OPEN MINDS

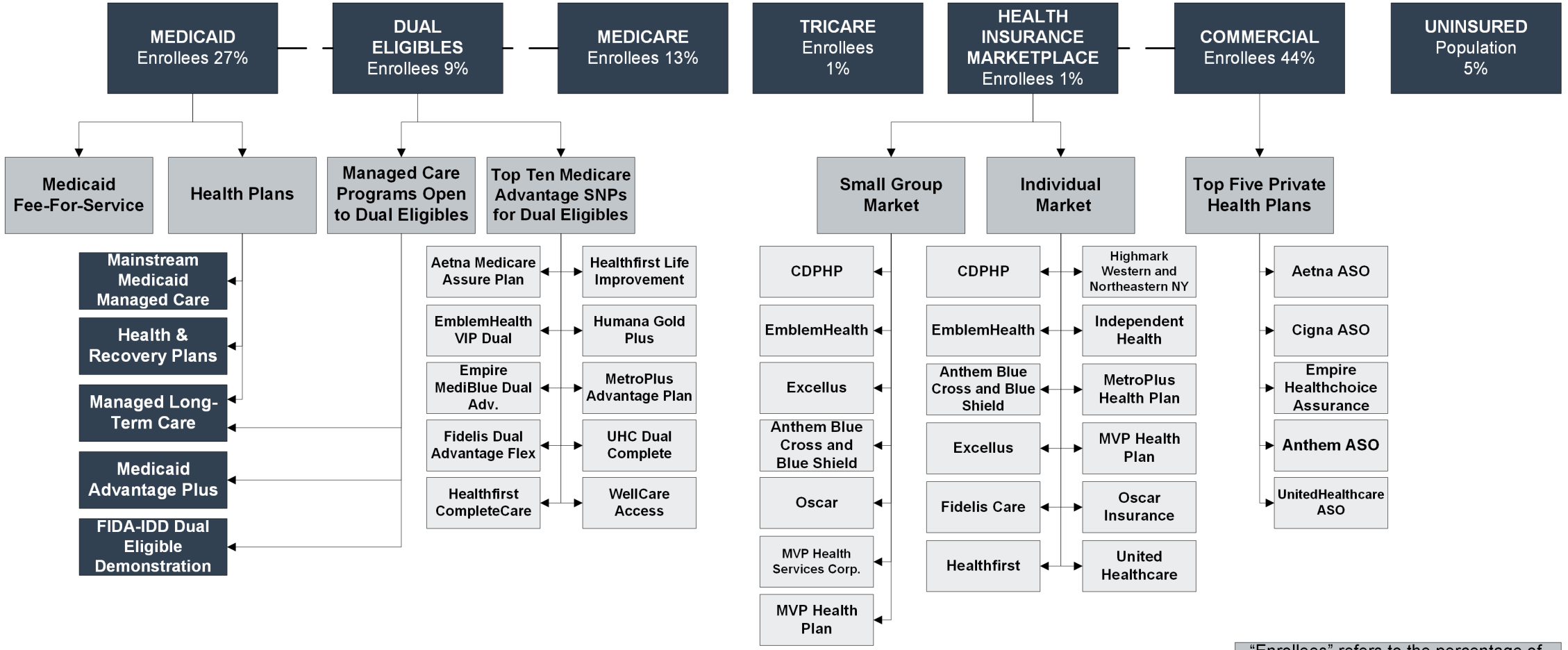
New York Health & Human Services Market Profile: 2025

Health & Human Services Market Profile Overview

A. Executive Summary

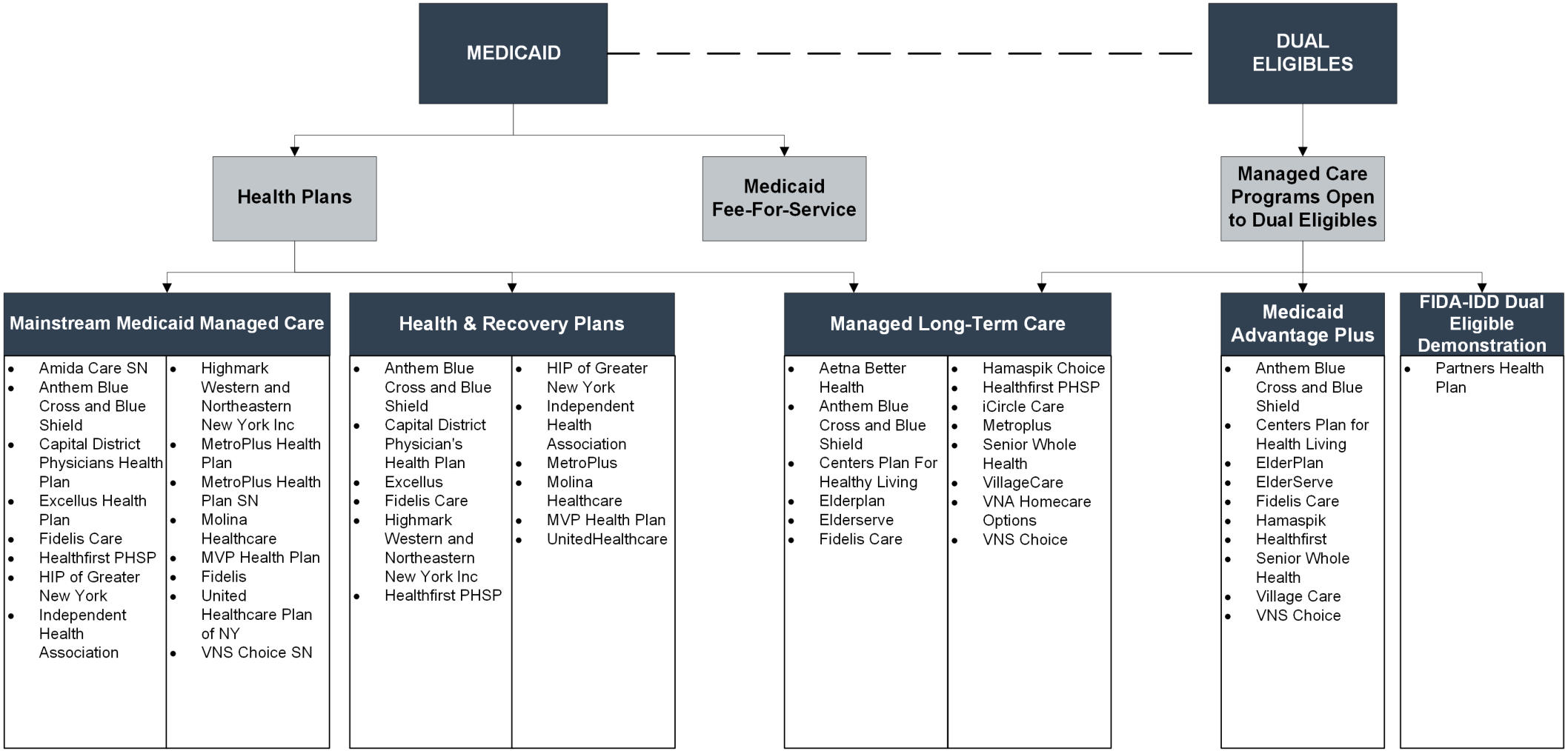
A.1. New York Physical Health Care Coverage by Payer

Total New York Population- 19,571,216
Estimated SMI Population- 1,565,697

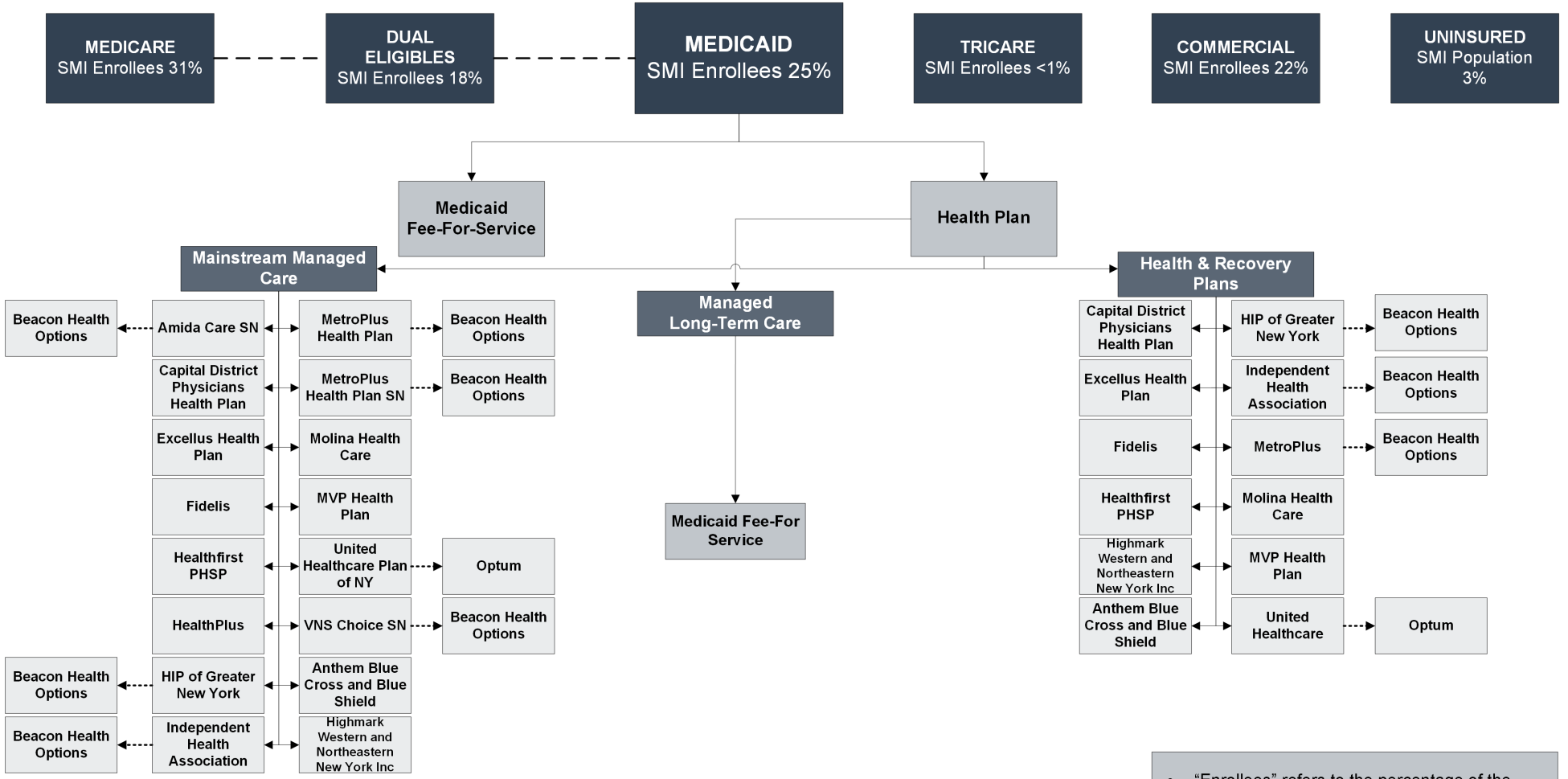


"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. New York Physical Health Care Coverage by Payer : Medicaid



A.1. New York Behavioral Health Care Coverage by Payer



- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- — — → Denotes a behavioral health subcontractor

Totals may not equal 100% due to rounding.

A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	Yes, specialized health plans provide enhanced care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state currently operates three Medicaid ACOs.
Affordable Care Act (ACA) Model Health Home	✓	Yes, New York has multiple health home programs.
Patient-Centered Medical Home (PCMH)	✓	Yes, New York has two PCMH programs: New York Health Homes program, and CCO Health Homes for I/DD.
Dual Eligible Demonstration	✓	Yes, the state has two dual eligible demonstrations, one for those who need LTSS, and those who do not need LTSS.
Managed Long-Term Services and Supports (MLTSS)	✓	The MLTC program provides LTSS, while other services are delivered through the FFS system.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	New York has 13 CCBHCs in the demonstration pilot. The state passed a 1915(b) waiver to continue funding the CCBHC through state funds.

A.3. Health Care Safety-Net Delivery System

State Agencies 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 multi-county units.

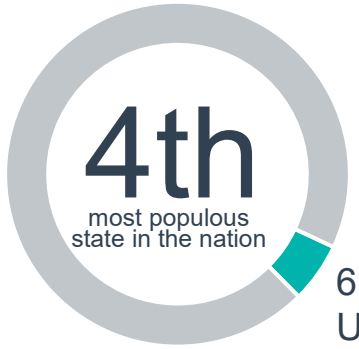
Addiction Treatment Services

- The New York State Office of Alcoholism and 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 multi-county units.

