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To: Designated Providers of Adult Behavioral Health Home and Community Based Services
From: New York State Office of Mental Health & Office of Alcoholism and Substance Abuse Services
Re: Policy on NYS Oversight and Monitoring of Adult BH HCBS Designated Providers, including process for corrective action and termination of designation
Date: 03/29/19

The intent of this document is to detail the State's policy for oversight and monitoring of Adult Behavioral Health Home and Community Based Services (BH HCBS) providers, including the process for corrective action and termination of designation when applicable. This document also includes the procedure for withdrawing designation at the request of the provider.

NYS Oversight and Monitoring Policy:

Upon receiving designation from the Office of Mental Health (OMH) and the Office of Alcoholism and Substance Abuse Services (OASAS) to provide Adult BH HCBS, providers are subject to oversight by the State.

For providers that are in receipt of an OMH or OASAS license or certification to provide other services, such as outpatient clinic, oversight of Adult BH HCBS will be rolled into the existing recertification process using the forthcoming Adult BH HCBS Standards of Care tool. For providers that are not currently licensed or certified to provide other OMH or OASAS services, OMH and OASAS will use a parallel oversight process to complete monitoring site visits at a minimum frequency of once every 36 months. In addition to these routine site visits, additional site visits may occur at any time, for example, in response to a quality complaint or allegation of abuse or neglect.

When deficiencies are found, a Statement of Deficiencies (SOD) will be issued. The SOD will include comments and citations of non-compliance with service requirements. For Adult BH HCBS, service requirements can be found in the Provider Manual and forthcoming Standards of Care. Designated providers will be expected to submit a Plan of Corrective Action (POCA) as specified in the SOD.¹

OMH and OASAS reserve the right to request immediate corrective action during a monitoring site visit or to move up the due date for a POCA.

Upon receipt of a POCA, the State will review the Plan and send a notification to the provider of one of the following: (1) approval of the POCA, (2) request for additional corrective actions, or (3) rejection of the POCA and initiation of sanctions.

¹ The OMH recertification process refers to the Statement of Deficiencies (SOD) as a Monitoring Outcome Report (MOR) and the Plan of Corrective Action (POCA) as a Performance Improvement Plan (PIP).

Note: when a POCA is approved, the State may choose to use additional site visits to monitor compliance with the POCA.

Suspension and Termination of Designation:

An Adult BH HCBS provider may be subject to sanctions as a result of findings during a site visit. These sanctions include suspension or termination of designation for one or more HCBS designated services. If a designation is suspended or terminated, the Designated Provider must cease admissions to the affected services. OMH/OASAS will notify providers through written correspondence of our intent to apply sanctions. Contracted Managed Care Organizations (MCOs) will also be notified. OMH/OASAS reserve the right to initiate sanctions prior to SOD or POCA when there are substantial concerns.

Designated providers may have their designation status terminated if the State determines that the provider is not in substantial compliance with the Provider Manual, Standards of Care, and Terms and Conditions.

When termination of designation is initiated, the provider will receive a Notice of Decision (NOD) informing them of our intent to terminate designation. The NOD will include:

1. which services are impacted by the termination of designation;
2. a timeframe for the termination of designation; and,
3. information necessary to file an appeal.

The standard timeframe for the termination of designation will be 45-60 days, during which time the provider is expected to safely transition any HARP members currently served to another designated provider or level of service.

The provider may appeal the termination of designation in writing within 14 business days of the date of the NOD. Appeals are written appeals only; there is no right to a hearing. OMH and OASAS will consult on all appeals and issue a final decision within 14 business days of receipt of the appeal.

A provider whose designation has been terminated may apply for re-designation after it has been determined that the provider has thoroughly corrected the problems which arose during the evaluation process. An on-site and/or desk evaluation may be conducted prior to approving an application for re-designation.

In no event shall the State be liable for expenses and obligations arising from the services(s) in the Provider's Designation after the termination date. The Provider shall not submit any claims for payment for services, expenses or obligations incurred after the date of termination of the Provider's Designation.

Withdrawing Designation:

A provider may choose to voluntarily withdraw their designation status for any reason, including a lack of capacity or expertise to provide the services. This process is *initiated by the provider*

and should be based on the ability of the provider to actively deliver the services within a specific geographic area (county).

Procedure for withdrawing designation (initiated by provider):

1. Provider notifies OMH or OASAS as appropriate, in writing of their intention to withdraw their designation status. This notification must include the anticipated time frame for the withdrawal, specific services, and counties affected by the withdrawal.
2. Provider notifies contracted MCOs and relevant Health Homes to cease referrals.
3. If the provider is currently serving any HARP members in these services, a safe plan of discharge/ transition must be developed and shared with the State.
4. After all HARP members are safely discharged, the provider's status will be changed to "application withdrawn." An updated designation letter will be sent (via email) to the provider indicating "application withdrawn" and the date of the change in status.
5. Provider will send updated designation letter to contracted MCOs so that contract amendments may be made, if necessary.

If the State becomes aware that a provider is unable to actively deliver a service, they will contact the provider in writing to request the current status of that service and a plan to become active or begin withdrawing designation. The provider will have 1 week to respond to the State. If the provider is unable or unwilling to submit a plan to become active within 90 days, the State may initiate the procedure for termination of designation (see above).

In no event, shall the State be liable for expenses and obligations arising from the services(s) in the Provider's Designation after the date of withdrawal. The Provider shall not submit any claims for payment for services, expenses or obligations incurred after the date of withdrawal of the Provider's Designation.

Questions

Questions regarding this policy may be sent via email to the [OMH Bureau of Rehabilitation Services and Care Coordination](#) or the [OASAS Division of Practice Innovation and Care Management](#).