Director	Division Of Eligibility & Marketplace Integration
Gregory Allen	Director	Division Of Program Development & Management
Anton Venter	Director	Division Of Operations & Systems
Geza Hrazdina	Director	Division Of Employee & Program Support
Andrew Segal	Director	Division Of Long-Term Care
Kalin Scott	Director	Medicaid Redesign Project Management Office

For acronym definitions, see [Glossary](#)

C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	<ul style="list-style-type: none"> • 133% of Federal poverty level (FPL) • Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility • Individuals with incomes between 133% and 200% of the FPL are covered by the Basic Health Program, called the Essential Plan
Legislation Used To Expand Medicaid	Senate Bill S2606D, 2013-2014 Legislative Session
Number Of Individuals Enrolled In The Expansion Group (December 2016)	1,836,637
Number Of Enrollees Newly Eligible Due To Expansion	277,769
Benefits Plan For Expansion Population	<ul style="list-style-type: none"> • The alternative benefit plan is identical to the state plan. • Medically frail individuals must be offered the full array of state plan services. • Individuals with SMI or chronic addiction are considered to be medically frail.

For acronym definitions, see [Glossary](#)

C.4. Medicaid Expansion Status

Basic Health Program

- The Essential Plan is a statewide health insurance program that covers individuals with no other access to health coverage with income between 138% and 200% of the FPL, as well as lawfully present non-citizens with income between 0% and 200% of the FPL
- The Essential Plan is a Basic Health Program (BHP), a new model authorized by the PPACA that provides coverage falling between Medicaid and the health insurance marketplace
- The state receives a federal BHP payment for each enrollee equal to 95% of the amount of the enrollee's premium tax credit and the cost sharing reductions that would have been provided to purchase marketplace coverage
- Services are delivered on a capitated basis by 16 health plans that are available by county; for 2018, Essential Plan enrollment is 738,851
- Individuals who participate in the Essential Plan are responsible for cost sharing
 - Premiums of \$20 per member per month apply to individuals with income between 150% and 200% of the FPL; there is no deductible; services are subject to copayments for individuals with income above 100% of the FPL
 - Individuals with unpaid premiums are given a one month grace period and are then disenrolled from the program; an individual may re-enroll the following month but will experience a gap in coverage since premiums are paid prospectively
- The Essential Plan benefit package includes most Medicaid services; intermediate care facilities, home- and community-based waiver services, and behavioral health homes are not included

C.5. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

New York's Optional Services

1. Optometrists' services and eyeglasses
2. Other practitioners' services
3. Private duty nursing
4. Clinic services
5. Dental services
6. Physical, occupational, speech, language, and hearing therapy
7. Prescribed drugs
8. Dentures and prosthetic devices
9. Rehabilitative services
10. IMD inpatient services for persons age 65 and older
11. Intermediate care facility and public institution services for persons with I/DD
12. Inpatient psychiatric facility for individuals under 22
13. Hospice care
14. Case management
15. Special tuberculosis services
16. Nursing facility services for patients under 21
17. Personal care services at home

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics				
Characteristics	Medicaid Fee-For-Service (FFS)	Mainstream Medicaid Managed Care (MMMC)	Managed Care Health & Readiness Plans (HARP)	Managed Long-Term Care (MLTC) Program
Enrollment February 2018	1,371,418	4,391,630	101,879	200,799
SMI Enrollment	<ul style="list-style-type: none"> New York does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI, and also makes specialized HARP plans available to the SMI population; as a result, the majority of the SMI population is enrolled in managed care An estimated 79% of the SMI population is enrolled in managed care 			
Management	Department of Health	19 full-risk health plans	13 full-risk health plans	31 capitated plans
Payment Model	FFS	Capitated rate	Capitated rate	Capitated rate for LTSS and some state plan services; All other services (including mental health) are FFS
Geographic Service Area	Statewide	Statewide; plans available by county	Statewide; plans available by county	Statewide; plans available by county

Total Medicaid: 6,098,864 | Total Medicaid With SMI: 542,799

D.2. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents & Caretakers			X
Children			X
Blind & Disabled Individuals			X
Aged Individuals			X
Dual Eligibles		Individuals not requiring more than 120 days of community-based LTSS	Individuals requiring more than 120 days of community-based LTSS
Medicaid Expansion			X
Individuals Residing In Nursing Homes	X		
Individuals Residing In ICF/IDD	X		
Individuals In Foster Care	X		Transition to managed care pending
Other Populations	<ol style="list-style-type: none"> Residents of state psychiatric facilities or residential treatment facilities Infants living with incarcerated mothers Persons with private health insurance Less than six months eligibility Receiving hospice care at enrollment Persons eligible through spend-down Emergency Medicaid enrollees Court-ordered immigrants Individuals under 21 with special behavioral health needs 	<ol style="list-style-type: none"> Native Americans Persons granted exemption due to special chronic care needs Developmental disability office program and waiver participants 	Pregnant women

For acronym definitions, see [Glossary](#)

D.3. Medicaid FFS Program Overview

- FFS enrollment as of September 2017 was 1,371,418



D.4. Medicaid FFS Program

Behavioral Health Benefits

All behavioral health services and pharmacy are provided FFS by the state

FFS Mental Health Benefits

1. Inpatient mental health treatment
2. Outpatient mental health treatment
3. Clinic treatment services
4. Intensive psychiatric rehabilitation treatment
5. Day treatment
6. Partial hospitalization
7. Community residences
8. Family-based rehabilitation
9. Continuing day treatment
10. Personalized recovery oriented services
11. Assertive community treatment (ACT)
12. Targeted case management
13. Individual and group supportive counseling
14. Medication administration
15. Medication management and treatment adherence counseling
16. Psychoeducation

FFS Addiction Treatment Benefits

1. Medically managed detoxification
2. Medically supervised withdrawal
3. Inpatient rehabilitation
4. Outpatient rehabilitation
5. Screening and brief intervention
6. Assessment
7. Individual and group counseling
8. Opioid treatment programs
9. Stabilization and rehabilitation services provided in a residential setting
10. Residential rehabilitation for youth
11. Complex care coordination
12. Peer advocate services

D.5. Medicaid FFS Program

SMI Population

- New York does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria
- It is estimated that as of February 2018, 21% of the SMI population was enrolled in FFS



D.6. Medicaid Managed Care Program Overview

- Managed care enrollment as of February 2018 was 4,715,754
- New York has three statewide managed care programs:
 - **Mainstream Medicaid Managed Care Program (MMMC):** Full-risk health plans that provide physical and behavioral benefits to families and expansion adults who do not need long-term services and supports (LTSS)
 - **Health & Recovery Plans (HARP):** Full-risk special needs plans that integrate physical health services, behavioral health services, and behavioral health home- and community-based services (HCBS) for persons with SMI and/or a serious addiction diagnosis
 - **Managed Long-Term Care (MLTC):** Capitated health plans that provide physical health services and LTSS to individuals needing 120 days or more of HCBS
- Plans are available by county, and individuals are able to choose which plan best fits their needs
- Via its section 1115 waiver, the state has a goal to move 80% to 90% of health plan payments to provider organizations to value-based reimbursement methodologies by 2020