B. New York Health Financing System Overview

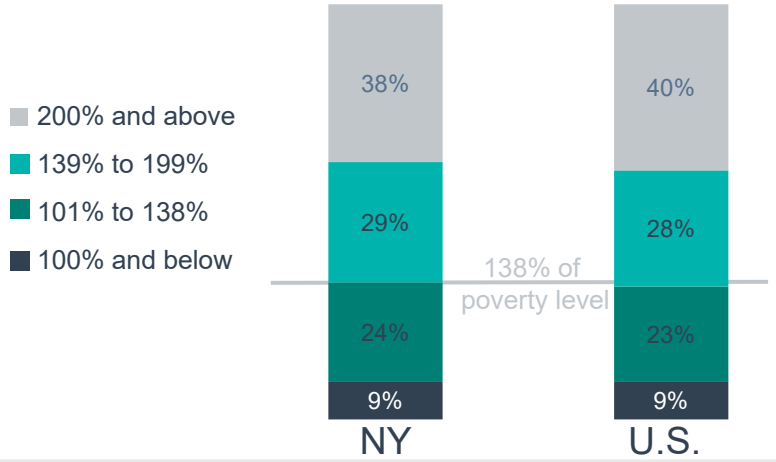
B.1. Population Demographics

Total New York Population- 19,571,216
Estimated SMI Population- 1,565,697



6% of the
U.S. population

Population Distribution By Income To Poverty Threshold Ratio

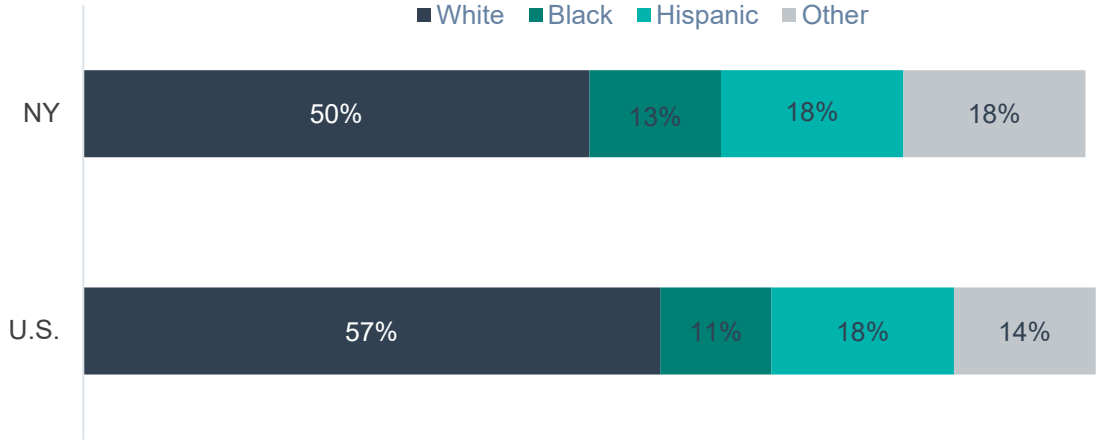


Median Household Income
New York $82,095
U.S. $77,719

Population Distribution By Age

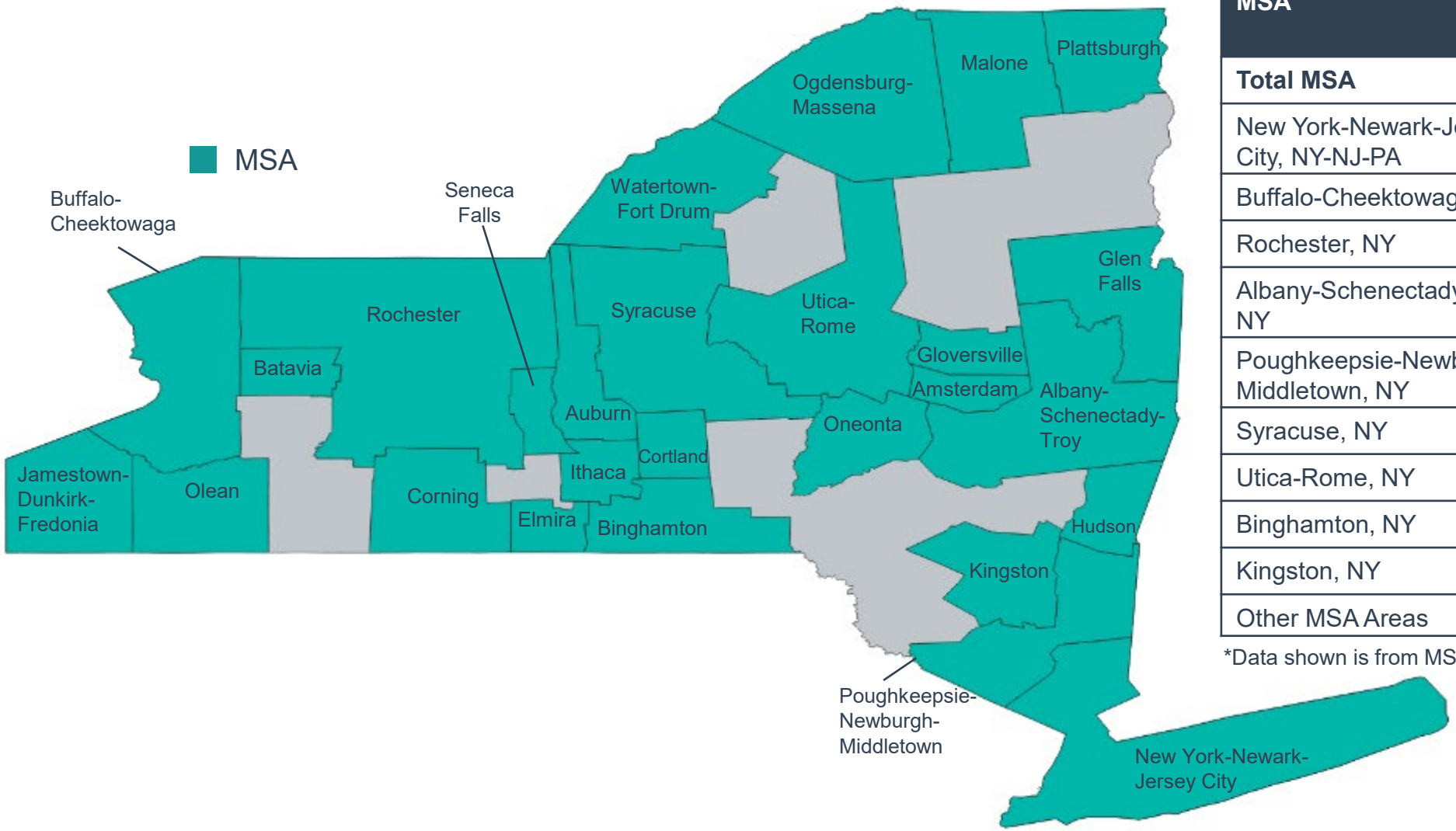
Based on 2023 data.

New York & U.S. Racial Composition



Totals may not equal 100% due to rounding.

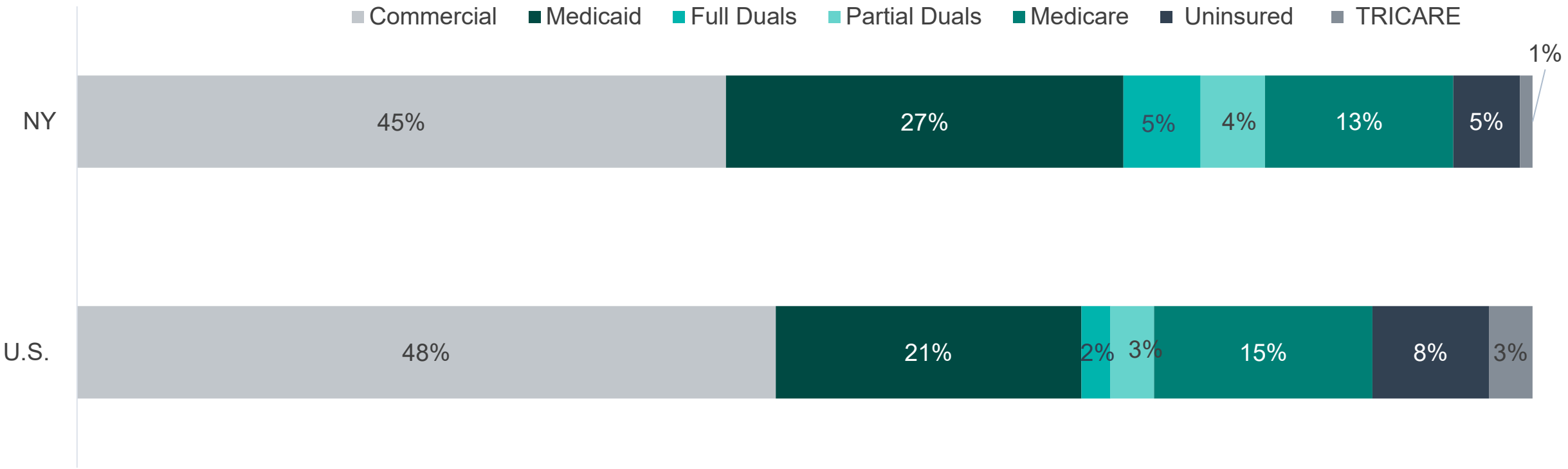
B.2. Population Centers



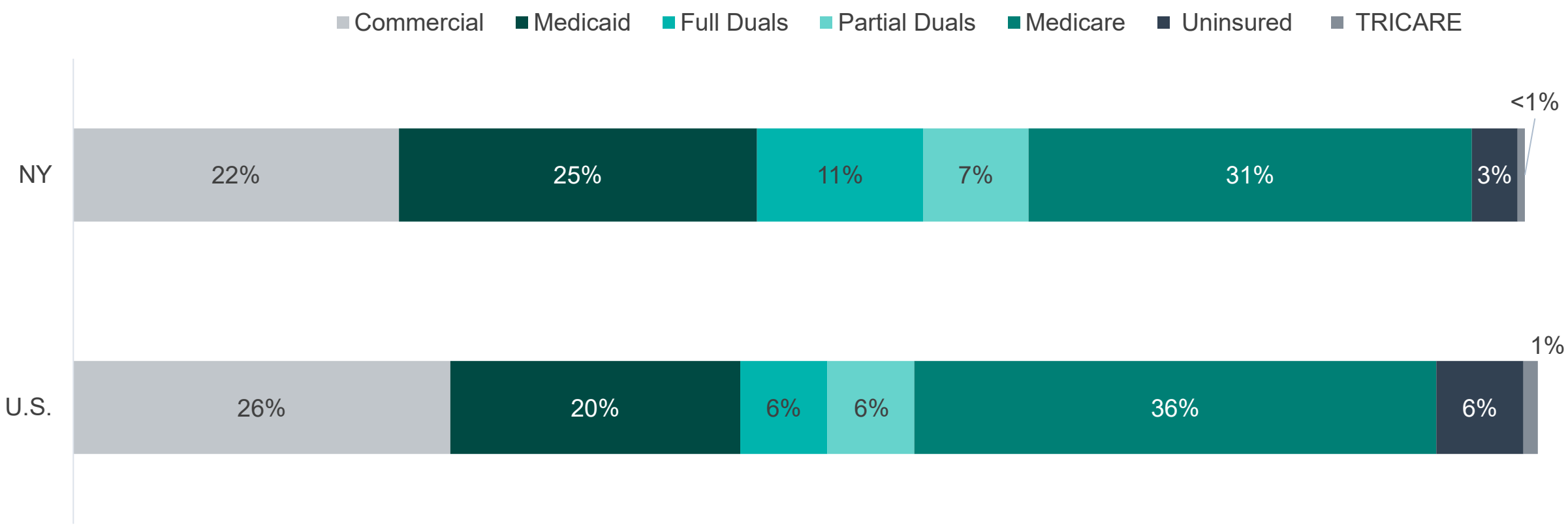
Metropolitan Statistical Areas (MSAs)*		
MSA	**MSA Residents**	**Percentage**
Total MSA	**25,224,945**	**N/A**
New York-Newark-Jersey City, NY-NJ-PA	19,617,869	N/A
Buffalo-Cheektowaga, NY	1,155,604	6%
Rochester, NY	1,052,087	5%
Albany-Schenectady-Troy, NY	904,682	5%
Poughkeepsie-Newburgh-Middletown, NY	703,486	4%
Syracuse, NY	652,956	3%
Utica-Rome, NY	287,039	1%
Binghamton, NY	243,792	1%
Kingston, NY	182,333	1%
Other MSA Areas	425,097	2%

*Data shown is from MSA as defined by 2024 census.

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



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



Totals may not equal 100% due to rounding.

B.4. Largest New York Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
UnitedHealthcare ASO	Commercial Administrative Services Organization (ASO)	3,960,989
Medicare fee-for-service (FFS)	Medicare	1,552,609
Fidelis Care	Medicaid – Mainstream Managed Care	1,464,770
Cigna ASO	Commercial ASO	1,240,243
Medicaid FFS	Medicaid	1,190,324
Healthfirst	Medicaid – Mainstream Managed Care	1,102,461
Aetna ASO	Commercial	810,231
Oxford Insurance Company of New York	Commercial	667,908
HealthNow New York	Commercial	488,475
Highmark Blue Cross Blue Shield of Western New York	Commercial	483,255

* Medicaid enrollment as of February 2025; TRICARE as of December 2023; Commercial as of March 2025; Medicare enrollment as of September 2024

B.4. Largest New York Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,552,609	352,442
UnitedHealthcare ASO	Commercial ASO	3,960,989	194,088
Fidelis Care	Medicaid – Mainstream Managed Care	1,464,770	128,900
Medicaid FFS	Medicaid	1,190,324	104,749
Healthfirst	Medicaid – Mainstream Managed Care	1,102,461	97,079
Healthfirst	Medicare Advantage	282,664	64,165
Cigna ASO	Commercial ASO	1,240,243	60,772
Aetna	Medicare Advantage	219,308	49,783
UnitedHealthcare Insurance Company of New York	Medicare Advantage	196,688	44,648
AARP Medicare Complete	Medicare Advantage	196,638	44,637

* Medicaid enrollment as of February 2025; TRICARE as of December 2023; Commercial as of March 2025; Medicare enrollment as of September 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Heath Plan Marketplace Percentage	1%
Type of Marketplace	State
Individual Enrollment Contact	https://nystateofhealth.ny.gov/
	1-855-355-5777
Small Business Enrollment Contact	https://nystateofhealth.ny.gov/employer
	1-855-355-5777

2025 Individual Market Health Plans
1. Anthem Health Plan, LLC
2. Capital District Physicians Health Plan (CDPHP)
3. Emblem (Health Insurance Plan of Greater New York)
4. Excellus Health Plan
5. Fidelis (New York Quality Health Care Corporation)
6. Healthfirst PHSP
7. Highmark Western and Northeastern New York
8. Independent Health Benefits Corporation
9. Metro Plus Health Plan
10. MVP Health
11. Oscar
12. UnitedHealthcare of New York

