




**New York State Adult Behavioral Health Home & Community Based Services
Infrastructure Funds Proposal**

Application Instructions

Please read through the below instructions completely before completing any of the required forms. It is important to note that each MCO may choose to require additional forms or information. Applicants are responsible for meeting any deadlines or timeframes established by each MCO for submission of the proposal application. The final contract may reflect variations on the proposal with the approval of the provider and the plan.

Required Submission Checklist:

Form or Document Description	Notes	Indicate here if attached
Form A: Lead Agency Information	Required for all applications.	
Form B: Partner Agency Information	Required if proposal is submitted in partnership with other agencies. Each partner agency is required to submit Form B.	
Form C: Proposal Overview	Required for all applications.	
Form D: Proposal Details	Required for all applications.	
Form E: Sustainability Threshold	Required for all applications. Each partner agency is required to submit Form E.	
Form F: Provider Attestation	Required for all applications. Each partner agency is required to submit Form F.	
Excel A: Budget Proposal <i>Click the paper clip icon to access Excel file</i> 	Required for all applications.	
Current BH HCBS Designation Letter for all designated providers	Required if any agency included in application is an BH HCBS designated provider	
Letter of Acknowledgement from Community-Based BH IPA	Required if any agency included in the application is contracted with the MCO through a Community Based BH IPA, but is submitting an application outside of the IPA.	



ANDREW M. CUOMO
Governor

Office of
Mental Health

ANN MARIE T. SULLIVAN, M.D.
Commissioner, OMH

Office of Alcoholism and
Substance Abuse Services

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner, OASAS

Complete Instructions for Required Forms and Documents

Form A: Lead Agency Information

One Lead Agency or Community-Based BH IPA must be identified for each proposal. This form should also be completed by agencies that choose to submit a single-agency proposal that includes a comprehensive plan to increase BH HCBS utilization.

Form A should be completed based on the Lead Agency or Community-Based BH IPA information.

Form B: Partner Agency Information

Form B must be completed for each partner agency or Community-Based BH IPA member identified on Form A as party to this proposal.

Form C: Proposal Overview

Form C should provide a complete overview of the proposal.

Item (a): Check the box for each funding category included in this proposal.

Item (b): The Proposal Overview must minimally include the following information:

1. An estimate of the number of HARP enrolled individuals that will be served under the proposal. This number is specific to each MCO to which you apply.
2. A brief overview of the complete proposal; including:
 - a. Identification of barriers to BH HCBS utilization and/or crisis respite services, as encountered by agencies included in the proposal;
 - b. A description of how this proposal will address identified barriers and increase BH HCBS utilization and/or crisis respite services in keeping with the conflict free care management requirements; and,
 - c. A plan for how all partners will work in collaboration to support increased utilization of Adult BH HCBS and/or Crisis Respite. If this application is being submitted by a single agency, you must describe how you will work with other stakeholders (e.g. RPC, LGU, MCO, other provider agencies, etc.) to address barriers to accessing these services.

Refer to the Guidance for Adult BH HCBS Infrastructure Funds for specific examples of acceptable proposals.



ANDREW M. CUOMO
Governor

Office of
Mental Health

ANN MARIE T. SULLIVAN, M.D.
Commissioner, OMH

Office of Alcoholism and
Substance Abuse Services

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner, OASAS

Form D: Proposal Details

If applicant checks the “Access and Infrastructure Development” checkbox, Form D should provide details of the proposal and each partner’s role in a comprehensive strategy to increase BH HCBS utilization.

- Item (a):* Proposal Narrative must minimally include the following information:
1. A complete description of all activities to be supported by funding.
 2. For partnership proposals, a detailed description of each agency’s role in the proposal, including any activities to be completed by the agency.
 3. The rationale for all activities to be completed as a part of this proposal (e.g. how it will address specific barriers to BH HCBS utilization).
- Item (b):* Provide a list of measurable outcome metrics or deliverables specific to this proposal. These metrics and/or deliverables may be MCO- or Provider-Identified. Any metrics or deliverables included here must clearly and directly relate to an increase in BH HCBS utilization. Each metric or deliverable should include a timeframe for activities and a target date for completion. These will be used to measure accomplishment and to obtain incremental funding based on performance.
- Item (c):* Describe all requested funds and proposed expenditures, as included on the Budget Proposal. Applicants may use this space to provide cost projections based on previous experience.