D.7. Medicaid Managed Care Program

Mainstream Medicaid Managed Care Program

- The Mainstream Medicaid Managed Care Program (MMMC) provides Medicaid benefits to most eligible recipients
- As of February 2018, there were 4,391,630 individuals enrolled in the 19 MMMC health plans
- The MMMC health plans may offer special needs plans for individuals with SMI called Health & Recovery Plans (HARPs)
- Three of the 19 MMMC health plans are special needs plans, serving individuals in New York City who have HIV, who are homeless, or who are transgender; these plans include:
 - Amida Care
 - MetroPlus Health Plan Partnership In Care
 - VNS Choice SelectHealth
- Enrollees in the special needs plans may also be eligible to receive the same behavioral health HCBS as persons with SMI enrolled in HARPs

D.8. Medicaid Managed Care Program Health & Recovery Plans

- New York phased in implementation of special needs plans, called Health & Recovery Plans (HARPs), for persons with SMI or an addiction diagnosis in October 2015; the plans were available statewide by July 2016
- As of February, there were 101,879 total enrollees in the 13 available HARP plans, with at least one plan offered in every county
- HARPs integrate physical health services, behavioral health services, and behavioral health home- and community-based services (BH-HCBS) for Medicaid enrollees diagnosed with SMI or addiction
 - At this time, only MMMC plans are eligible to become HARPs
- BH-HCBS are available to persons enrolled in HARPs and to persons enrolled in MMMC special needs plans for persons with HIV

HARP	February 2018 Enrollment
Affinity Health Plan	4,381
Capital District Physicians Health Plan	2,667
Excellus	6,970
Healthfirst	22,862
HealthPlus	5,932
HIP Of Greater New York	4,763
Independent Health Association	1,848
MetroPlus	10,853
Molina Healthcare	1,522
MVP Health Plan	4,528
NYS Catholic Health Plan	27,397
UnitedHealthcare	6,446
YourCare Health Plan	1,710
Total	101,879

For acronym definitions, see [Glossary](#)

D.9. Medicaid Managed Care Program

Behavioral Health Overview

- Mainstream Medicaid Managed Care (MMMC): Nearly all behavioral health and pharmacy benefits are included in the health plan capitation rate
 - Behavioral health services for most populations over age 21 were integrated into the health plan contracts in July 2016; rehabilitation services for residents of community residences were not included in behavioral health integration, but will be phased in at a later date
 - For the first two years of integration, MMMC plans must contract with Office Of Mental Health and Office Of Alcohol & Substance Abuse Services (OASAS) provider organizations that serve at least five of their enrollees
 - Plans must contract with all OASAS-certified opioid treatment programs in their service area
 - Specialty behavioral health services for children under age 21 are not included in managed care; this carve-out is scheduled to end in July 2018 but may be delayed up to two years
- Health & Recovery Plans (HARP): Most behavioral health and pharmacy benefits are included in the health plan capitation rate
 - Special BH-HCBS are provided by the HARPs and reimbursed FFS via pass-through payments
 - The state planned to shift these services into health plan capitation as early as 2017 but has not done so as of March 2018
- Managed Long-Term Care (MLTC): All behavioral health benefits are covered by the state on a FFS basis

D.10. Medicaid Managed Care Program

Behavioral Health Benefits

For MMMC and HARP, behavioral health and pharmacy benefits are included in the health plan's capitation rate

Managed Care Mental Health Benefits

1. Licensed clinic services
2. Outpatient hospital
3. Continuing day treatment
4. Partial hospitalization
5. Personalized recovery oriented services
6. Intensive psychiatric rehabilitation treatment
7. Assertive community treatment (ACT)
8. Targeted case management
9. Inpatient psychiatric services
10. Inpatient treatment
11. Crisis intervention

Managed Care Addiction Treatment Benefits

1. Medically supervised outpatient withdrawal
2. Outpatient addiction services
3. Residential addiction services
4. Office Of Alcoholism and Substance Abuse Services (OASAS) outpatient and opioid treatment program services
5. OASAS outpatient rehabilitation programs
6. Inpatient medically managed and supervised detoxification

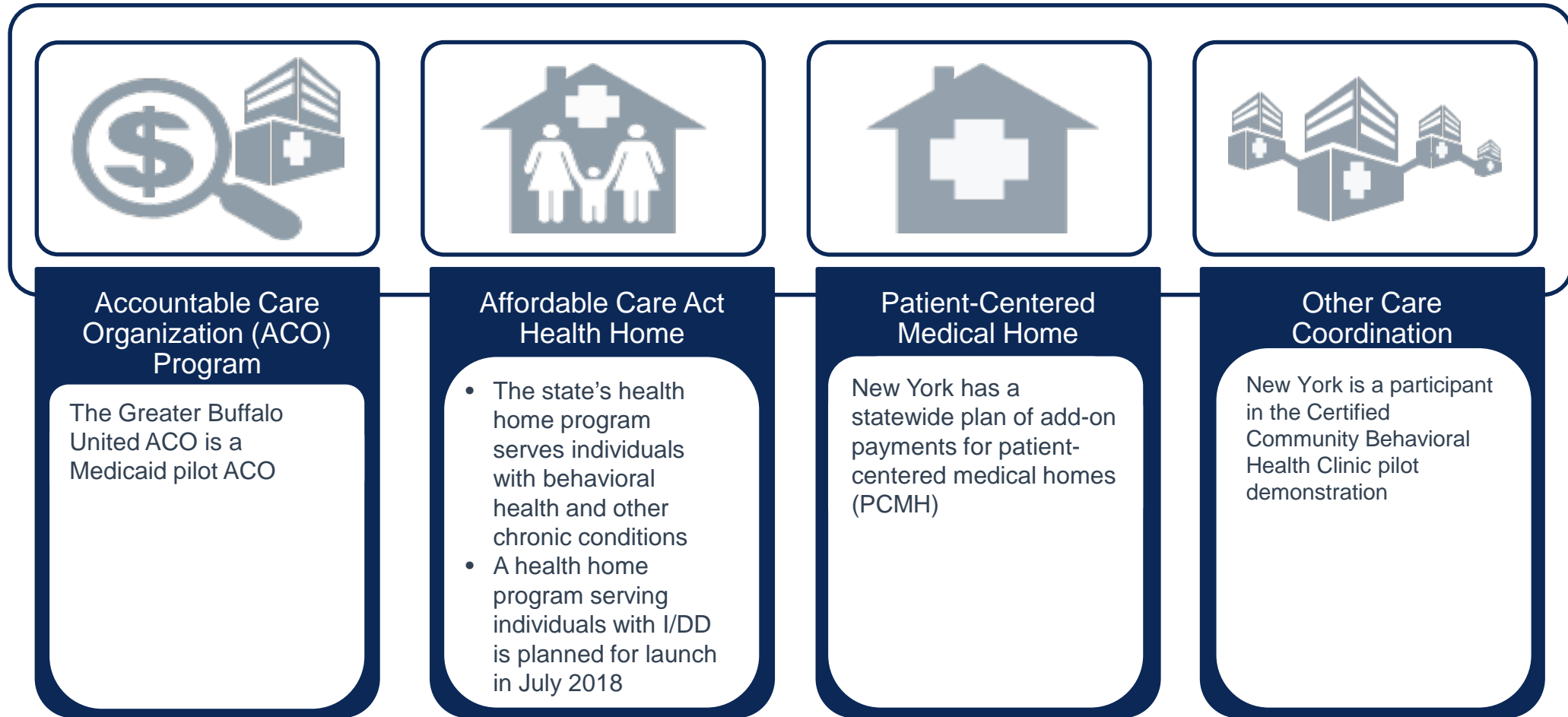
D.11. Medicaid Managed Care Program SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption
- It is estimated that as of January 2018, 79% of the SMI population was enrolled in managed care
- Health homes were established in 2011 for the SMI population and are available statewide
- Implementation of managed care special needs plans, called HARPs, for persons with SMI began in 2015