2025 Small Group Market Health Plans
1. Anthem Blue Cross and Blue Shield
2. CDPHP
3. Excellus
4. EmblemHealth
5. MVP Health Plan
6. Oscar Insurance Corp
7. UnitedHealthcare

B.6. Accountable Care Organizations

Medicare Shared Savings		
1. Accountable Care Organization of the North Country, LLC 2. Adirondacks ACO, LLC 3. Aledade 205 New England MSSP Enhanced 4. Alliance for Integrated Care of New York, LLC 5. Asian American Accountable Care Organization, LLC 6. Bassett Accountable Care Partners, LLC 7. Caravan Collaborative Pathways, LLC 8. Care Partners ACO, LLC 9. Cayuga Health Partners 10. CMG ACO, LLC 11. ColigoCare, LLC 12. Collaborative ACO 30, LLC 13. Community Care of Brooklyn IPA, Inc 14. Elite Patient care, LLC	16. Empire ACO, LLC 17. Family Health ACO 18. Healthier Communities ACO, LLC 19. HHC ACO, Inc 20. HMH ACO 21. Main Street Rural Health Hawthorn ACO LLC 22. Main Street Rural Health Willow ACO LLC 23. Main Street Rural Health Juniper ACO LLC 24. Medical Home Network Health Alliance II, LLC 25. Mount Sinai Care 26. National MSSP 2022 27. NewYork Quality Care 28. Northeast Medical Group ACO LLC 29. Northwell Health ACO	31. Aledade 90 National MSSP Enhanced 32. Aledade 150 PACHC MSSP Enhanced 33. Primary PartnerCare ACO Independent Practice Association, Inc 34. Richmond Quality, LLC 35. Rochester Regional Health ACO Inc 36. SOMOS ACO 37. Southeast MSSP 2023 38. Stellar Health ACO 39. Stony Brook ACO, LLC 40. TEAM ACO 41. The Accountable Care Organization, Ltd. 42. Total Care ACO, LLC 43. Trinity Integrated Care, LLC 44. Vytalize Health ACO 45. WESTMED Medical Group

B.6. Accountable Care Organizations (cont.)

REACH ACO Model
1. ATLAS IPA, LLC
2. CareMount Value Partners IPA
3. Catholic Medical Partners – Accountable Care Models IPA, LLC
4. Community Care Contracting, LLC
5. Complete Care Academy Collaborative
6. Complete Care Collaborative of the Midwest
7. Complete Care of the South
8. CVS Accountable Care Models Organization
9. Optimum NY Independent Practice Association, LLC
10. Pearl Network, LLC
11. Pearly Primary Care Network, LLC
12. Physician Leaders Director Contracting Entity, LLC

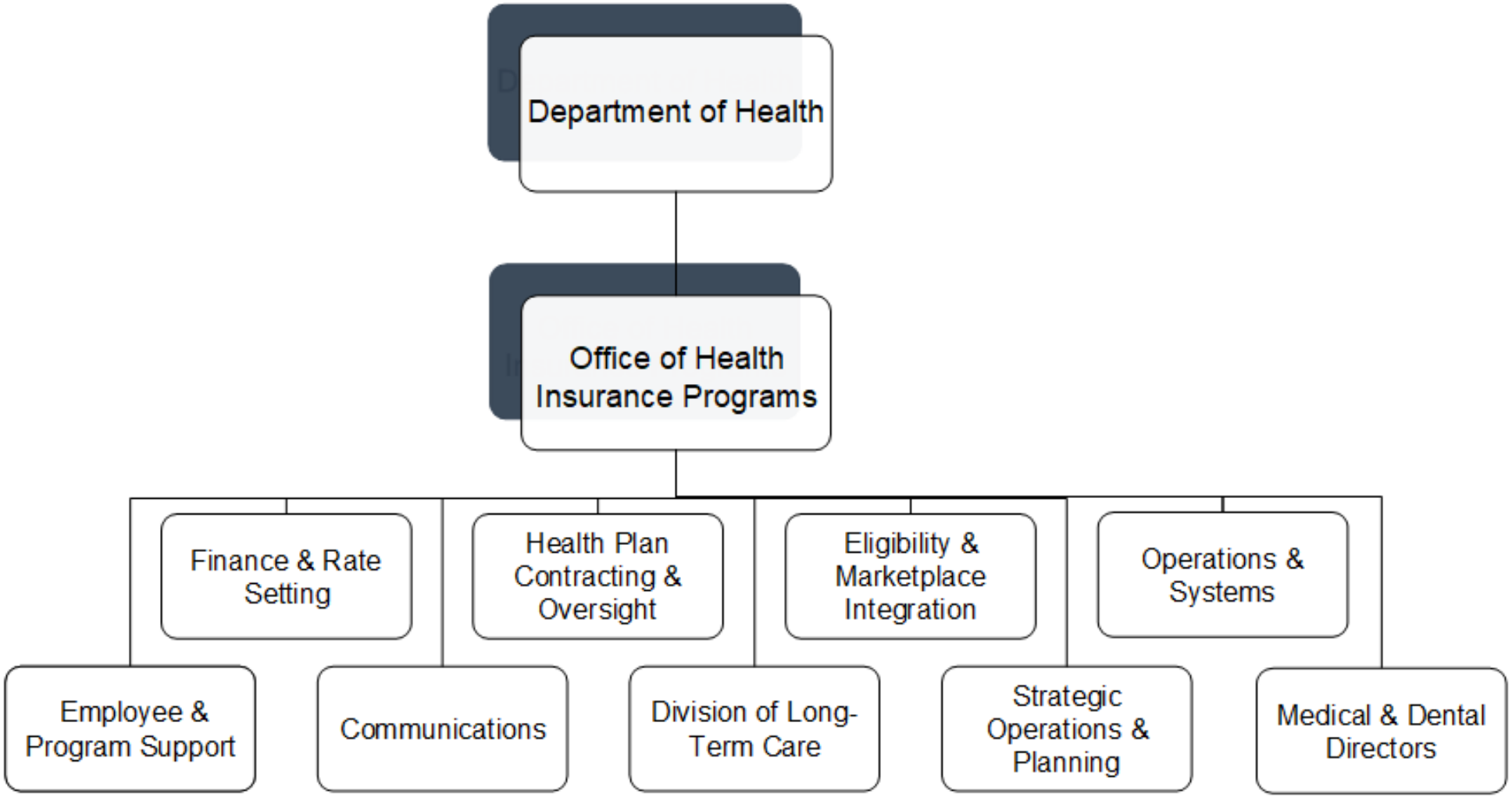
Medicaid ACOs
1. Chinese American IPA, Inc
2. Greater Buffalo United Accountable Care Organization
3. Innovative Health Alliance of New York, LLC

B.6. Accountable Care Organizations (cont.)

Commercial ACOs	
ACO	**Commercial Insurer**
CareMount ACO	Cigna
Greater Buffalo United ACO	Excellus BlueCross Blue Shield, YourCare Health Plan, UnitedHealthcare
Hackensack Physician-Hospital Alliance ACO, LLC	Aetna, Horizon BCBSNJ
Kaleida Health	BlueCross BlueShield of Western New York
Northeast Medical Group ACO, LLC	Aetna, Cigna
NYUPN Clinically Integrated Network	Aetna, Cigna
Summit Health	Cigna
Weill Cornell Physician Organization	Aetna, Cigna
Westchester Medical Group, PC	Aetna, Cigna, Optum, UnitedHealthcare

C. Medicaid Administration, Governance & Operations

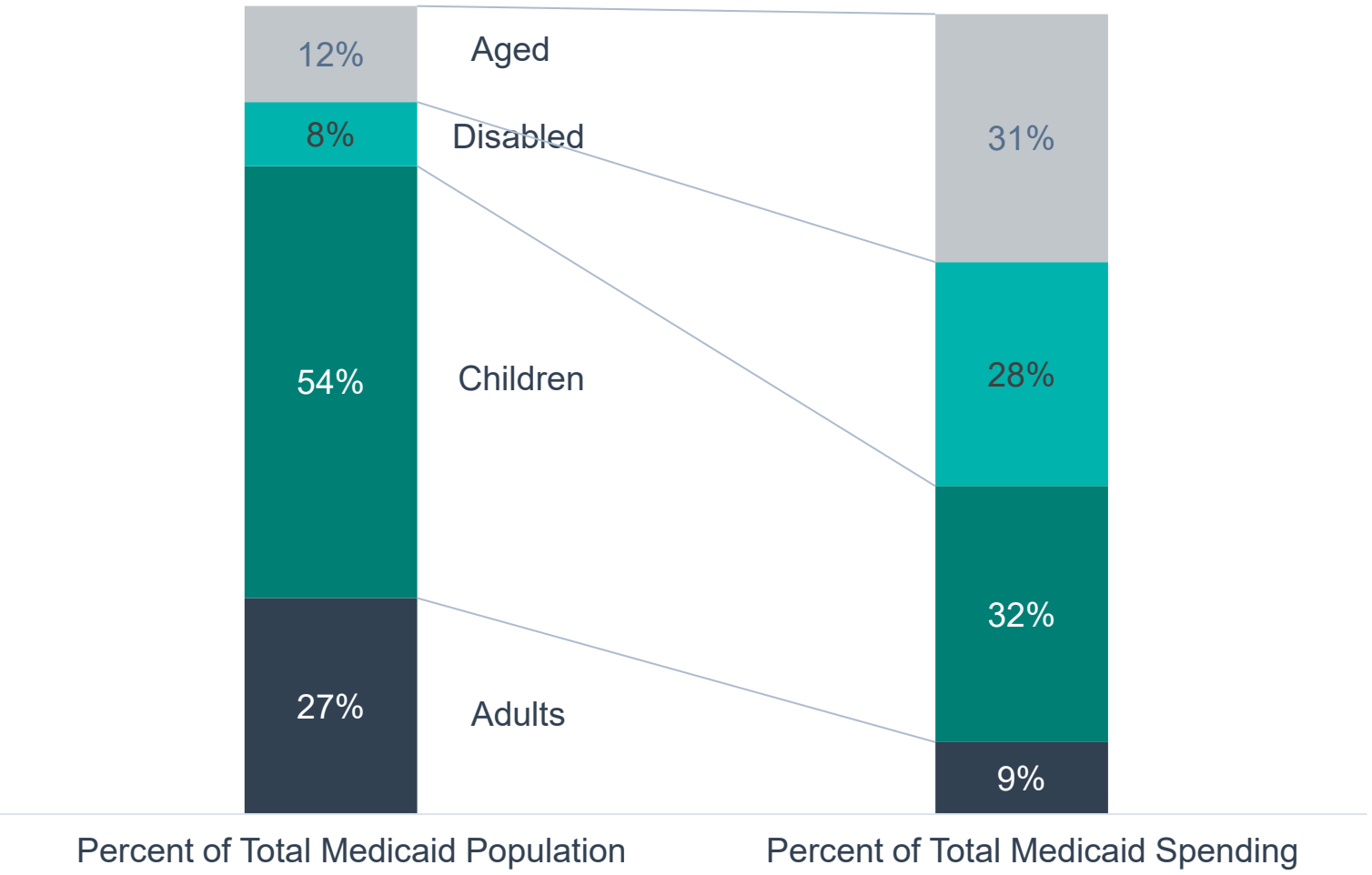
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Dr. James McDonald	Acting Commissioner	Department of Health (DOH)	james.mcdonald@health.ny.gov
Johanne Morne, MS	Executive Deputy Commissioner	DOH	johanne.morne@health.ny.gov
Amir Bassiri	Deputy Commissioner, Medicaid Director	DOH, Office of Health Insurance Programs (OHIP)	amir.bassiri@health.ny.gov
Michael Ogborn	Deputy Director, Medicaid	OHIP	michael.ogborn@health.ny.gov
Amanda Lothrop	Medicaid COO	OHIP	amanda.lothrop@health.ny.gov
Susan Montgomery	Director	OHIP, Division of Health Plan Contracting and Oversight	susan.montgomery@health.ny.gov
Gabrielle Armenia	Director	OHIP, Division of Eligibility and Marketplace Integration	gabrielle.armenia@health.ny.gov
Trisha Schell-Guy	Director	OHIP, Division of Program Development and Management	trisha.schell.guy@health.ny.gov

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2022 data

Totals may not equal 100% due to rounding.