If applicant checks the “Crisis Services” checkbox, Form D should provide details of the proposal and each partner’s role in a comprehensive strategy to support the development of Crisis Services.

- Item (a):* Proposal Narrative must minimally include the following information:
1. A complete description of all activities to be supported by funding.
 2. For partnership proposals, a detailed description of each agency’s role in the proposal, including any activities to be completed by the agency.
 3. The rationale for all activities to be completed as a part of this proposal (e.g. how it will address specific barriers to crisis respite utilization).
- Item (b):* Provide a list of measurable outcome metrics or deliverables specific to this proposal. These metrics and/or deliverables may be MCO- or Provider-Identified. Any metrics or deliverables included here must clearly and directly relate to an increase in crisis respite utilization. Each metric or deliverable should include a timeframe for activities and a target date for completion. These will be used to measure accomplishment and to obtain incremental funding based on performance.
- Item (c):* Describe all requested funds and proposed expenditures, as included on the Budget Proposal. Applicants may use this space to provide cost projections based on previous experience.



ANDREW M. CUOMO
Governor

Office of
Mental Health

ANN MARIE T. SULLIVAN, M.D.
Commissioner, OMH

Office of Alcoholism and
Substance Abuse Services

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner, OASAS

Form E: Sustainability Threshold

Form E must be completed by each partner agency identified in Form A.

- Item (b):* Based on the Budget Proposal submitted with this application, provide a calculation of the total dollar amount to be used on one-time, fixed expenses (e.g. minor repairs or renovations to a crisis residence).
- Item (c):* The “sustainability threshold” is a calculation of how many unique HCBS recipients your organization will need to serve in order for the activities, processes, and staffing included in this proposal to continue beyond the funding period. This threshold will be unique to each funded organization and/or partnership group. It should be calculated using the 100% rate for Adult BH HCBS, and it must account for any ongoing expenses that are included in this proposal (e.g. staffing). Please note: the sustainability threshold does not need to include one-time, fixed expenses, as identified in item (b).
- Item (d):* Provide a detailed explanation or rationale that supports the estimated sustainability threshold. This item must include any cost and service utilization assumptions used to calculate sustainability at the 100% rate for HCBS. Providers may choose include, or MCOs may choose to require, each provider’s historical data and experience to support future projections.

Form F: Provider Attestation

Form F must be completed by each partner agency identified in Form A.

This form must be completed by an individual with full and legal authority to execute the attestation (e.g. Executive Director or designee).

Excel A: Budget Proposal

Navigating the Excel File: On the “Read Me” tab of the Infrastructure Budget Request Excel Template, enter the name of the Lead Agency or IPA submitting the proposal. Click the link on the “Read Me” Tab for the proposal subcategory submitted in Form D.

Filling out the Budget Tabs:

- 1) Complete the Staffing section of the budget tab. Total estimated expense from salaries will populate in cell B10 automatically.
- 2) Enter the percent fringe in cell B12 for the salaries reported under Staffing. Where the total amount is known, it can be imputed directly in cell B11.
- 3) Report costs other than personal services in cells B14-B27.
 - a. Funds requested for costs not captured under Materials/Supplies, Rent, Furniture/ Equipment, or Travel must be itemized, and match the activities and expenses described in Form D.
 - b. More rows should be added to the template where necessary.
- 4) Report Administration and Overhead percentage that the Lead Agency/IPA will require to administer the funds in cell B28. A&OH is capped at 6% of the total request.
- 5) The total amount of funds requested in the proposal will populate in cell B29.

Budgets should be completed and submitted for each funding category contained in the proposal.



ANDREW M. CUOMO
Governor

**Office of
Mental Health**

ANN MARIE T. SULLIVAN, M.D.
Commissioner, OMH

**Office of Alcoholism and
Substance Abuse Services**

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner, OASAS

Current BH HCBS Designation Letter(s)

All BH HCBS Designated Providers included in this proposal must provide a copy of their current OMH/OASAS Designation Letter. Copies of the designation letter should be maintained by each provider. If a duplicate copy is needed, please send a request via email to omh.sm.co.hcbs-application@omh.ny.gov.

Letter of Acknowledgement from Community-Based BH IPA

If a Lead or Partner Agency that indicates on Form A or Form B, respectively, that they are contracted with the MCO through a Community-Based Behavioral Health Independent Practice Association (BH IPA), a letter of acknowledgement from the BH IPA must be submitted stating that the agency may submit their application separately.

DRAFT