D.12. Medicaid Program

Care Coordination Initiatives



D.13. Medicaid Program

Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
New York Medicaid Redesign Team (formerly called Partnership Plan)	Authorizes the Mainstream Medicaid Managed Care (MMMC), the Managed Long-Term Care (MLTC), and Health & Recovery Plan (HARP) programs; also outlines New York's Delivery System Reform Incentive Payment (DSRIP) program	1115	None	12/07/2016	03/31/2021
OMH SED (NY-11)	Authorizes selective contracting for services provided under the NYS OMH SED 1915 (c) waiver for individuals enrolled in FFS	1915 (b)	Concurrent waiver: 3,405	09/01/2017	12/31/2021

- Proposed amendments to the New York Medicaid Redesign Team section 1115 waiver pending CMS approval include transitioning new populations and services into managed care
- The state submitted an amendment in May 2017 to transition children who require HCBS waiver services for behavioral health needs from FFS to managed care; additionally, the amendment would combine and transition the below 1915 (c) waivers to the 1115 waiver to allow children to receive services based on acuity rather than diagnosis; if a child is enrolled in managed care, the health plan will be responsible for risk-based reimbursement of HCBS services beginning no earlier than July 2020; if a child is enrolled in FFS, services will continue to be delivered FFS
 - NYS OMH SED Waiver
 - NY Bridges to Health for Children w/SED
 - NY Care at Home I/II
 - NY Bridges to Health for Children w/DD
 - NYS OPWDD-CAH IV Waiver
 - NY Bridges to Health for Children who are Medically Fragile
- The state submitted an amendment in August 2017 to transition individuals requiring an ICF/IDD level of care into managed care through special plans designed for the needs of the I/DD population; enrollment would begin on a voluntary basis, and progress to mandatory enrollment over the course of several years; the state has concurrently submitted a state plan amendment to operate health homes for the I/DD population beginning in July 2018

D.14. Medicaid Program

Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2018 Enrollment Cap	Operating Unit	Concurrent Management Authority
NYS OPWDD Comprehensive (0238.R05.00)	Individuals of any age with autism or I/DD	79,308	Office For People With Developmental Disabilities (OPWDD)	1915(a)
NY Nursing Home Transition & Diversion Medicaid Waiver (0444.R01.00)	Individuals age 65 and above and individuals ages 18 to 64 with physical disabilities	4,200	Division Of Long Term Care (DLTC)	1115 waiver
NYS Traumatic Brain Injury Waiver (0269.R04.00)	Individuals ages 18 and above with brain injury	3,940	DLTC	1115 waiver
NY Long Term Home Health Care Program (0034.R06.00)	<ul style="list-style-type: none"> Individuals age 65 and over and individuals from birth to age 64 with physical disabilities Waiver phasing out; sunset population 	3,749	DLTC	1115 waiver
NYS OMH SED Waiver (0296.R04.00)	Individuals ages five to 21 with SED	3,405	Office Of Mental Health (OMH)	1915 (b) waiver

For acronym definitions, see [Glossary](#)

D.15. Medicaid Program

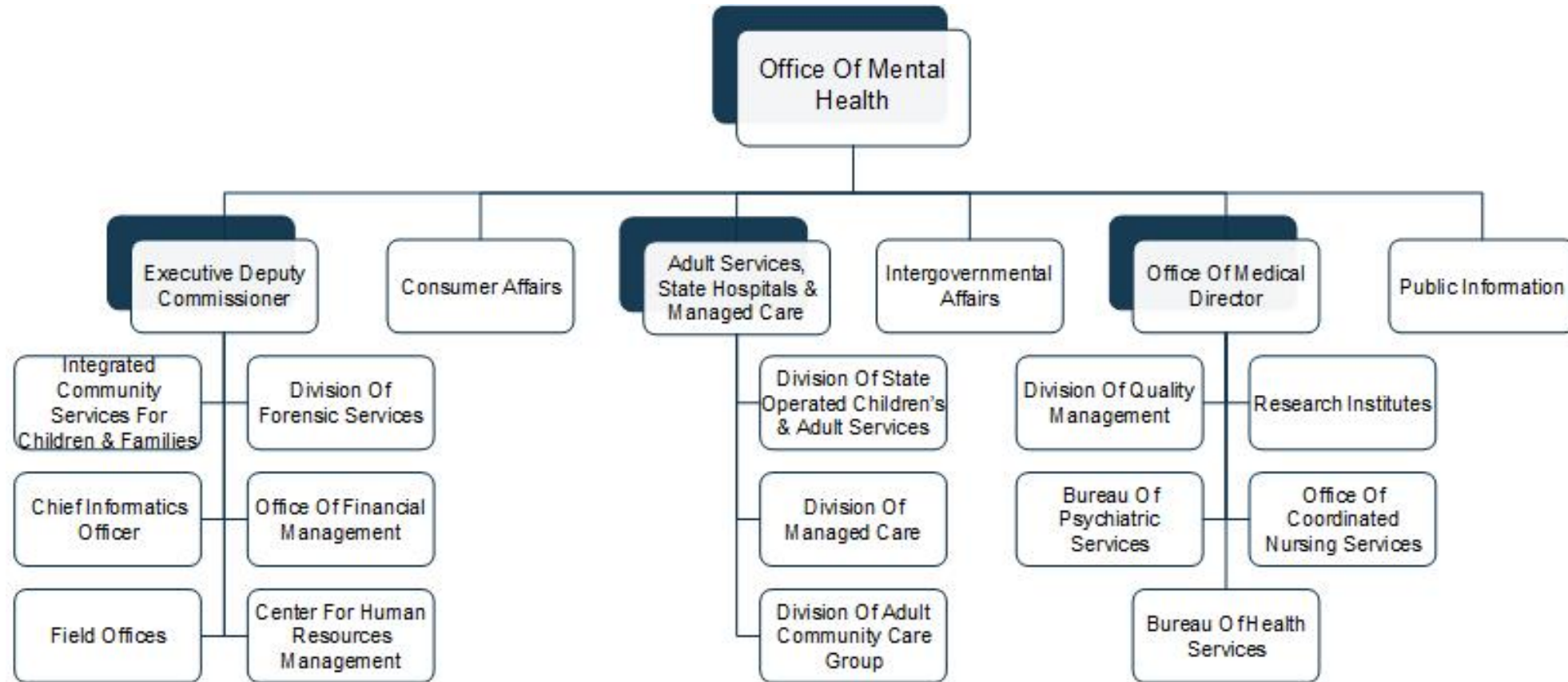
Section 1915 (c) HCBS Waivers (Continued)