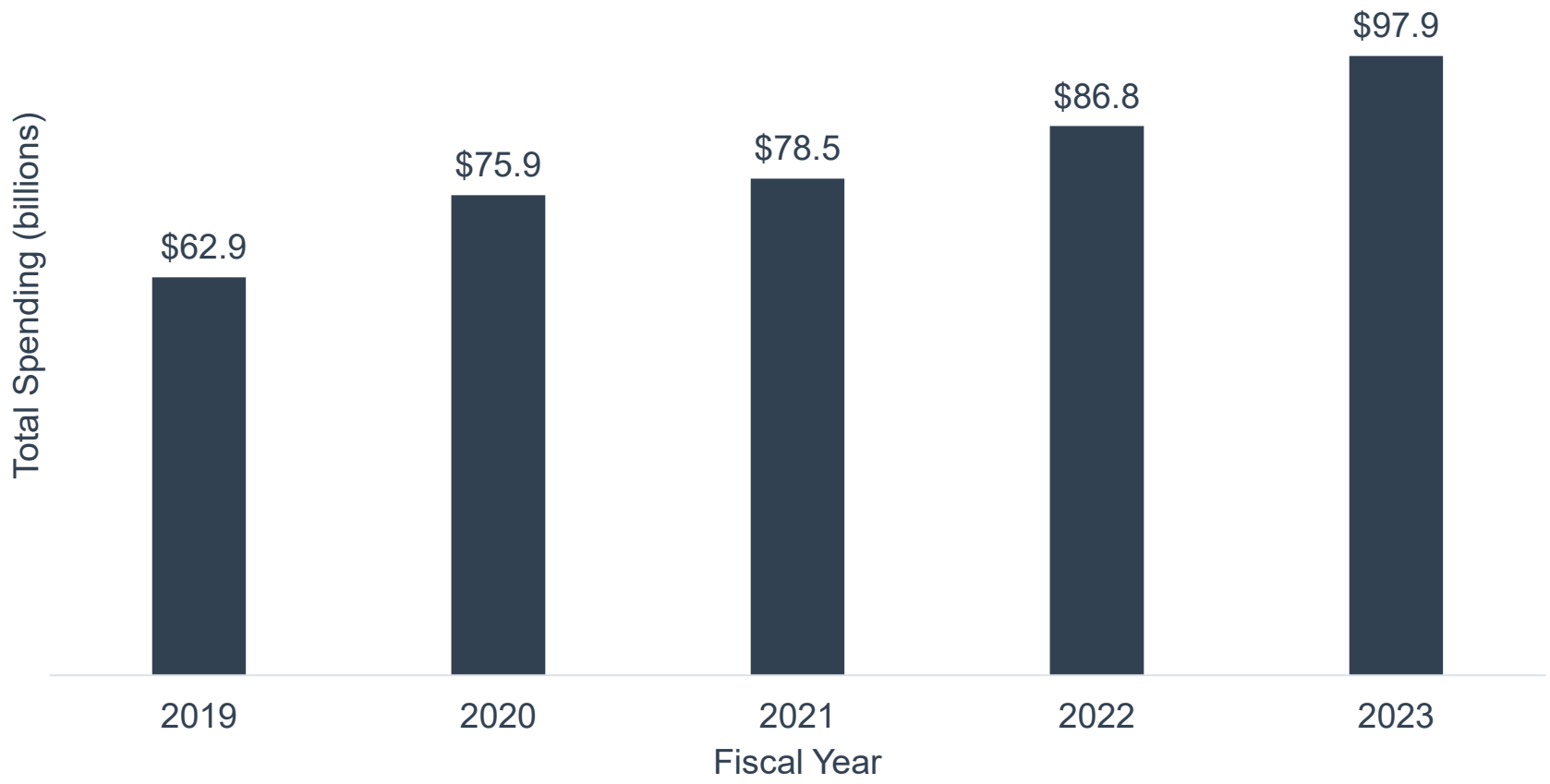
Medicaid Spending Per Enrollee, FY 2022		
	U.S.	NY
All populations	$8,813	$11,166
Children	$3,786	$3,826
Adults	$5,443	$6,120
Expansion adults	$7,569	$6,913
Blind and disabled	$25,483	$36,705
Aged	$19,191	$30,439

C.2. Medicaid Program Spending

Budget Item	SFY23 Spending	Percent Of Budget
Managed care and premium assistance	$60,049,000,000	61%
Home- and community-based LTSS	$10,503,000,000	11%
Hospital	$9,288,000,000	9%
Institutional LTSS	$8,391,000,000	9%
Other acute services	$4,175,000,000	4%
Medicare premiums and coinsurance	$2,999,000,000	3%
Clinic and health center	$1,261,000,000	1%
Drugs	$658,000,000	1%
Physician	$320,000,000	<1%
Other practitioner	$207,000,000	<1%
Dental	$12,000,000	<1%
Budget Total: $97,863,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	50.0%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	Yes

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Expansion Occured	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	• 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 (June 2024)	2,111,796
Number Of Enrollees Newly Eligible Due To Expansion	326,819
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

C.3. 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 and income between 133% 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 32 health plans that are available by county.
- 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, HCBS waiver services, and behavioral health homes are not included.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

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 Benefits

1. Podiatry services
2. Optometry services
3. Other practitioner services
4. Private duty nursing
5. Clinic services
6. Dental services
7. Physical and occupational therapy
8. Services for speech, language, and hearing disorders
9. Prescribed drugs
10. Dentures, eyeglasses, and prosthetic devices
11. Diagnostic, screening, and preventive services
12. Rehabilitative services
13. Intermediate care services
14. Services in institutions for mental disease for individuals over age 65
15. Inpatient psychiatric services for individuals under age 22
16. Nursing facility services for individuals under age 22
17. Hospice care
18. Special tuberculosis related services
19. Case management
20. Personal care services

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)**	**Health & Recovery Plans (HARP)**	**Managed Long-Term Care (MLTC) Program**
Enrollment (February 2025)	1,190,324	4,470,439	152,715	309,153
SMI Enrollment	• New York offers individuals with SMI the opportunity to enroll in specially designed HARPs 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 19% of SMI population in FFS, 81% in managed care			
Management	Department of Health	15 health plans	12 health plans	14 health 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: 6,122,631 | Total Medicaid With SMI: 538,820

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of February 2025: 19% in fee-for-service (FFS), 81% in managed care
SMI population inclusion in managed care	• 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 HARP is not mandatory and individuals with SMI are not specifically excluded from other managed care programs. • Estimated 19% of population in FFS, 81% in managed care
Dual eligible population inclusion in managed care	• Managed care is mandatory for dual eligibles receiving more than 120 days of community-based long-term services and supports (LTSS). • Estimated 63% of population in FFS, 37% in managed care
Long-term services and supports (LTSS) inclusion in managed care	• LTSS for beneficiaries enrolled in Mainstream Medicaid Managed Care Program (MMMC) and HARP are financed FFS; Managed Long-Term Care (MLTC) beneficiaries are reimbursed through the state health plan.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	• Mainstream Medicaid Managed Care Program (MMMC) and HARP are included in the health plan's capitation rate. • Managed Long-Term Care (MLTC) is 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	• MMMC and HARP are provided FFS by the state. • MLTC is included in the health plan's capitation rate.

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	Yes, specialized health plans provide enhanced care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state currently operates three Medicaid ACOs.
Affordable Care Act (ACA) Model Health Home	✓	Yes, New York has multiple health home programs.
Patient-Centered Medical Home (PCMH)	✓	Yes, New York has two PCMH programs.
Dual Eligible Demonstration	✓	Yes, the state has two dual eligible demonstrations: one for those who need LTSS, and those who do not need LTSS.
Managed Long-Term Services and Supports (MLTSS)	✓	The MLTC program provides LTSS, while other services are delivered through the FFS system.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	New York has 13 CCBHCs in the demonstration pilot. The state passed a 1915(b) waiver to continue funding the CCBHC through state funds.

D.1. 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 and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles		Individuals not requiring 120 days or more of community-based LTSS	Individuals requiring 120 days or more of community-based LTSS
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	1. Individuals eligible through spend down 2. Residents of assisted living programs 3. Eligible for emergency Medicaid 4. Residents of state psychiatric facilities 5. Persons with private health insurance 6. Infants living with incarcerated mothers 7. Less than six months Medicaid eligibility	1. Individuals participating in Office for People With Developmental Disabilities programs 2. HCBS waiver participants 3. Individuals granted exemption due to special chronic care needs 4. Native Americans	

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of February 2025 was 1,190,324.

D.2. Medicaid FFS Program: Behavioral Health Benefits

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

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.	Medication administration
10.	Medication management and monitoring
11.	Stabilization and rehabilitation services provided in a residential setting
12.	Residential rehabilitation for youth
13.	Complex care coordination
14.	Peer support

D.2. Medicaid FFS Program: SMI Population

- As of February 2025, *OPEN MINDS* estimates that 19% of the SMI population was enrolled in FFS.
- 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.
- New York offers individuals with SMI the opportunity to enroll in specially designed HARPs to meet their care needs. Enrollment in HARPs is not mandatory and individuals with SMI are not specifically excluded from other managed care programs.

D.2. Medicaid FFS Program: Pharmacy Benefit

New York FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antipsychotics, antidepressants, and anti-anxiety drugs are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid antagonists and opioid dependence agents.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Step therapy requirements are in place for some drugs and conditions. • Additional clinical criteria, dosage, and safety edits are in place. • Benzodiazepine agents for social anxiety and generalized anxiety disorders are part of the Clinical Drug Review Program and have additional prior authorization requirements. • The state has a prescriber prevail policy.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the state has a Recipient Restriction Program. Individuals may be restricted to one prescriber or one pharmacy.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of February 2025 was 4,932,631.
- New York has two major statewide managed care programs.
  - **Mainstream Medicaid Managed Care Program (MMMC):** Full-risk health plans that provide physical and behavioral health benefits to families and expansion adults who do not need LTSS. Under the MMMC program, there are two types of specialty plans:
    - **Health and Recovery Plans (HARP):** Full-risk special needs plans that integrate physical health services, behavioral health services, and behavioral health HCBS for persons with SMI and/or a serious addiction diagnosis.
    - **HIV SNP:** Full-risk special needs plans that serve individuals in New York City who have HIV.
  - **Managed Long-Term Care (MLTC):** Capitated health plans that provide limited physical health services and LTSS to individuals needing 120 days or more of HCBS.
- Additionally, New York has a series of programs that serve the elderly and dual eligible population. See section E for more information.
- There are three levels of VBR payments, specific definitions vary slightly by plan type:
  - Level 1: Upside-only payments
  - Level 2: Upside and downside risk, models must include one social determinant of health intervention with a non-Medicaid billing social service organization
  - Level 3: Global capitation with a quality component
- New York requires 85% of total MCO expenditure to be captured in at least upside only risk-based agreements (minimum percentage of potential savings at 40% with not shared losses).

D.3. 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 2025, there were 4,470,439 individuals enrolled in the 15 MMMC health plans representing 92% of the Medicaid managed care population.
- The MMMC health plans may offer special needs plans for individuals with SMI called Health and Recovery Plans (HARPs). See slide 39 for more information.
- Three of the 15 MMMC health plans are special needs plans, serving individuals in New York City who have HIV. The plans serve less than 1% of the MMMC population. These plans include:
  - Amida Care
  - MetroPlus Health Plan Partnership in Care
  - VNS Choice SelectHealth
- Enrollees in the HIV special needs plans may also be eligible to receive the same behavioral health HCBS as persons with SMI enrolled in HARPs. See slide 47 for more information.
- New York requires 80% of payments to be level 1 VBR arrangements and 35% in level 2. Penalties were assessed if health plans do not meet the targets.

D.3. Medicaid Managed Care Program: MMMC Health Plan Characteristics 4,470,439

Plan	Profit Status	Parent Company	Behavioral Health Subcontractor	Pharmacy Benefit Manager	February 2025 MMMC Enrollment	Share Of MMMC Enrollment
Amida Care SN	Non-profit	None	Beacon Health Options	Express Scripts	9,193	<1%
Anthem Blue Cross and Blue Shield	For-profit	Elevance Health	None	CarelonRx	334,666	7%
Capital District Physicians Health Plan (CDPHP)	Non-profit	None	None	CVS Caremark	82,154	2%
Excellus Health Plan	Non-profit	Excellus Blue Cross Blue Shield	None	Express Scripts	182,923	4%
Fidelis Care	For-profit	Centene-WellCare	None	CVS Caremark	1,464,770	33%
Healthfirst PHSP	Non-profit	Healthfirst	None/University Behavioral Health Associates**	CVS Caremark	1,102,461	25%
Highmark Western and Northeastern New York Inc	For-profit	Highmark, Inc	None	NYRx	45,139	1%

D.3. Medicaid Managed Care Program: MMMC Health Plan Characteristics (cont.)

Plan	Profit Status	Parent Company	Behavioral Health Subcontractor	Pharmacy Benefit Manager	January 2024 MMMC Enrollment	Share Of MMMC Enrollment
HIP of Greater New York	Non-profit	EmblemHealth	None	ExpressScripts	133,819	3%
Independent Health Association	Non-profit	Nova Healthcare	None	NYRx	60,813	1%
MetroPlus Health Plan	Non-profit	NYC Health+Hospitals	Beacon Health Options	CVS Caremark	406,813	9%
MetroPlus Health Plan SN	Non-profit	NYC Health+Hospitals	Beacon Health Options	CVS Caremark	4,593	<1%
Molina Health Care	For-profit	Molina	None	None	225,531	5%
MVP Health Plan	Non-profit	MVP Health Care	None	CVS Caremark	162,766	4%
UnitedHealthcare Plan of NY	For-profit	UnitedHealthcare Community Plan	Optum	Optum Rx	250,974	6%
VNS Choice SN	Non-profit	Visiting Nurse Service of New York	Beacon Health Options	None	3,824	<1%

D.3. Medicaid Managed Care Program: HARP

- Health and Recovery Plans (HARPs), are special needs plans for persons with SMI or an addiction diagnosis. Only MMMC plans are eligible to become HARPs.
- As of February 2025, there were 152,715 total enrollees in the 12 available HARP plans, with at least one plan offered in every county.
  - Individuals are identified for the program using a review of behavioral health utilization or a state-approved assessment tool.
  - Individuals may elect to remain in the MMMC program instead of enrolling in a HARP.
- 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.
  - BH-HCBS is available in two tiers and is based on member level of need. For a listing of BH-HCBS, see the next slide.
- HARPs provide enhanced, person-centered care management services through health homes. Individuals may opt-out of receiving care management through the health homes.
- New York requires 80% of payments to be in level 1 VBR arrangements and 35% in level 2. Penalties were assessed if health plans did not meet these targets.

D.3. Medicaid Managed Care Program: HARP Benefits & Enrollment

BH-HCBS

Available to all members regardless of level of need:

1. Intensive crisis respite
2. Short-term crisis respite in a dedicated facility

Tier 1 (limited to $10,000 per year):

1. Peer supports
2. Employment supports
3. Education supports

Tier 2 (limited to $20,000 per year):

1. Psychosocial rehabilitation
2. Community psychiatric support and treatment
3. Habilitation services
4. Non-medical transportation
5. Family support and training

HARP	February 2025 Enrollment	Share Of HARP Enrollment
Anthem Blue Cross and Blue Shield	7,484	5%
Capital District Physician's Health Plan	4,039	3%
Excellus	10,477	7%
Fidelis Care	51,857	34%
HealthFirst	32,622	21%
Highmark of Western and Northeastern New York Inc	1,183	1%
HIP of Greater New York	5,145	3%
Independent Health Association	2,626	2%
MetroPlus	12,601	8%
Molina Healthcare	8,609	6%
MVP Health Plan	6,834	4%
UnitedHealthcare	9,105	6%
Total Enrollment: 152,715		

D.3. Medicaid Managed Care Program: Managed Long-Term Care Program

- New York's statewide Managed Long-Term Care (MLTC) program provides LTSS and some health services to individuals who are dual eligible and need 120 days or more of HCBS.
- As of February 2025, 309,153 individuals were enrolled in one of the 14 MLTC partial capitation plans.
  - Non-dual eligibles may voluntarily enroll in MLTC.
  - Approximately 98% of the MLTC population is dually eligible.
- MLTC plan services not included in the capitation are covered FFS by the state. For a list of services, see the next slide.
- New York requires that 80% percent of payments be in level 1 VBR arrangements, and 35% be in level 2 arrangements. A penalty will be applied if the percentages are not met.
- In some documentation, the state includes its PACE, Medicaid Advantage Plus, and dual eligible demonstration programs as part of the MLTC program. More information on those programs is provided in section E.

D.3. Medicaid Managed Care Program: MLTC Benefits

Benefits Included In Partial Capitation	
1. Adult day health care	12. Nutrition
2. Audiology and hearing aids	13. Optometry and eyeglasses
3. Care management	14. Personal care
4. Consumer-directed personal assistance	15. Personal emergency response system
5. Dental services	16. Podiatry
6. Home health care	17. Private duty nursing
7. Group setting and home-delivered meals	18. Prosthetics and orthotics
8. Durable medical equipment	19. Outpatient rehabilitation therapy
9. Medical social services	20. Respiratory therapy
10. Non-emergency transportation	21. Social day care
11. Skilled nursing facilities	22. Social and environmental supports

Benefits Covered Fee-For-Service
1. Inpatient hospital services
2. Outpatient hospital services
3. Clinic services
4. Mental health treatment
5. Addiction treatment
6. Prescription drugs
7. Primary and specialty physician services
8. Emergency transportation
9. Chronic renal dialysis
10. Laboratory services
11. X-ray and other radiology services

D.3. Medicaid Managed Care Program: MLTC Partial Capitation Plan Enrollment

MLTC Plan	Profit Status	Parent Company	February 2025 MLTC Enrollment	Share Of MLTC Enrollment
Aetna Better Health	For-profit	Aetna	6,512	2%
Anthem Blue Cross and Blue Shield	For-profit	Elevance Health	62,170	20%
Centers Plan For Healthy Living	For-profit	Centers Plan For Healthy Living	53,941	17%
Elderplan	Non-profit	MJHS Health System	27,739	9%
Elderserve	Non-profit	RiverSpring Health	20,302	7%
Fidelis Care At Home	Non-profit	Centene-WellCare	19,737	6%
Hamaspik Choice	Non-profit	N/A	8,481	3%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: MLTC Partial Capitation Plan Enrollment

MLTC Plan	Profit Status	Parent Company	February 2025 MLTC Enrollment	MLTC Enrollment Share
HealthFirst	Non-profit	N/A	10,629	3%
iCircle Care	Non-profit	N/A	4,598	1%
Metroplus	Non-profit	NYC Health+Hospitals	2,808	1%
Senior Whole Health	For-profit	Magellan	26,260	8%
VillageCare	Non-profit	VillageCare	32,021	10%
VNA Homecare Options	Non-profit	Nascentia Health	6,751	2%
VNS Choice	Non-profit	Visiting Nurse Service of NY	27,204	9%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- MMMC: Nearly all behavioral health benefits are included in the health plan's capitation rate.
  - Behavioral health services for most populations over age 21 are integrated into the health plan contracts. Rehabilitation services for residents of community residences were not included in behavioral health integration but will be phased in at a date to be determined.
- HARP: Most behavioral health benefits are included in the health plan's capitation rate.
  - Special BH-HCBS are coordinated and reimbursed by the HARPs, but the HARPs are not at-risk for these services. For a list of services, see slide 42.
- Managed Long-Term Care (MLTC): All behavioral health benefits are covered by the state on an FFS basis.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Managed Care Mental Health Benefits
1. Licensed clinic services
2. Outpatient services
3. Day treatment
4. Continuing day treatment
5. Partial hospitalization
6. Case management
7. Personalized recovery-oriented services
8. Intensive psychiatric rehabilitation treatment
9. Assertive community treatment (ACT)
10. Inpatient treatment
11. Crisis intervention

Managed Care Addiction Treatment Benefits
1. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
2. Medically supervised outpatient withdrawal
3. Outpatient addiction services
4. Residential addiction services
5. Office of Alcoholism and Substance Abuse Services (OASAS) outpatient and opioid treatment program services
6. OASAS outpatient rehabilitation programs
7. Inpatient medically managed and supervised detoxification
8. Inpatient rehabilitation and treatment services

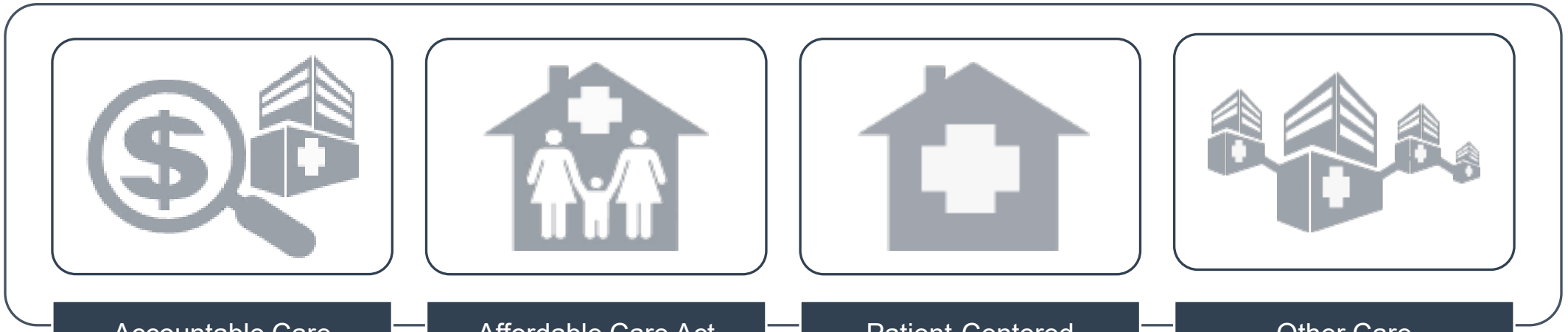
D.3. Medicaid Managed Care Program: SMI Population

- As of February 2025, *OPEN MINDS* estimates that 81% of the SMI population was enrolled in managed care.
- 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.
- New York offers individuals with SMI the opportunity to enroll in specially designed Health and Recovery Plans (HARPs) to meet their care needs. Enrollment in HARPs is not mandatory and individuals with SMI are not specifically excluded from other managed care programs.
- Individuals with SMI also can enroll in health homes for the coordination of care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

New York Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	NYRx
Responsible For Financing Mental Health Pharmacy Benefit	NYRx
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy, Mental Health, and Addiction Treatment Drugs	All medications are covered by NYRx
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	• Health plans set their own utilization restrictions. • Atypical antipsychotics and antidepressants are designated as prescriber prevail classes. Contractors may require prior authorization but must accept the prescriber's rationale and judgement for using the drug. • Other therapeutic classes using prescriber prevails include anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic, and immunologic.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, health plans are required to implement a Recipient Restriction Program, consistent with the parameters set by the state.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program

Chinese American IPA, Inc., Greater Buffalo United Accountable Care Organization, and Innovative Health Alliance of New York, LLC are current Medicaid ACOs.

Affordable Care Act Health Home

The state's health home program serves individuals with behavioral health conditions, other chronic conditions, and intellectual and developmental disabilities.

Patient-Centered Medical Home

New York has a statewide plan of add-on payments for patient-centered medical homes (PCMH).

Other Care Coordination Initiatives

New York has 13 Certified Community Behavioral Health Clinics in the demonstration pilot.

D.4. Medicaid Program: Care Coordination Initiatives- Health Home Overview

- New York State´s Health Home program was designed to ensure Medicaid members with chronic conditions get the care and services they need.
  - This may mean fewer trips to the emergency room or less time spent in the hospitals, getting regular care and services from providers, finding a safe place to live, and finding a way to get to medical appointments.
- To be eligible for Health Home services, the individual must be enrolled in Medicaid and must have:
  - Two or more chronic conditions (e.g., Substance Use Disorder, Asthma, Diabetes) OR
  - One single qualifying chronic condition:
    - HIV/AIDS or
    - Serious Mental Illness (SMI) in adults or
    - Sickle Cell Disease among both adults and children or
    - Serious Emotional Disturbance (SED) or Complex Trauma among children.

D.4. Medicaid Program: Care Coordination Initiatives- Health Home Characteristics

New York Health Home Overview	
Target Population	Health homes serve the following populations (including dual eligibles): • Adults with SMI • Children with SED or complex trauma • Individuals with two chronic conditions – Individuals with addiction must have another chronic condition to qualify • HIV/AIDS
Enrollment Model	Automatic enrollment with opt-out or change to another health home
Geographic Service Area	Statewide
Care Delivery Model	• Health plans contract with health home provider organizations who, in turn, contract with the care management agencies that provide health home services • Multi-disciplinary care management team led by a care manager • Development of a care plan for each enrollee • Provide care management services to HARP enrollees
Payment Model	• Per member per month (PMPM) based on region and case mix for providing at least one of the CMS health home core functions. Rate tables are provided on the following slide. • Health plans submit claims to the state for PMPM payments. The health plans make payments to health home provider organizations who forward payments to downstream care management agencies. Health plans and health home provider organizations may retain a proportional share of the PMPM for performing health home functions.
Practice Performance & Improvement	• Hospital, ER, and SNF admissions rates • NCQA, HEDIS, CMS, AMA, AHRQ, OQPS, and state-specific measures • The state plans to implement value-based reimbursement for health homes in the future.

D.4. Medicaid Program: Care Coordination Initiatives - Health Home PMPM Rate Tables

- Currently, the state sets the rate for health homes, which are paid through the health plans.
- If the health plan provides some portion of health home services, it may retain a portion of the rate.
- Health homes may be added to the health plan's capitation rate in the future.

Adult Population*	Upstate	Downstate
Health Home Plus/Care Management	$845.47	$901.83
Health Home High Risk/Need Care Management	$363.60	$386.83
Health Home Care Management	$202.00	$215.13
Health Home Services – Adult Home Transition Fee*	N/A	$800.00
Adult Home Assessment and Management Fee*	N/A	$200.00

*Only available in the downstate region to impacted Adult Health class members.

Child Population	Upstate	Downstate
High	$809.00	$921.00
Medium	$485.00	$553.00
Low	$243.00	$276.00
Assessment	$186.85	$186.85

D.4. Medicaid Program: Care Coordindation Initiatives- Health Home Characteristics – CCO/HH For I/DD

New York CCO/HH Overview	
Target Population	• Individuals with a major developmental disability and in need of an intermediate care facility (ICF) level of care: • Major developmental disability categories include autism, cerebral palsy, epilepsy, familial dysautonomia, intellectual disability, neurological impairment, and Prader-Willi Syndrome • Individuals with a developmental disability not in need of an ICF may enroll in the general health home program if they have another chronic condition.
Enrollment Model	• Passive enrollment with the ability to opt-out • Individuals who do not enroll will receive care coordination through Basic HCBS Plan Support
Geographic Service Area	Statewide
Care Delivery Model	• CCO/HHs are Medicaid enrolled provider organizations that act as lead entities and may provide health home directly or contract with a network of provider organizations to deliver health home services. • Currently there are seven CCO/HHs. • Uses multi-disciplinary teams led by a dedicated care manager. • Provides Delivery of six health home services. • Creation of a life plan (formerly an individualized service plan)
Payment Model	• The state directly pays the CCO/HHs a per member per month rate based on region, assessment data, and other factors. • In the future the state intends to create specialized I/DD health plans that will be responsible for reimbursing health homes.
Practice Performance & Improvement	• Provides for a standard set of health home metrics such as reducing avoidable hospital and ER visits, reduced utilization of inpatient hospital stays, etc. • Additional quality metrics established, including implementation of Council on Quality Leadership (CQL) Personal Outcome Measures, transitions to more integrated settings, life plan components, etc.

D.4. Medicaid Program: Care Coordination Initiatives- Health Home Characteristics – CCO/HH For I/DD (cont.)

- The state released a state plan amendment about updating the CCO/HH Rate Methodology but has not yet updated the current rates.
- The tiered rate structure for CCO/HH service is based upon the acuity/functional capability status of the individual, whether the individual lives in a certified residential setting or in their own or family home, is a member of a 'special group status' that includes the individual's status as a Willowbrook class member.

CCO/HH Rates		
Tier	**Upstate**	**Downstate**
Transition	$836.59	$890.26
1	$278.86	$296.76
2	$340.95	$363.05
3	$412.50	$439.86
4	$527.21	$561.94
Opt-Out Statewide	$260.19	
Opt-Out Transition Statewide	$780.55	

CCO/HHs
1. Advance Care Alliance
2. Care Design NY
3. LifePlan CCO
4. Partners Health Plan
5. Prime Care Coordination
6. Person Centered Services
7. Southern Tier Connect
8. Tri-County Care

D.4. Medicaid Program: Care Coordination Initiatives- Patient-Centered Medical Homes

- New York has two major patient-centered medical home programs (PCMH), both of which are based on the NCQA PCMH guidelines.
- PCMH – The state authorizes PMPM payments for the managed care population based on NCQA recognition standards year and level, and per-visit add-on payments for the FFS population.
- NYS PCMH – Based on the National Committee for Quality Assurance (NCQA) guidelines, this model also requires primary care practices to meet New York state-specific guidelines.
  - Free transformation assistance is available to physician-led primary care organizations.
  - The fee for NYS PCMH practice recognition or annual reporting is waived for the first year of participation.
  - Enhanced payments are available.
- SCNs have been established via the NYS DOH 1115 Waiver Amendment, "New York Health Equity Reform" (NYHER). NYS DOH recently announced contracts with regional entities, which will serve as lead entities for the regional SCNs. SCNs are developing networks of community-based organizations to deliver social care services to eligible NYS Medicaid members.
  - MMC enrollees who meet specific clinical criteria may be eligible for health-related social need services related to housing, nutrition, transportation, and care management.
  - The enhanced PCMH payments are intended to help providers connect with and provide referrals to region SCNs to promote access to health-related social needs to NYS Medicaid members.