Waiver Title	Target Population	2018 Enrollment Cap	Operating Unit	Concurrent Management Authority
NY Care At Home I/II (4125.R05.00)	Individuals from birth to age 17 with physical disabilities	1,755	DLTC	None
NY Bridges To Health For Children w/DD (0470.R02.00)	Individuals from birth to age 20 with autism or I/DD	619	OCFS	None
NYS OPWDD-CAH IV Waiver (NY.40176.R04.00)	Individuals from birth age 17 with autism or I/DD	530	OPWDD	None
NY Bridges To Health For Children Who Are Medically Fragile (0471.R02.00)	Individuals from birth to age 20 who are physically disabled; or who have brain injury, HIV/AIDS; or who are medically fragile; or who are technology dependent	149	OCFS	None

For acronym definitions, see [Glossary](#)

E. State Behavioral Health Administration & Finance System

E.1. Office Of Mental Health Governance Organization Chart



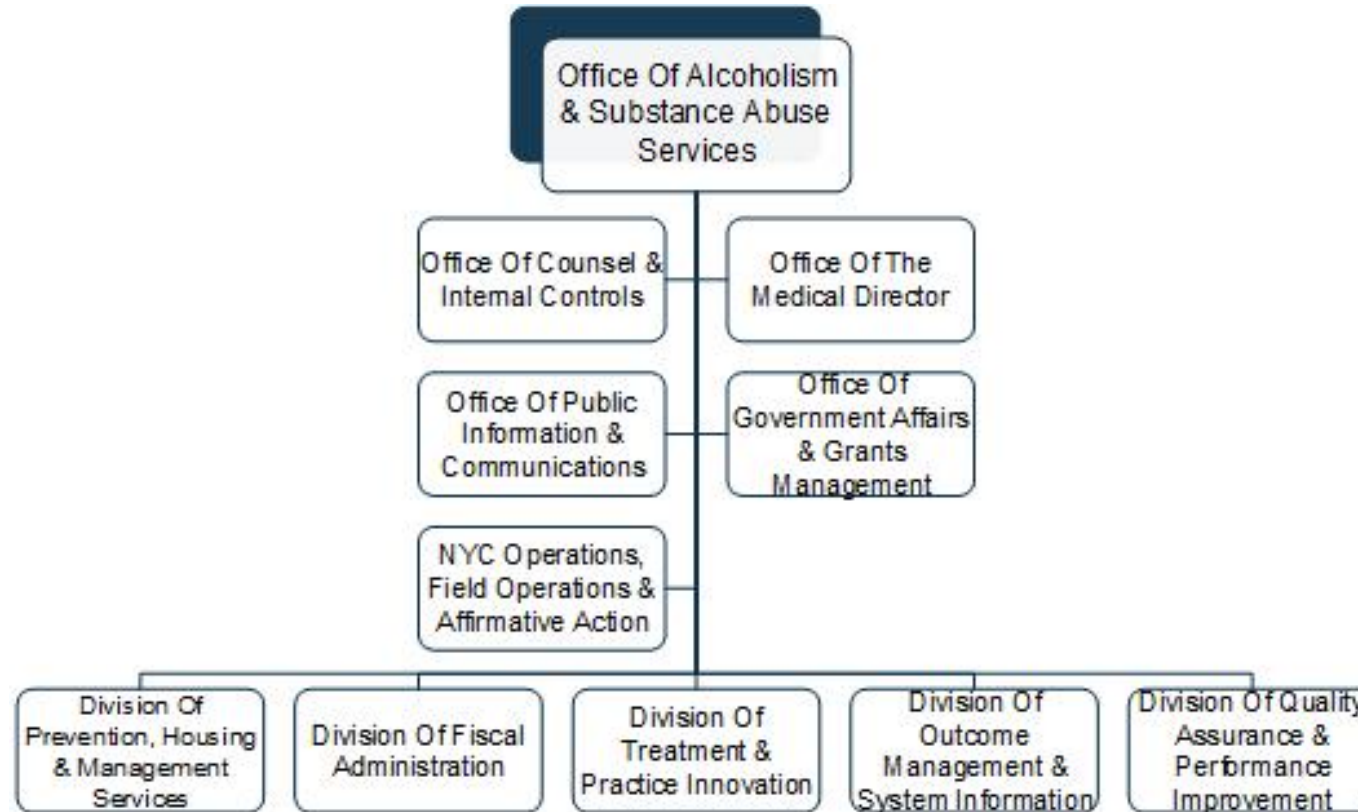
The Office Of Mental Health, Office Of Alcoholism & Substance Abuse Services, and Office Of People With Developmental Disabilities operate as independent agencies under the umbrella of the state Mental Hygiene system

E.2. Office Of Mental Health Governance

Key Leadership

Name	Position	Department
Ann Marie T. Sullivan, MD	Commissioner	Office Of Mental Health
Christopher Tavella	Executive Deputy Commissioner	Office Of Mental Health
Leesa Rademacher	Director	Intergovernmental Relations
Lloyd I. Sederer, MD	Chief Medical Officer	Office Of Medical Director
Robert Myers	Senior Deputy Commissioner & Division Director	Adult Services, State Hospitals & Managed Care
Moira Tashjian	Associate Commissioner	Division Of Adult Community Care Group
May Lum	Associate Commissioner	Division Of State-Operated Children's & Adult Services
Gary Weiskopf	Associate Commissioner	Division Of Managed Care

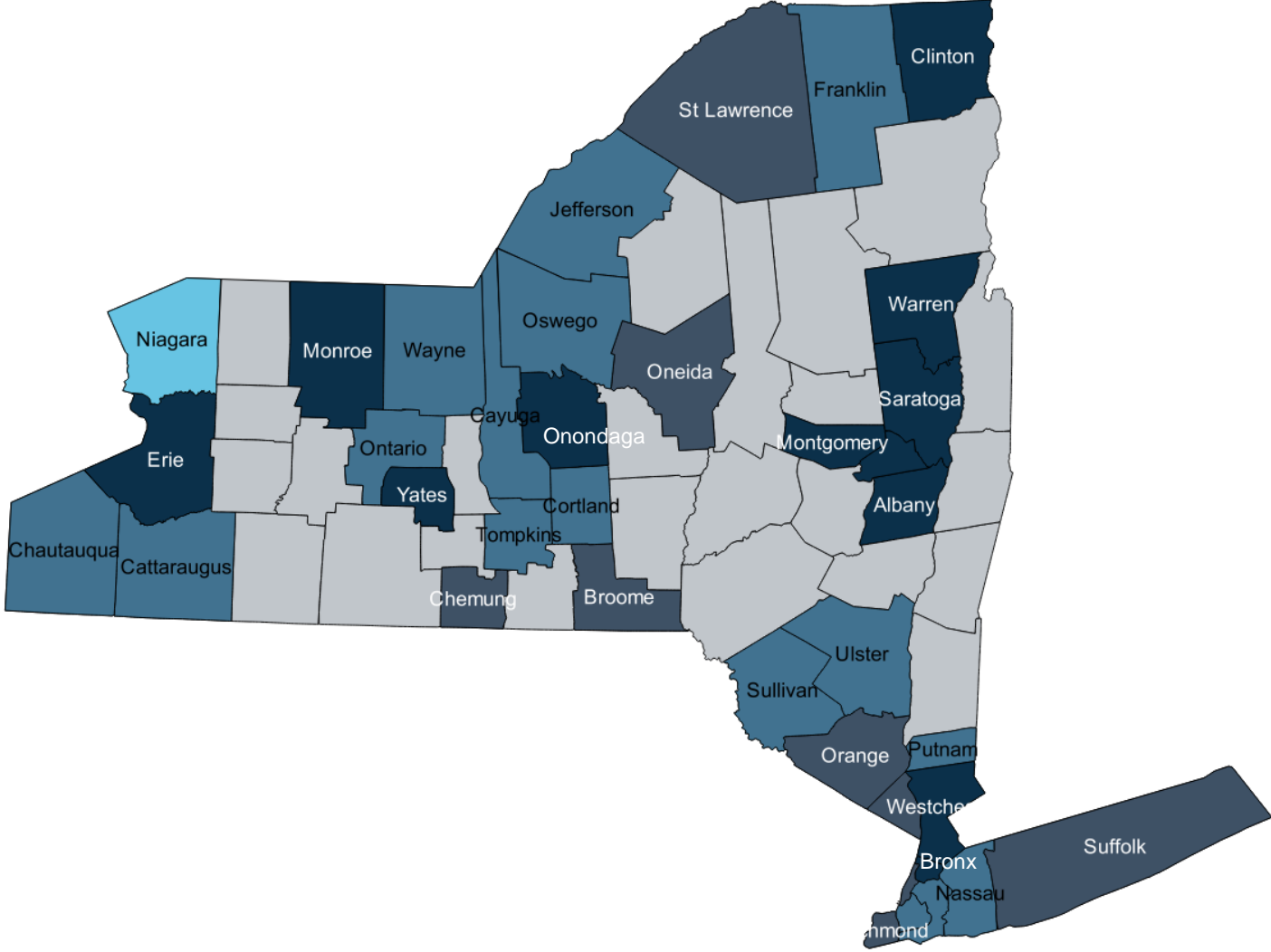
E.3. Office of Alcoholism & Substance Abuse Services Organization Chart



The Office Of Mental Health, Office Of Alcoholism & Substance Abuse Services, and Office Of People With Developmental Disabilities operate as independent agencies under the umbrella of the state Mental Hygiene system

E.4. Mental Health & Addiction Hospital Bed Distribution

Mental Health & Addiction Treatment Bed Capacity	
Total number of hospitals with mental health and addiction beds	102
Number mental health and addiction beds	8,448
Number mental health and addiction beds per 100,000 population	42.78



Mental Health & Addiction Hospital Beds Per 100,000 Population

- 0.00
- 0.01 to 10.00
- 10.01 to 30.00
- 30.01 to 50.00
- More than 50.00

The information provided by PsychU is intended for your educational benefit only. It is not intended as, nor is it a substitute for medical care or advice or professional diagnosis. Users seeking medical advice should consult with their physician or other healthcare professional.

E.5. State Psychiatric Institutions

Institution	Location	Type	Budgeted Beds	Average Daily Census	Service Area
Bronx Psychiatric Center	Bronx	Civil	156	154	Bronx County
Buffalo Psychiatric Center	Buffalo	Civil	156	158	Cattaraugus, Chautauqua, Erie, and Niagara counties
Capital District Psychiatric Center	Albany	Civil	108	106	Albany, Columbia, Greene, Rensselaer, Saratoga, Schoharie, Schenectady, Warren, and Washington counties
Central New York Psychiatric Center	Marcy	Forensic	179	114	Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, St. Lawrence, Sullivan, Ulster, Warren, Washington, and Westchester counties
Creedmoor Psychiatric Center	Queens Village	Civil	322	335	Queens borough
Elmira Psychiatric Center	Elmira	Civil	63	61	Southern Tier and Finger Lakes regions
Greater Binghamton Health Center	Binghamton	Civil	88	84	Broome, Chenango, Delaware, Otsego, Tioga, and Tompkins counties
Hutchings Psychiatric Center	Syracuse	Civil	147	119	Onondaga, Cayuga, Cortland, Madison, and Oswego counties
Kingsboro Psychiatric Center	Brooklyn	Civil	161	158	Kings County

For acronym definitions, see [Glossary](#)

E.6. State Psychiatric Institutions (Continued)

Institution	Location	Type	Budgeted Beds	Average Daily Census	Service Area
Kirby Psychiatric Center	Wards Island	Forensic	193	191	Statewide
Manhattan Psychiatric Center	New York	Civil	150	147	New York City
Mid-Hudson Psychiatric Center	New Hampton	Forensic	264	289	Statewide
Pilgrim Psychiatric Center	West Brentwood	Civil	278	278	Long Island
Rochester Psychiatric Center	Rochester	Civil	82	79	Genesee, Livingston, Monroe, Orleans, Wayne, and Wyoming counties
		Forensic	84	84	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties
Rockland Psychiatric Center	Orangeburg	Civil	388	383	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties
St. Lawrence Psychiatric Center	Ogdensburg	Civil	71	63	Clinton, Essex, Franklin, Jefferson, Lewis, and St. Lawrence counties
South Beach Psychiatric Center	Staten Island	Civil	249	244	Richmond and Kings counties, New York City
Washington Heights	New York	Civil	21	19	Upper Manhattan; Research participants
Total			3,160	3,066	

For acronym definitions, see [Glossary](#)

F. State Behavioral Health Stakeholder Organizations

F.1. Accountable Care Organizations

Medicare Shared Savings Programs

Medicare Shared Savings Program

1. Accountable Care Coalition Of Mount Kisco, LLC	14. Cayuga Area Physicians Alliance	30. Montefiore ACO*
2. Accountable Care Coalition Of Syracuse	15. Chautauqua Region Associated Medical Partners	31. Mount Sinai Care, LLC
3. Accountable Care Organization Of The North Country, LLC	16. Chinese Community Accountable Care Organization	32. New York Medical Partners ACO, LLC
4. Adirondacks ACO, LLC	17. Community Medical Group ACO, LLC	33. NewYork Quality Care
5. Aledade Primary Care ACO	18. Crystal Run Healthcare ACO, LLC	34. North Jersey ACO, LLC
6. Alliance For Integrated Care of New York, LLC	19. Empire ACO, LLC	35. North Shore-LIJ MSSP ACO, LLC
7. Asian American Accountable Care Organization, LLC	20. Empire State Health Partners ACO	36. Northeast Medical Group ACO, LLC
8. Balance Accountable Care Network, LLC	21. Family Health ACO	37. Primary PartnerCare Associates IPA, Inc.
9. Barnabas Health Care Network	22. Hackensack Meridian Health	38. ProHEALTH Accountable Care Medical Group, PLLC
10. Bassett Accountable Care Partners, LLC	23. Healthcare Partners Of The North Country, LLC	39. Richmond Quality, LLC
11. Beacon Health Partners	24. Healthy Communities ACO, LLC	40. Rochester Regional Health ACO, Inc.
12. Bon Secours Good Helpcare, LLC	25. HHC ACO, Inc	41. Saint Vincent Healthcare Partners
13. Catholic Medical Partners-Accountable Care IPA, Inc.	26. Hudson Accountable Care, LLC	42. Trinity Health Integrated Care
	27. Innovative Health Alliance Of New York, LLC	43. Westchester Medical Group PC
	28. Keystone Accountable Care Organization, LLC	44. Western Connecticut Health Network Physician Hospital Organization ACO, Inc
	29. Matrix ACO, LLC	