D.4. Medicaid Program: Care Coordination Initiatives- Patient-Centered Medical Homes (cont.)

NYS PCMH Payments				
	Payments as of April 1, 2025 with SCN Attestation		Payments as of April 1, 2025 without SCN Attestation	
	Under 21 years of age	21 years of age and over	Under 21 years of age	21 years of age and over
PMPM add-on for MMC, HIV-SNPs, and HARP Providers	$10.00	$8.00	$6.00	$6.00
PMPM add-on for CHPlus Providers	$10.00	N/A	$6.00	N/A
PMPM add-on for Adirondack (ADK) Providers* (MMC)	$11.00	$9.00	$7.00	$7.00
PMPM add-on for ADK Providers* (CHPlus)	$11.00	N/A	$7.00	N/A
FFS per-visit, institutional	$29.00	$29.00	$29.00	$29.00
FFS per-visit, professional	$25.25	$25.25	$25.25	$25.25

**In the ADK program, PCMH-recognized providers operating in specific ADK regions in NYS are eligible to receive the PMPM enhancement in addition to their established baseline of $7.00/PMPM.*

D.4. Medicaid Program: Care Coordination Initiatives- NYS PCMH Criteria

- Practices must meet the 40 NCQA core criteria in addition to meeting the 12 NYS PCMH criteria (below) to be recognized as a NYS PCMH.

NYS-Specific PCMH Criteria	
1	Certified EHR attestation
2	Behavioral health screenings
3	Target population health management on disparities in care – Assessment, goals, and actions and address practice staff health literacy or cultural competencies
4	Two-way electronic certification
5	Continuity of medical record information
6	Comprehensive risk stratification
7	Care plan is integrated and accessible across care settings
8	Specialist referral expectations
9	Behavioral health referral expectations
10	Consumer discharge summaries
11	External electronic exchange of data
12	Value-based contract agreement

D.4. Medicaid Program: Care Coordination Initiatives - Certified Community Behavioral Health Clinics

- New York currently has 13 CCBHCs program.
- All CCBHC pilot programs use a prospective payment system and have the option to choose between two payment methods. New York uses the fixed daily rate payment option.
  - Under the fixed daily rate, CCBHCs receive the same fixed payment for all services provided to a Medicaid beneficiary on a given day, regardless of the intensity of services provided.
- CCBHCs are required to coordinate care across the spectrum of health services, including physical health, behavioral health, and social services; and to form partnerships with other organizations, including FQHCs, inpatient psychiatry, detoxification and post-detoxification step-down services, residential programs, and social services provider organizations.
- New York does not include CCBHC services in its managed care program.

CCBHC	Location
BestSelf Behavioral Health Services	Buffalo
Bikur Cholim, Inc.	Monsey
Central Nassau Guidance and Counseling Services	Hicksville
Citizens Advocates Inc. – North Star Behavioral Health Services	Malone
Endeavor Health Services	Cheektowaga
New Horizon Counseling Center	Ozone Park
PROMESA	Bronx
Samaritan Daytop Village	New York City and surrounding areas
Services for the Underserved, Inc.	New York City and surrounding areas
Spectrum Human Services	Orchard Park
Syracuse Behavioral Health	Syracuse
University of Rochester	Rochester
VIP Community Services	Bronx

D.5. 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 and Recovery Plan (HARP) programs. Also outlines New York's Delivery System Reform Incentive Payment (DSRIP) program.	1115	None	12/07/2016	03/31/2027
New York CSIDD (NY-13)	Authorizes the state to selectively contract for Crisis Services for individuals with I/DD.	1915(b4)	None	07/01/2020	06/30/2025
New York Tenancy Supports (NY-14)	Home Rehabilitative Services (HRS), to assist an individual eligible with mental health, substance use disorder, HIV/AIDS, chronic homeless as defined by HUD, elderly or behavioral health needs to successfully live in the community.	1915(b4)	Non	11/01/2020	10/31/2025

D.5. Medicaid Program Section 1915(c) HCBS Waivers

- On April 1, 2019, as part of the Children's Medicaid System Transformation, New York consolidated six 1915 (c) waivers for children under one 1915 (c) waiver, The Children's Waiver. The state also terminated a 1915 (b) selective contracting waiver. The six consolidated waivers included:
    1. NYS OMH SED Waiver
    2. NY Bridges to Health for Children w/SED
    3. NY Care at Home I/II
    1. NY Bridges to Health for Children w/DD
    2. NYS OPWDD-CAH IV Waiver
    3. NY Bridges to Health for Children who are Medically Fragile
- The waiver consolidation resulted in one expanded set of HCBS services for all children, a single oversight group, a uniform set of rates, and one process for serving families and children.
- Under this waiver, care coordination is no longer a waiver service and is instead provided through the health home program (Individuals who opt-out of health homes are served by a new administrative entity, Children and Youth Evaluation Services.
- The state developed a new state plan service suite for children known as Children and Family Treatment and Support Services (CFTSS). CFTSS already approved in the state plan includes other licensed practitioner, psychosocial rehabilitation, community psychiatric treatment and supports. Family peer support services, youth peer support, and training and crisis intervention were later implemented in 2020. Children who only received these services through the 1915(c) waiver will lose waiver eligibility.
- Transition of individuals enrolled in 1915(c) TBI and nursing home diversion waivers to managed care has still not been approved. See slide D.6. for more information.

D.5. Medicaid Program Section 1915(c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
NYS OPWDD Comprehensive (0238.R06.00)	Individuals of any age with autism or I/DD	106,802	Office for People with Developmental Disabilities	1915(a)
NYS Traumatic Brain Injury Waiver (0269.R05.00)	Individuals ages 18 and above with brain injury	4,680	Division of Long-Term Care (DLTC)	1115 waiver
NY Nursing Home Transition and Diversion Medicaid Waiver (0444.R03.00)	Individuals aged 65 and above and individuals ages 18 to 64 with physical disabilities	4,875	DLTC	1115 waiver
NY Children's Waiver (4125.R06.00)	Individuals ages 0-20 with physical disabilities, intellectual/developmental disabilities, autism, or mental illness	17,379	New York Department of Health	No

D.6. Medicaid Program: New Initiatives- Health Equity Regional Organization (HERO)

- The New York State Department of Health announced the launch of the state's Health Equity Regional Organization (HERO), a core initiative under New York's current 1115 waiver amendment, approved by the Centers for Medicare & Medicaid Services (CMS) in 2024. Establishing a HERO is part of the waiver amendment's multi-pronged approach to strengthen the integration of social services and health care delivery.
- United Hospital Fund (UHF) will coordinate HERO strategies with the goal to functionally bridge public health, social services and health care delivery.
- UHF will collaborate with the New York State Medicaid Program, healthcare providers, community stakeholders, and academic partners to understand effective regionally focused approaches to addressing the social needs of Medicaid beneficiaries, such as food insecurity, housing instability, and lack of transportation.
- The waiver amendment package includes $7.5 billion in funding from both the State and federal government.
  - The waiver amendment seeks to develop programs that support the delivery of health-related social needs (HRSN) services (i.e., housing, transportation, nutrition, and case management), manage challenges in the Medicaid workforce, advance health equity and reduce health disparities such as the delivery, access, and continuity of care that adversely affect vulnerable populations.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (September 2024)	1,878,557	1,992,857
SMI Enrollment	• *OPEN MINDS* estimates 51% of the population in Medicare Advantage, 49% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 3,871,414 | Total Medicare With SMI: 878,810

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of September 2024: 51% Medicare Advantage, 49% in traditional Medicare.
SMI population inclusion in managed care	Estimated 51% of population in Medicare Advantage, 49% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 3,871,414.
- In 2025, Medicare enrollees account for nearly 20% of the state's population.
- In 2025, over 51% of New York's Medicare beneficiaries are enrolled in Medicare Advantage, while slightly less than 49% are enrolled in Original Medicare.
- There are 7 insurers that offer Medigap plans in New York.
- As of September 2024, 1,320,459 New Yorkers had stand-alone Medicare Part D prescription drug plans, while another 1,939,950 had Medicare Part D prescription drug coverage integrated with their Medicare Advantage plans.
  - In 2025, insurers in New York are offering 12 stand-alone Medicare Part D prescription drug plans, with premiums starting at $0 per month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings		
1. Accountable Care Organization of the North Country, LLC 2. Adirondacks ACO, LLC 3. Aledade 205 New England MSSP Enhanced 4. Alliance for Integrated Care of New York, LLC 5. Asian American Accountable Care Organization, LLC 6. Bassett Accountable Care Partners, LLC 7. Caravan Collaborative Pathways, LLC 8. Care Partners ACO, LLC 9. Cayuga Health Partners 10. CMG ACO, LLC 11. ColigoCare, LLC 12. Collaborative ACO 30, LLC 13. Community Care of Brooklyn IPA, Inc 14. Elite Patient care, LLC	16. Empire ACO, LLC 17. Family Health ACO 18. Healthier Communities ACO, LLC 19. HHC ACO, Inc 20. HMH ACO 21. Main Street Rural Health Hawthorn ACO LLC 22. Main Street Rural Health Willow ACO LLC 23. Main Street Rural Health Juniper ACO LLC 24. Medical Home Network Health Alliance II, LLC 25. Mount Sinai Care 26. National MSSP 2022 27. NewYork Quality Care 28. Northeast Medical Group ACO LLC 29. Northwell Health ACO	31. Aledade 90 National MSSP Enhanced 32. Aledade 150 PACHC MSSP Enhanced 33. Primary PartnerCare ACO Independent Practice Association, Inc 34. Richmond Quality, LLC 35. Rochester Regional Health ACO Inc 36. SOMOS ACO 37. Southeast MSSP 2023 38. Stellar Health ACO 39. Stony Brook ACO, LLC 40. TEAM ACO 41. The Accountable Care Organization, Ltd. 42. Total Care ACO, LLC 43. Trinity Integrated Care, LLC 44. Vytalize Health ACO 45. WESTMED Medical Group

E.3. Medicare ACOs (cont.)

REACH ACO Model
1. ATLAS IPA, LLC
2. CareMount Value Partners IPA
3. Catholic Medical Partners – Accountable Care Models IPA, LLC
4. Community Care Contracting, LLC
5. Complete Care Academy Collaborative
6. Complete Care Collaborative of the Midwest
7. Complete Care of the South
8. CVS Accountable Care Models Organization
9. Optimum NY Independent Practice Association, LLC
10. Pearl Network, LLC
11. Pearly Primary Care Network, LLC
12. Physician Leaders Director Contracting Entity, LLC

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives regarding Medicare in the state.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics					
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Managed Long-Term Care**	**Medicaid Advantage Plans**	**PACE**	**FIDA-IDD Demonstration**
Enrollment (February 2025)	685,536	309,153	57,468	9,992	1,708
Estimated SMI Enrollment	155,616	70,177	13,045	2,268	387
Management	Department of Health	14 health plans	11 health plans	10 non-profit organizations	One health plan
Payment Model	FFS	Partially capitated rate	Separate capitated rates for Medicaid and Medicare	Blended capitated rate	Blended capitated rates for Medicaid and Medicare
Geographic Service Area	Statewide	Statewide, with plans available by county	12 counties, with plans available by county	Selected regions	Nine counties

Total Dual Eligible Enrollment: 1,063,857 | Total Dual Eligible Enrollment With SMI: 155,616

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2025 Enrollment	Estimated SMI Enrollment
Healthfirst Life Improvement Plan	Healthfirst Health Plan, Inc	Medicare Advantage D-SNP	148,325	31,148
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	126,122	26,486
Healthfirst CompleteCare	Healthfirst Health Plan, Inc	Medicare Advantage D-SNP	22,641	4,755
EmblemHealth VIP Dual	Health Insurance Plan of Greater New York	Medicare Advantage D-SNP	21,800	4,578
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	18,235	3,829
Aetna Medicare Assure Plan	Aetna, Inc	Medicare Advantage D-SNP	15,179	3,188
MetroPlus Advantage Plan	MetroPlus Health Plan, Inc	Medicare Advantage D-SNP	10,284	2,160
Empire MediBlue Health Plus Dual	Empire HealthChoice HMO	Medicare Advantage D-SNP	8,543	1,794
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	7,421	1,558
Elderplan for Medicaid Beneficiaries	Elderplan, Inc	Medicare Advantage D-SNP	4,402	924

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of February 2025 is 1,063,857.
- D-SNP enrollment as of March 2025 was 391,468, SMI enrollment for D-SNP was 82,208.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers long-term service and support (LTSS) and non-physician behavioral health services.
- Dual eligibles who require more than 120 days of community-based long-term care services for a nursing facility level of care are required to enroll in managed care. There are three programs available to this population:
  - **Managed Long-Term Care (MLTC)**: LTSS are covered at a capitated rate, while other Medicaid services are provided FFS by the state. See section D.3.
  - **Medicaid Advantage Plus:** A Medicaid plan specially designed for dual eligibles requiring LTSS. The Medicaid Advantage plan must align with the individual's Medicare Advantage plan.
  - **Program of All-Inclusive Care for the Elderly (PACE):** Non-profit organizations provide all Medicaid and Medicare services as well as operate a community center.