For acronym definitions, see [Glossary](#)

F.2. Accountable Care Organizations

Commercial & Medicaid ACOs

Commercial ACOs	
ACO	Commercial Insurer
CareMount Medical	Cigna
Greater Buffalo United Accountable Care Organization	YourCare Health Plan
Hackensack Meridian Health	Aetna, Horizon BCBSNJ
Kaleida Health	BlueCross BlueShield Of Western New York
Montefiore ACO	UnitedHealthcare
Mount Sinai Health System	Aetna, Empire BCBS, Humana
Northeast Medical Group ACO, LLC	Aetna
NYUPN Clinically Integrated Network, LLC	Aetna, Empire BCBS
Weill Cornell Physician Organization	Aetna, Cigna
Westchester Medical Group PC	Aetna, Cigna, UnitedHealthcare

Medicaid ACO
Greater Buffalo United Accountable Care Organization

For acronym definitions, see [Glossary](#)

G. Appendices

Acronym Legend

Acronym	Definition	Acronym	Definition	Acronym	Definition	Acronym	Definition
ACA	Affordable Care Act	FFS	Fee-For-Service	IPA	Independent Physician Association	OASAS	Office Of Alcoholism & Substance Abuse Services
ACO	Accountable Care Organization	FPL	Federal Poverty Level	LGU	Local Government Units	OCFS	Office Of Children & Family Services
ACT	Assertive Community Treatment	FQHC	Federally Qualified Health Center	LLC	Limited Liability Company	OMH	Office Of Mental Health
ASO	Administrative Services Organization	HARP	Health & Recovery Plans	LIJ	Long Island Jewish	OPWDD	Office For People With Developmental Disabilities
BCBS	Blue Cross Blue Shield	HCBS	Home & Community Based Services	LTSS	Long-Term Services & Supports	OPWDD-CAH	Office For People With Developmental Disabilities-Care At Home
BCBSNJ	Blue Cross Blue Shield New Jersey	HHC	Health & Hospitals Corporation	MLTC	Managed Long-Term Care	PCCM	Primary Care Case Management
BH-HCBS	Behavioral Health Home & Community Based Services	HIP	Health Insurance Plan	MMMMC	Mainstream Medicaid Managed Care Program	PCMH	Patient-Centered Medical Home
BHP	Behavioral Health Plan	HIV	Human Immunodeficiency Virus	MSA	Metropolitan Statistical Area	PHSP	Private Health Services Plan
DD	Developmental Disabilities	HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome	MSSP	Medicare Shared Savings Program	PLLC	Professional Limited Liability Company
DLTC	Division Of Long Term Care	I/DD	Intellectual/Developmental Disability	NCQA	National Committee For Quality Assurance	PPACA	Patient Protection & Affordable Care Act
DSRIP	Delivery System Reform Incentive Payment	ICF/IDD	Intermediate Care Facility / Intellectual Or Developmental Disabilities	NY	New York	SED	Serious Emotional Disturbance
EPSDT	Early & Periodic Screening, Diagnosis & Treatment	IMD	Institutions For Mental Disease	NYS	New York State	SMI	Serious Mental Illness
						VNS	Visiting Nurse Service

[Table Of Contents](#)

Glossary Of Terms

Word	Abbreviation	Definition
Accountable Care Organizations	ACO	ACOs are groups of providers—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of consumers. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The organization bears the risk for all claims.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Generally the entity assumes full-risk for the cost of each enrollee's care.
Carve-out		A Medicaid financing model where some portion of Medicaid behavioral health benefits— mental health outpatient, psychiatric inpatient, addiction treatment, pharmacy, etc. —is separately managed and/or financed. This can either be on an at-risk basis by another organization, or retained by the state Medicaid agency on a fee-for-service basis.
Delivery System Reform Incentive Payment	DSRIP	A program that administers federal and state 1115 waiver savings to provider organizations to develop and implement transformative delivery systems through infrastructure development and innovative care models. The goals of these transformations is to improve care for individuals, improve care for populations, and lower costs through efficiencies.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).

Glossary Of Terms

Word	Abbreviation	Definition
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2018, the FPL is \$12,140 for an individual and \$25,100 for a family of four.
Fee-For-Service	FFS	A system in which provider organizations are reimbursed for each covered service such as an office visit, test, or procedure according to rates set by the payer.
Health and Recovery Plan	HARP	New York's specialty managed care program for persons with SMI.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services.
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online service where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.

Glossary Of Terms

Word	Abbreviation	Definition
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including substance abuse. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive residential addiction treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions and/or age.
Mainstream Medicaid Managed Care	MMMC	New York's managed care program for children, families, and the Medicaid expansion population.
Managed Care/ Managed Care Organization	MCO	A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore usually contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.
Managed Long-Term Care	MLTC	New York's partially-capitated managed care program that provides long-term services and supports along with some state plan services to persons who require 120 days or more of long-term care each year.

Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid State Plan in order to test out new ways to deliver health coverage. Importantly, the waivers must be budget neutral.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit people's choice of providers.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home and community-based settings, rather than institutional settings.
Medicaid Waiver Concurrent Section 1915(b) & 1915(c)		States can apply to simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.

Glossary Of Terms

Word	Abbreviation	Definition
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Metropolitan Statistical Area	MSA	An urbanized area of 50,000 or more population plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided. Some states consider PCCM a managed care delivery model, while other states consider it an FFS delivery model.

Glossary Of Terms

Word	Abbreviation	Definition
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

Sources

A. Executive Summary

A.1. Health Care Coverage Map

- Information compiled from sources provided throughout the profile.

A.2. Physical Health Care Coverage Map: Medicaid & Dual Eligibles Breakout

- Information compiled from sources provided throughout the profile.

A.3. Medicaid System Overview

- Information compiled from sources provided throughout the profile.

A.4. Medicaid Care Coordination Initiatives

- Information compiled from sources provided throughout the profile.

A.5. State Behavioral Health Safety-Net Delivery System Overview

- New York State Legislature. (2018, January 22). 2018-19 Blue Book. Retrieved March 15, 2018 from https://www.nysenate.gov/sites/default/files/article/attachment/2018_blue_book.pdf
- State of New York. (2016). Mental Hygiene Law Article 41. Retrieved March 15, 2018 from <https://law.justia.com/codes/new-york/2016/mhy/>
- NYS Conference of Local Mental Hygiene Directors, Inc. County/New York City Directory. Retrieved March 15, 2018 from http://www.clmhd.org/contact_local_mental_hygiene_departments/

A.6. State Behavioral Health Safety-Net Delivery System

- New York State Legislature. (2018, January 22). 2018-19 Blue Book. Retrieved March 15, 2018 from https://www.nysenate.gov/sites/default/files/article/attachment/2018_blue_book.pdf
- State of New York. (2016). Mental Hygiene Law Article 41. Retrieved March 15, 2018 from <https://law.justia.com/codes/new-york/2016/mhy/>
- NYS Conference of Local Mental Hygiene Directors, Inc. County/New York City Directory. Retrieved March 15, 2018 from http://www.clmhd.org/contact_local_mental_hygiene_departments/

Sources

B. Pennsylvania Health Financing System Overview

B.1. Population Demographics

- United States Census Bureau. 2016 American Community Survey 1-Year Estimates K200104 Population By Age. Retrieved November 29, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. 2016 American Community Survey 1-Year Estimates K200104 Population By Age. Retrieved November 29, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. 2016 American Community Survey 1-Year Estimates B03002 Hispanic or Latino Origin By Race. Retrieved November 29, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. 2016 American Community Survey 1-Year Estimates S1903 Median Income In the Past 12 Months. Retrieved November 29, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. 2017 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved November 29, 2017 from <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-46.html>

B.2. Population Centers

- United States Census Bureau. Percent Urban and Rural in 2010 By State. Retrieved December 4, 2017 from <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>
- United States Census Bureau. 2016 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved December 21, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United State Department of Commerce. (2013, February 28). Counties in Metropolitan Statistical Areas. Retrieved December 21, 2017 from <https://www.bea.gov/regional/docs/msalist.cfm?mlist=45>

B.3. Population Distribution By Payer: National vs. State

- *OPEN MINDS*. (2018). Serious Mental Illness Prevalence Estimates.

B.4. Largest State Health Plans By Enrollment

- *OPEN MINDS*. (2017, December). Health Plans Database.
- TRICARE. (2017, February 15). Beneficiaries by Location. Retrieved January 11, 2018 from <http://www.tricare.mil/About/Facts/BeneNumbers/States>
- Health Plans USA. (2017, September). Subscription Database. Available from <http://www.markfarrah.com/products/health-plans-usa.aspx>
- New York Department of Health. (2018, February). Medicaid Managed Care Enrollment Reports. Retrieved March 21, 2018 from https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
- New York Department of Health (2017, September). Medicaid Global Spending Cap Report. Retrieved March 28, 2018 from https://www.health.ny.gov/health_care/medicaid/regulations/global_cap/monthly/sfy_2017-2018/docs/sept_2017_report.pdf

Sources

B.5. Largest State Health Plans By Estimated SMI Enrollment

- OPEN MINDS. (2017, December). Health Plans Database.
- TRICARE. (2017, February 15). Beneficiaries by Location. Retrieved January 11, 2018 from <http://www.tricare.mil/About/Facts/BeneNumbers/States>
- Health Plans USA. (2017, September). Subscription Database. Available from <http://www.markfarrah.com/products/health-plans-usa.aspx>
- New York Department of Health. (2018, February). Medicaid Managed Care Enrollment Reports. Retrieved March 21, 2018 from https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
- New York Department of Health (2017, September). Medicaid Global Spending Cap Report. Retrieved March 28, 2018 from https://www.health.ny.gov/health_care/medicaid/regulations/global_cap/monthly/sfy_2017-2018/docs/sept_2017_report.pdf

B.6. Health Insurance Marketplace

- New York State of Health. The Official Health Plan Marketplace. Retrieved March 14, 2018 from <https://nystateofhealth.ny.gov/>
- New York State of Health. 2018 Qualified Health Plan Map Download. Retrieved December 14, 2016 from <http://info.nystateofhealth.ny.gov/PlansMap>

C. Medicaid Administration, Governance & Operations

C.1. Medicaid Governance: Organizational Chart

- State of New York. Phone Directory Organizational Listing. Retrieved March 14, 2018 from <https://phonedirectory.ny.gov/telecom/phones/orgSearch.do?agencyId=52>

C.2. Medicaid Governance: Key Leadership

- State of New York. Phone Directory Organizational Listing. Retrieved March 14, 2018 from <https://phonedirectory.ny.gov/telecom/phones/orgSearch.do?agencyId=52>

C.3. Medicaid Expansion Status

- Centers for Medicare and Medicaid Services. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2, 2018 from <https://www.macpac.gov/macstats/>
- Centers for Medicare and Medicaid Services. (2017, December). Medicaid Enrollment Data Collected Through MBES. Retrieved February 2, 2018 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
- US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved February 2, 2018 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>
- New York Department of Health. (2014, June 5). Medicaid State Plan Amendment13-060. Retrieved March 14, 2018 from https://www.health.ny.gov/regulations/state_plans/status/coverage/approved/docs/app_2014-06-05_spa_13-60.pdf
- New York State Legislature. (2013, March 28). Senate Bill S2606D. Retrieved March 14, 2018 from <https://www.nysenate.gov/legislation/bills/2013/s2606/amendment/d>

Sources

C.4. Medicaid Expansion Status: Basic Health Program

- New York State of Health. Essential Plan Benefits and Cost Sharing Chart. Retrieved March 28, 2018 from <https://info.nystateofhealth.ny.gov/sites/default/files/Attachment%20H%20-%20EP%20Benefits%20and%20Cost-Sharing.pdf>
- New York State of Health. (2017, September 25). Essential Plan Information. Retrieved March 28, 2018 from <https://info.nystateofhealth.ny.gov/essentialplan>
- Centers for Medicare and Medicaid Services. Basic Health Program. Retrieved March 28, 2018 from <https://www.medicaid.gov/basic-health-program/index.html>
- New York State of Health. 2018 Coverage Year Enrollment Data. Retrieved March 28, 2018 from <https://info.nystateofhealth.ny.gov/enrollmentdata>

C.5. Medicaid Program Benefits

- Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved December 6, 2017 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>
- New York State Department of Health. Medicaid State Plan. Retrieved March 14, 2018 from https://www.hcrapools.org/medicaid_state_plan/DOH_PDF_PROD/nys_medicaid_state_plan.pdf

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

- New York Department of Health. (2018, February). Medicaid Managed Care Enrollment Reports. Retrieved March 21, 2018 from https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
- New York Department of Health (2017, September). Medicaid Global Spending Cap Report. Retrieved March 28, 2018 from https://www.health.ny.gov/health_care/medicaid/regulations/global_cap/monthly/sfy_2017-2018/docs/sept_2017_report.pdf
- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>

D.2. Medicaid Service Delivery System Enrollment By Eligibility Group

- New York Department of Health. 2016 Managed Long-Term Care Report. Retrieved March 23, 2018 from https://www.health.ny.gov/health_care/managed_care/mltc/pdf/mltc_report_2016.pdf
- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>
- New York Department of Health. (2018, January 1). Children's Transition Timeline. Retrieved March 23, 2018 from https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/child_timeline.htm