F.3. Dual Eligible Medicaid Financing & Delivery System: Managed Care Enrollment

Medicaid Advantage Plus Enrollment	
Plan	**February 2025 Enrollment**
Anthem Blue Cross and Blue Shield	234
Centers Plan	1,698
ElderPlan	5,336
ElderServe	425
Fidelis	2,150
Hamaspik, Inc	1,062
HealthFirst	35,440
MetroPlus	272
Senior Whole Health	264
Village Care	4,587
VNS Choice Plus	5,701
Total	**57,468**

F.3. Dual Eligible Medicaid Financing & Delivery System: FIDA-IDD Demonstration

- FIDA-IDD is a Medicare and Medicaid program for adults with I/DD.
- FIDA-IDD is available to adults 21 years and older who are:
  - enrolled in Medicare and Medicaid
  - eligible for Office of Persons With Developmental Disabilities (OPWDD) services
  - living in New York City, Nassau, Suffolk, Westchester, or Rockland counties.
- FIDA-IDD is the first comprehensive managed care demonstration exclusively serving individuals with I/DD in the nation.
- One Medicare-Medicaid plan (MMP), Partners Health Plan (PHP), qualified to participate in the demonstration. It receives capitated payments from CMS and the New York to finance all Medicare and Medicaid services.
- FIDA-IDD is the second FAI demonstration to operate in New York. The first was the Fully Integrated Duals Advantage (FIDA) demonstration, which operated from 2015 through 2019.
- As of February 2025, the FIDA-IDD program serves 1,708 individuals.

F.3. Dual Eligible Medicaid Financing & Delivery System: FIDA-I/DD Demonstration

FIDA-I/DD Dual Eligible Demonstration Overview	
Target Population	Full-benefit dual eligibles who are age 21 and older residing in a demonstration county who meet the following criteria: 1. Eligible for Office of Persons With Developmental Disabilities (OPWDD) services 2. Eligible for an ICF and/or I/DD level of care 3. Enrolled in the section 1915(c) OPWDD Comprehensive Waiver if receiving waiver services as an alternative to ICF and/or I/DD placement
Geographic Service Area	Bronx, Kings, New York City, Nassau, Richmond, Rockland, Suffolk, and Westchester County
Enrollment Model	Opt-in
Care Delivery Model	1. Single, at-risk health plan, Partners Health Plan 2. Use of an interdisciplinary team model to provide care management and coordination 3. Comprehensive service planning assessment provided by a care management team within 30 days of enrollment and annually or as needed thereafter 4. Life plan completed within 60 days of assessment

F.3. Dual Eligible Medicaid Financing & Delivery System: FIDA-I/DD Demonstration

FIDA-I/DD Dual Eligible Demonstration Overview cont.	
Benefits	• Physical health, behavioral health, pharmacy, OPWDD waiver, and ICF and/or I/DD services • Hospice services are excluded and provided FFS
Payment Model	• Separate monthly capitated payments made by CMS to the FIDA plans for Medicare Parts A and B and Medicare Part D components • State monthly capitated payments to the FIDA plans for the Medicaid component • Quality withhold of 2% in demonstration year two and 3% in demonstration years three and four.
Practice Performance & Improvement	• Hospital, ER, and SNF admission rate • NCQA, HEDIS, AHRQ, CAHPS, CMS, and state measures

F.3. Dual Eligible Medicaid Financing & Delivery System: FIDA & FIDA-I/DD Dual Eligible Demonstration Service Area

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending initiatives regarding dual eligible.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

New York delivers LTSS services through either the Managed Long-Term Care (MLTC) program or Medicaid Advantage Plus, a dual eligible beneficiary program.

LTSS* Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (February 2025)	309,153
Estimated SMI Enrollment	70,177
Management	• Physical health: 14 Health Plans • Behavioral health: 14 Health Plans
Payment Model	• Physical health: Partial Capitation • Behavioral health: Partial Capitation
Geographic Service Area	Statewide

Total LTSS Enrollment: 309,153 | Total LTSS Enrollment With SMI: 70,177

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles		Individuals not requiring 120 days or more of community-based LTSS	Individuals requiring 120 days or more of community-based LTSS
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients		X	
Other populations	1. Individuals eligible through spend down 2. Residents of assisted living programs 3. Eligible for emergency Medicaid 4. Residents of state psychiatric facilities 5. Persons with private health insurance 6. Infants living with incarcerated mothers 7. Less than six months Medicaid eligibility	1. Individuals participating in Office for People With Developmental Disabilities programs 2. Individuals granted exemption due to special chronic care needs 3. Native Americans	

G.2. LTSS Medicaid Financing & Delivery System: Overview

- New York delivers LTSS services through either the Managed Long-Term Care (MLTC) program or Medicaid Advantage Plus, a dual eligible beneficiary program.
- As of February 2025, 309,153 individuals were enrolled in one of the 14 MLTC partial capitation plans.
  - Non-dual eligibles may voluntarily enroll in MLTC.
  - Approximately 98% of the MLTC population is dually eligible.
- MLTC plan services not included in the capitation are covered FFS by the state. For a list of services, see the next slide.
- The Department of Health encourages plans to continue to submit VBP arrangements consistent with previous standards.
- The percent of payments in level 1 VBR arrangements increased to 80% and level 2 arrangements to 35%. A penalty will be applied if the percentages are not met.
- In some documentation, the state includes its PACE, Medicaid Advantage Plus, and dual eligible demonstration programs as part of the MLTC program.
- The contract for the MLTC program was renewed in March 2022.

G.3. Medicaid LTSS Program: Health Plan Characteristics

MLTC Plan	Profit Status	Parent Company	February 2025 MLTC Enrollment	Share Of MLTC Enrollment
Aetna Better Health	For-profit	Aetna	6,512	2%
Anthem Blue Cross and Blue Shield	For-profit	Elevance Health	62,170	20%
Centers Plan For Healthy Living	For-profit	Centers Plan For Healthy Living	53,941	17%
Elderplan	Non-profit	MJHS Health System	27,739	9%
Elderserve	Non-profit	RiverSpring Health	20,302	7%
Fidelis Care At Home	Non-profit	Centene-WellCare	19,737	6%
Hamaspik Choice	Non-profit	N/A	8,481	3%

G.3. Medicaid LTSS Program: Health Plan Characteristics

MLTC Plan	Profit Status	Parent Company	February 2025 MLTC Enrollment	MLTC Enrollment Share
HealthFirst	Non-profit	N/A	10,629	3%
iCircle Care	Non-profit	N/A	4,598	1%
Metroplus	Non-profit	NYC Health+Hospitals	2,808	1%
Senior Whole Health	For-profit	Magellan	26,260	8%
VillageCare	Non-profit	VillageCare	32,021	10%
VNA Homecare Options	Non-profit	Nascentia Health	6,751	2%
VNS Choice	Non-profit	Visiting Nurse Service of NY	27,204	9%

G.4. Medicaid LTSS Program: Health Benefits

Benefits Included In Partial Capitation	
1. Adult day health care	12. Nutrition
2. Audiology and hearing aids	13. Optometry and eyeglasses
3. Care management	14. Personal care
4. Consumer-directed personal assistance	15. Personal emergency response system
5. Dental services	16. Podiatry
6. Home health care	17. Private duty nursing
7. Group setting and home-delivered meals	18. Prosthetics and orthotics
8. Durable medical equipment	19. Outpatient rehabilitation therapy
9. Medical social services	20. Respiratory therapy
10. Non-emergency transportation	21. Social day care
11. Skilled nursing facilities	22. Social and environmental supports

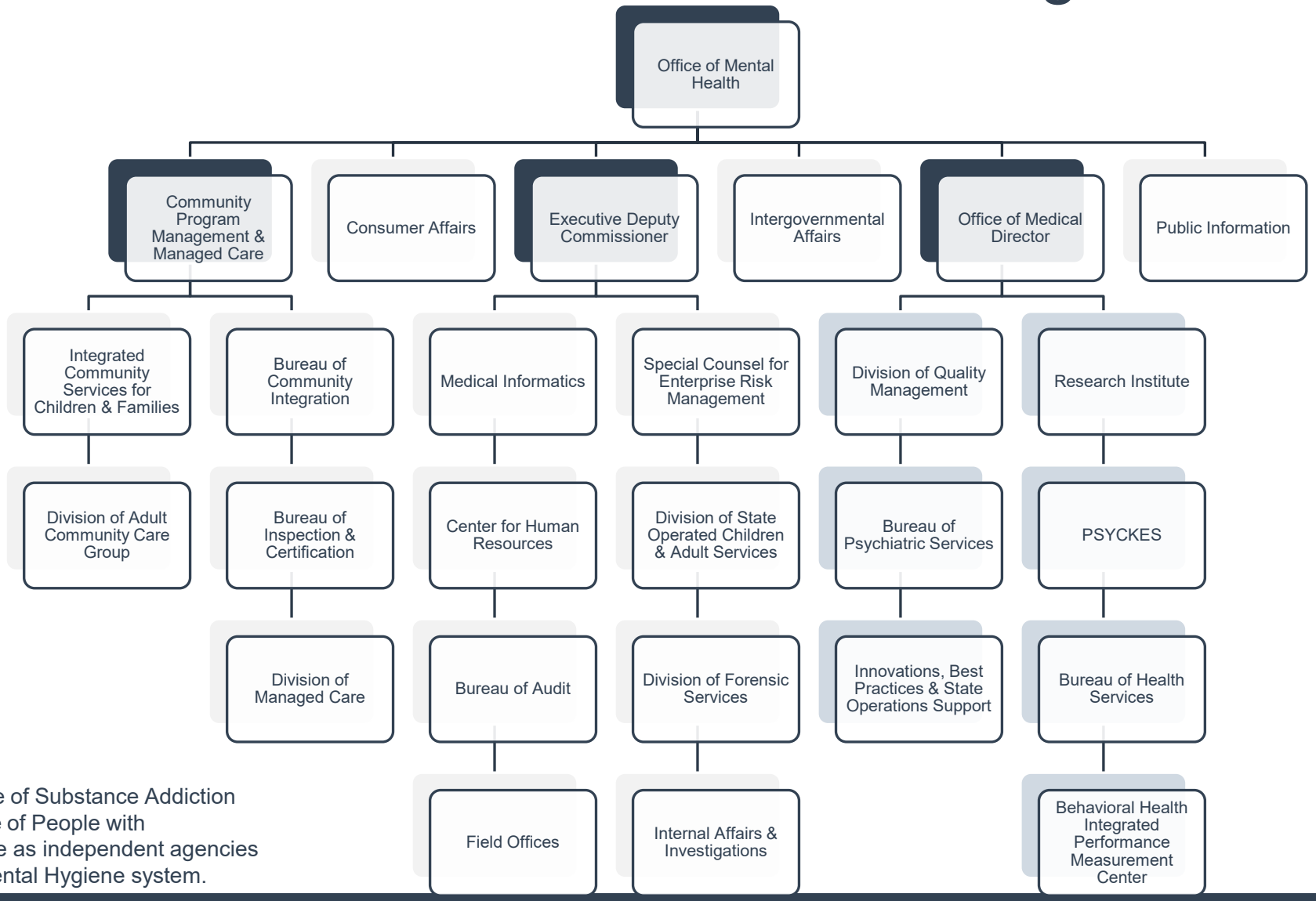
Benefits Covered Fee-For-Service
1. Inpatient hospital services
2. Outpatient hospital services
3. Clinic services
4. Mental health treatment
5. Addiction treatment
6. Prescription drugs
7. Primary and specialty physician services
8. Emergency transportation
9. Chronic renal dialysis
10. Laboratory services
11. X-ray and other radiology services

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending initiatives for the MLTC program.

H. State Behavioral Health Administration & Finance System

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

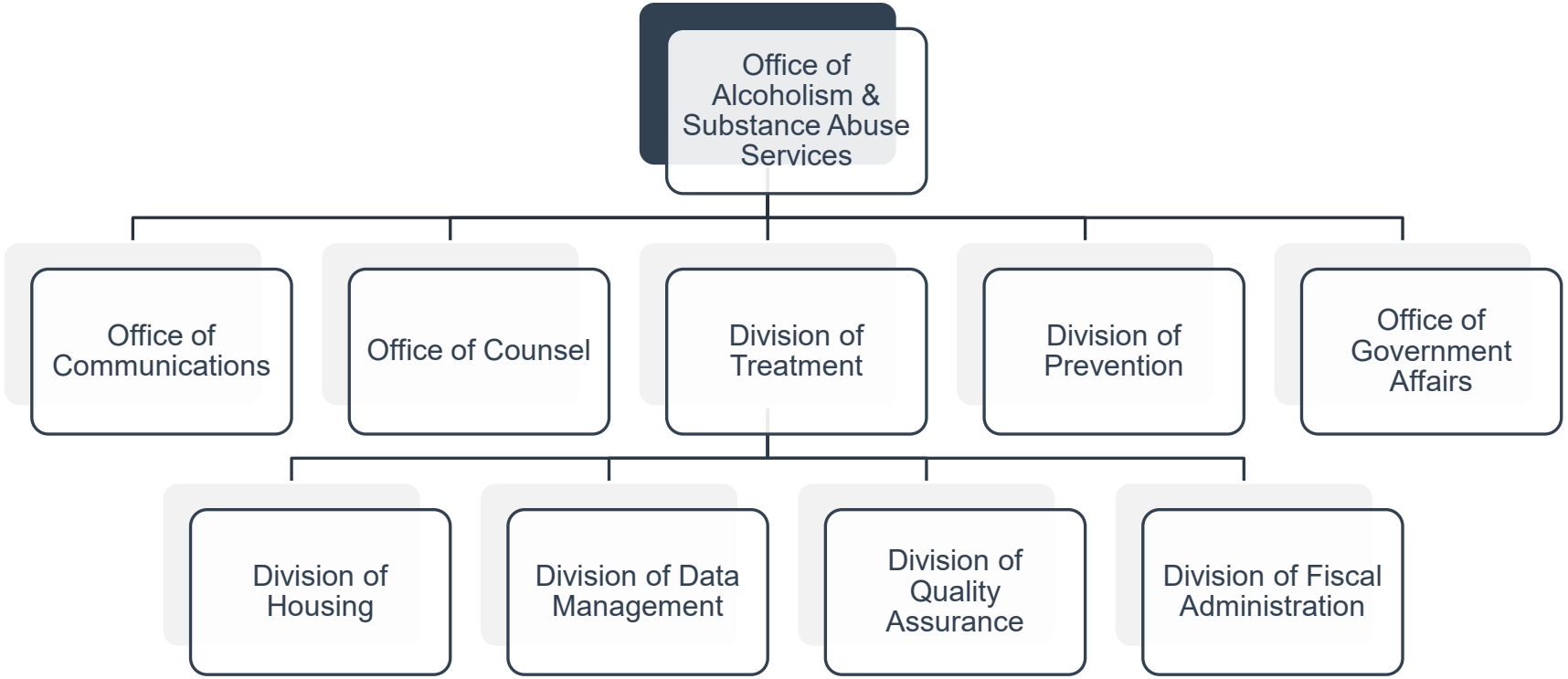


The Office of Mental Health, Office of Substance Addiction Services and Supports, and Office of People with Developmental Disabilities operate as independent agencies under the umbrella of the state Mental Hygiene system.