Sources

D.3. Medicaid Fee-For-Service Program: Overview

- New York Department of Health (2017, September). Medicaid Global Spending Cap Report. Retrieved March 28, 2018 from https://www.health.ny.gov/health_care/medicaid/regulations/global_cap/monthly/sfy_2017-2018/docs/sept_2017_report.pdf

D.4. Medicaid FFS Program: Behavioral Health Benefits

- New York State Department of Health. Medicaid State Plan. Retrieved March 14, 2018 from https://www.hcrapools.org/medicaid_state_plan/DOH_PDF_PROD/nys_medicaid_state_plan.pdf
- New York Office Of Alcoholism & Substance Abuse Services. (2018, February). Ambulatory Patient Groups (APG) Policy and Medicaid Billing Guidance. Retrieved March 23, 2018 from <https://www.oasas.ny.gov/admin/hcf/APG/documents/APGManual.pdf>
- New York Office Of Alcoholism & Substance Abuse Services. Medicaid Billing for OASAS Services. Retrieved March 23, 2018 from <https://www.oasas.ny.gov/manicare/MAINFFS.cfm>
- New York Office of Mental Health. (2017, September 1). Clinic Treatment Programs Interpretive/Implementation Guidance. Retrieved March 23, 2018 from https://www.omh.ny.gov/omhweb/clinic_restructuring/part599/part-599.pdf

D.5. Medicaid FFS Program: SMI Population

- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>

D.6. Medicaid Managed Care Program: Overview

- New York Department of Health. (2018, February). Medicaid Managed Care Enrollment Reports. Retrieved March 21, 2018 from https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>

D.7. Medicaid Managed Care Program: Mainstream Medicaid Managed Care Program

- New York Department of Health. (2018, February). Medicaid Managed Care Enrollment Reports. Retrieved March 21, 2018 from https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>

Sources

D.8. Medicaid Managed Care Program: Health & Recovery Plans

- New York Department of Health. (2018, February). Medicaid Managed Care Enrollment Reports. Retrieved March 21, 2018 from https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>

D.9. Medicaid Managed Care Program: Behavioral Health Overview

- New York Department of Health. (2017, August 31). Section 1115 New York Medicaid Redesign Team Waiver Amendment. Retrieved March 28, 2018 from https://www.health.ny.gov/health_care/medicaid/redesign/docs/2017-08-31_ny_mrt_waiver_amendment_owpdd.pdf
- New York Department of Health. (2018, February 1). Innovation into Practice: The Future is Now. Retrieved March 28, 2018 from <http://www.coalitionny.org/documents/AnnSullivanPPT.pdf>
- New York Department of Health. (2017, June). Children's Transition Timeline. Retrieved March 28, 2018 from https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/child_timeline.htm
- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>

D.10. Medicaid Managed Care Program: Behavioral Health Benefits

- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>

D.11. Medicaid Managed Care Program: SMI Population

- New York Department of Health. (2017, January 19). Medicaid Redesign Team Section 1115 Demonstration Waiver. Retrieved March 23, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/ny-medicaid-rdsgn-team-ca.pdf>

Sources

D.12. Medicaid Program: Care Coordination Initiatives

- OPEN MINDS. (2018). Stakeholder Database.
- New York Department of Health. (2016, April 7). Medicaid State Plan Amendment 15-0020. Retrieved March 22, 2018 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NY/NY-15-0020.pdf>
- New York Department of Health. Health Homes Serving Individuals with Intellectual and/or Developmental Disabilities. Retrieved March 22, 2018 from https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/index.htm
- New York Department of Health. (2017, September). New York State Patient-Centered Medical Homes Quarterly Report. Retrieved March 22, 2018 from https://www.health.ny.gov/health_care/medicaid/redesign/docs/pcmh_quarterly_report_sept_2017.pdf
- New York Department of Health. (2017). The Current State of Behavioral Health-Opportunities for Integration and Certified Community Behavioral Health Clinics. Retrieved March 22, 2018 from http://www.chcanys.org/clientuploads/2017%20Trainings/CHCANYS17/Presentations/Wednesday/CCBHC_CHCANYS_Presentation%20.pdf

D.13. Medicaid Program Care Management & Demonstration Waivers

- Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 22, 2018 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.14. Medicaid Program Section 1915 (c) HCBS Waivers

- Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 22, 2018 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.15. Medicaid Program Section 1915 (c) HCBS Waivers (Continued)

- Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 22, 2018 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

E. State Behavioral Health Administration & Finance System

E.1. Office Of Mental Health Governance: Organization Chart

- New York State Office of Mental Health. (2017, December 15). New York State Office of Mental Health Organization Chart. Retrieved March 13, 2018 from <https://www.omh.ny.gov/omhweb/orgchart/orgchart.htm>

E.2. Office Of Mental Health Governance: Key Leadership

- New York State Office of Mental Health. (2017, December 15). New York State Office of Mental Health Organization Chart. Retrieved March 13, 2018 from <https://www.omh.ny.gov/omhweb/orgchart/orgchart.htm>

Sources

E.3. Public Behavioral Health System Governance: DDAP Organization Chart and Key Leadership

- New York State Office of Alcoholism and Substance Abuse Services. How OASAS Is Organized. March 14, 2018 from <https://www.oasas.ny.gov/pio/oasas.cfm#Organized>

E.4. Mental Health & Addiction Hospital Bed Distribution

- Private hospital beds were aggregated from data made available by the American Hospital Association. State hospital data was obtained from the state.
- New York State Office of Mental Health. (2017, December). OMH Facility Performance Metrics and Community Services Investments. Retrieved March 15, 2018 from <https://www.omh.ny.gov/omhweb/transformation/docs/omh-monthly-report-december-2017.pdf>

E.5. State Psychiatric Institutions

- New York State Office of Mental Health. (2017, December). OMH Facility Performance Metrics and Community Services Investments. Retrieved March 15, 2018 from <https://www.omh.ny.gov/omhweb/transformation/docs/omh-monthly-report-december-2017.pdf>
- New York State Office of Mental Health. Organization, Structure, and Facilities. Retrieved March 15, 2018 from <https://www.omh.ny.gov/omhweb/forensic/manual/html/appendixd.htm>
- New York State Psychiatric Institute. About Us. Retrieved March 15, 2018 from <http://nyspi.org/about-us>

E.6. State Psychiatric Institutions (Continued)

- New York State Office of Mental Health. (2017, December). OMH Facility Performance Metrics and Community Services Investments. Retrieved March 15, 2018 from <https://www.omh.ny.gov/omhweb/transformation/docs/omh-monthly-report-december-2017.pdf>
- New York State Office of Mental Health. Organization, Structure, and Facilities. Retrieved March 15, 2018 from <https://www.omh.ny.gov/omhweb/forensic/manual/html/appendixd.htm>
- New York State Psychiatric Institute. About Us. Retrieved March 15, 2018 from <http://nyspi.org/about-us>

F. State Behavioral Health Stakeholder Organizations

F.1. State Behavioral Health Stakeholder Organizations: Medicare Shared Savings Programs

- OPEN MINDS. (2018). Stakeholder Database.

F.2. State Behavioral Health Stakeholder Organizations: Commercial & Medicaid ACOs

- OPEN MINDS. (2018). Stakeholder Database.