H.1. Office Of Mental Health Governance: Key Leadership

Name	Position	Department	Email
Ann Marie T. Sullivan, M.D.	Commissioner	Office of Mental Health	ann.sullivan@omh.ny.gov
Moira Tashijan	Executive Deputy Commissioner	Office of Mental Health	moira.tashijan@omh.ny.gov
Thomas Smith, M.D.	Chief Medical Officer	OMH, Office of the Chief Medical Officer	thomas.myers@omg.ny.gov
Christopher Smith	Associate Commissioner	Division of Adult Community Care Group	christopher.smith@omh.ny.gov
Martha Carlin, PhD	Associate Commission	Division of State Operated Services	martha.carlin@omh.ny.gov

H.1. Office of Addiction Services & Supports Governance: Organization Chart



The Office of Mental Health, Office of Addiction Services and Supports, and Office of People with Developmental Disabilities operate as independent agencies under the umbrella of the state Mental Hygiene system.

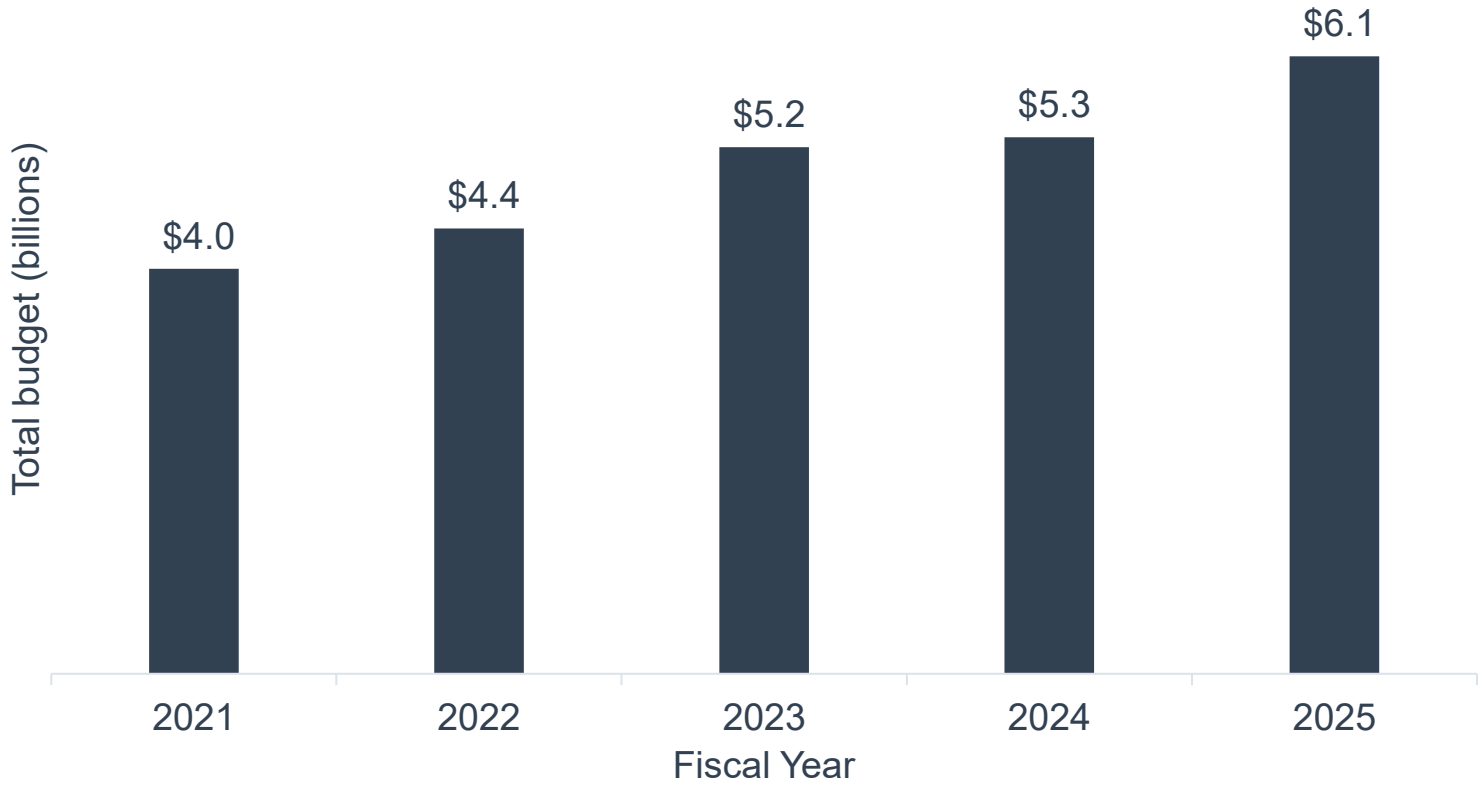
H.1. Office Of Alcoholism & Substance Abuse Services Governance: Key Leadership

Name	Position	Department	Email
Chinazo Cunningham	Commissioner	Office of Alcoholism and Substance Abuse Services (OASAS)	chinazo.cunningham@oasas.ny.gov
Tracey Collins	Executive Deputy Commissioner	OASAS	tracey.collins@oasas.ny.gov
Patricia Zuber-Wilson	Associate Commissioner	OASAS, Division of Prevention	patricia.zuber-wilson@oasas.ny.gov
Antonette Whyte-Etere	Associate Commissioner	OASAS, Division of Addiction Treatment Centers	antonette.whyte-etere@oasas.ny.gov
Patricia Lincourt	Associate Commissioner	OASAS, Addiction Treatment and Recovery Services	pat.lincourt@oasas.ny.gov
Pamela Mund	Chief of Addiction Medicine	OASAS	pamela.mund@oasas.ny.gov

H.2. Mental Hygiene System: Budget

Budget Item	SFY 2025 Enacted Budget	Percent Of Budget
Office for People with Developmental Disabilities	$3,209,000,000	52%
Office of Mental Health	$2,245,000,000	37%
Office of Addiction Services and Supports	$673,000,000	11%
Justice Center for the Protection of People with Special Needs	$1,000,000	<1%
Budget Total: $6,128,000,000		

H.2. Mental Hygiene System: Budget Over Time



H.3. State Psychiatric Institutions

Institution	Location	Type	Budgeted Bed Capacity	Average Daily Census (9/2024)	Service Area
Bronx Psychiatric Center	Bronx	Civil	156	154	Bronx County and Greater NYC Region
Buffalo Psychiatric Center	Buffalo	Civil	188	180	Cattaraugus, Chautauqua, Erie, and Niagara counties
Capital District Psychiatric Center	Albany	Civil	100	96	Albany, Columbia, Greene, Rensselaer, Saratoga, Schoharie, Schenectady, Warren, and Washington counties
Central New York Psychiatric Center	Marcy	Forensic	169	161	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	312	310	Queens County and the Greater NYC Region
Elmira Psychiatric Center	Elmira	Civil	47	45	Southern Tier and Finger Lakes regions
Greater Binghamton Health Center	Binghamton	Civil	71	73	Broome, Chenango, Delaware, Otsego, Tioga, and Tompkins counties
Hutchings Psychiatric Center	Syracuse	Civil	100	88	Cayuga, Cortland, Madison, Onondaga, and Oswego counties
Kingsboro Psychiatric Center	Brooklyn	Civil	161	97	Kings County and the Greater NYC Region

H.3. State Psychiatric Institutions (cont.)

Institution	Location	Type	Budgeted Bed Capacity	Average Daily Census (9/2024)	Service Area
Kirby Psychiatric Center	Wards Island	Forensic	207	207	Statewide
Manhattan Psychiatric Center	New York	Civil	200	178	New York City
Mid-Hudson Psychiatric Center	New Hampton	Forensic	285	279	Statewide
Pilgrim Psychiatric Center	West Brentwood	Civil	315	310	Long Island
Rochester Psychiatric Center	Rochester	Civil	113	84	Genesee, Livingston, Monroe, Orleans, Wayne, and Wyoming counties
		Forensic	87	108	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties
Rockland Psychiatric Center	Orangeburg	Civil	337	328	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties
St. Lawrence Psychiatric Center	Ogdensburg	Civil	41	38	Clinton, Essex, Franklin, Jefferson, Lewis, and St. Lawrence counties
South Beach Psychiatric Center	Staten Island	Civil	250	227	Staten Island
Washington Heights	New York	Civil	21	12	Upper Manhattan
Total			**3,160**	**2,974**	

H.4. Behavioral Health Safety-Net Delivery System

- The Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) oversee the delivery of behavioral health services to the safety-net population.
- At the county and multi-county level, 57 Local Government Units (LGUs) are responsible for the development and oversight of a local system of care for persons with mental illness, addiction, or developmental disabilities.
  - Although services for these three populations intersect and are coordinated together at the local level, at the state level, the funding agencies (OMH, OASAS, and the Office for People with Developmental Disabilities) operate independently. Collectively, these organizations fall under the umbrella of “mental hygiene.”
- The LGUs may provide services directly or contract for provision of services. In some counties, the LGU may be the only mental health or addiction provider organization.
- Funding sources for the LGUs include state appropriations, federal aid, Medicaid and other insurance payments, and direct fees.
- Additionally, OASAS operates 12 state-owned addiction treatment centers around the state.
  - The addiction treatment centers provide inpatient addiction treatment services to individuals unable to comply or participate in treatment outside a 24-hour structured program.
  - Fees for services are based on an individual’s ability to pay.

H.4. Behavioral Health Safety-Net Delivery System: Addiction Treatment Centers

Addiction Treatment Center	Catchment Area
Russell E. Blaisdell	Columbia, Delaware, Dutchess, Greene, Orange, Sullivan, Ulster, Putnam, Rockland, Westchester, and NYC
Bronx	Bronx and rest of NYC
Creedmoor	Queens and rest of NYC
Kingsboro	Kings and rest of NYC
McPike	Albany, Chenango, Columbia, Fulton, Greene, Herkimer, Madison, Montgomery, Oneida, Ostego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
John L. Norris	Genesee, Livingston, Monroe, Orleans, Wyoming, statewide for deaf and hard of hearing
Charles K. Post	Nassau, Suffolk, and rest of NYC
St. Lawrence	Albany, Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, Rensselaer, St. Lawrence, Saratoga, Schenectady, Warren, Washington
South Beach	Richmond and rest of NYC
Margaret A. Stutzman	Allegany, Cattaraugus, Chautauqua, Erie, Niagara, statewide for Native Americans
Dick Van Dyke	Broome, Cayuga, Chemung, Cortland, Onondaga, Ontario, Schuyler, Oswego, Seneca, Steuben, Tioga, Tompkins, Wayne, Yates
Richard C. Ward	Columbia, Delaware, Dutchess, Greene, Orange, Sullivan, Ulster, Putnam, Rockland, Westchester

H.5. Behavioral Health System: New Initiatives- Rural Health Support

- Governor Kathy Hochul announced $9.6 million in state funding is available to provide additional mental health assistance services for rural areas of the state, including a program dedicated to helping farmers, agribusiness workers and their families.
- The State Office of Mental Health is providing $7.6 million to establish four new Critical Time Intervention teams to support individuals living with mental illness in rural areas of the state during periods of transition and $2 million for the Farmers Supporting Farmers program to help those working in agriculture to navigate the stress often associated with the industry.
- OMH is providing $7.6 million over five years to establish two new Critical Time Intervention teams to serve counties in Western New York, and two others to serve counties in the North Country. These teams will join three others awarded last year and expected to be operational later this year, with the unique flexibility to offer support services and care coordination in rural communities.
  - Each team must have a well-defined working relationship with at least one community-based hospital and be involved in discharge planning so they can provide subsequent linkages to services. These teams will continue to work with individuals to ensure that their immediate needs are met and that they remain connected to community support.
- OMH is also providing $2 million over five years for a service provider to implement the Farmers Supporting Farmers program statewide, specifically in the 44 counties that support farms and agribusinesses. The state has roughly 43,000 square miles of rural land area with about 3.4 million New Yorkers — more than 17 percent of the state's population — living in communities considered rural.

I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. 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 ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
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).
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 2025, the FPL is $15,060 for an individual and $31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
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 homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform 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.
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 addiction. 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 aged 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 addiction and mental health 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.
Managed Care		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 contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. 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 program in order to test out new ways to deliver health coverage.
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 an individual's choice of health plan or provider organization.
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.
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.
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.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 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.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
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.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
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.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
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.

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