



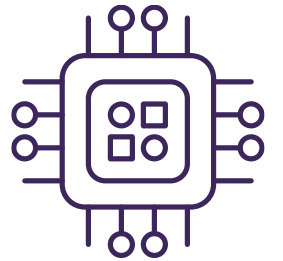
**Office of
Mental Health**

Assertive Community Treatment (ACT) State Process & Funding Model

SEPTEMBER 28, 2026

New York State Medicaid State Plan

- Describes the nature and scope of NYS's Medicaid program.
- Determined by federal regulation, guidance and/or policy; state determines scope of optional programs
- Must be approved by Centers for Medicare & Medicaid Services (CMS) for State to access federal Medicaid funds
 - Review provides assurance federal rules are followed
 - Indicates optional groups, services and programs
 - Eligibility standards defined
 - Reimbursement methodologies detailed
 - Administration processes outlined
- 2,300+ pages including attachments and supplements
 - Assertive Community Treatment found under rehabilitative services on pages Attachment 3.1-A/Attachment 3.1-B pages 3b-1.1 – 3b.1.6 (coverage) and Attachment 4.19-B pages 3M – 3M.1 (reimbursement)



State Plan Amendment (SPA) Process

- SPAs require Federal Public Notice (FPN) be issued; these notices are published in the New York State Register.
 - FPN must be published prior to the effective date of the SPA
- All submissions (SPA/FPN) are subject to internal OMH review followed by State partner (DOH/DOB) review processes.
 - No definitive timetable for OMH process, commonly dictated by budget initiatives and associated timelines
- Timeline for final Federal approval is ~12 months
 - Multiple phases: submission, informal comments, formal comments, requests for additional information (RAI)

SPA Process (continued)

- Any SPA that requires a change in rates will require a separate rate package submission to, including review and approval by, the New York State Department of Health (DOH) and Division of Budget (DOB).
 - DOH and DOB review and approval process does not necessarily require CMS approval; situation dependent
 - Approval timeline is dependent on multiple factors; historically at least 3 months
- DOB rate package approval will initiate process to update existing rates for operating providers with rates loaded in eMedNY, or load initial rates for licensed providers – requires separate review & approval by DOH.
 - Retrospective adjustments will automatically occur for any paid claims
 - For newly licensed programs, claims may be submitted back to the effective date of the rate package or the effective date of the operating certificate, whichever is later – timely filing implications apply
 - Time between approved rate package and rate load is *typically* less than one month

Lower Risk SPA

These increases to the Medicaid rate are not substantial changes to the program's operational scope or billing process making the accompanying SPA a lower risk of being delayed or denied by CMS

- E.g., Cost of Living Adjustment (COLA) or minimum wage (MW) increases
- Typically shorter review periods, low likelihood of changes to initial submission or disapproval

Higher Risk SPA

Change in reimbursement methodology, covered services, program design, new programs, and/or other substantive updates

- Broader changes to a program's operations or billing procedures which will require more in-depth review by CMS to ensure it complies with Federal regulation and policy
- Typically longer review periods, higher likelihood of changes to initial submission, delay, or possibility of disapproval

Current and Pending Actions

Targeted Inflationary Index & Minimum Wage (Effective 4/1/26)

- Pending rates available to review online
- Amendment and rate package submitted
- Historically approved late summer/early fall with rates loaded soon after

ACT Model Investments (Effective 7/1/26)

- Pending rates available to review online
- Amendment and rate package going through internal reviews
- Timeline for approval and implementation currently unknown

ACT Budget Model

4/1/2026 ACT Model								
Population Served	Slot	Team Description	Upstate/Downstate	Net Deficit (PC 0800)	Service Dollars (PC 8810)	Total State Aid	Total Gross Cost	Total Medicaid
Adult	100	Adult	Upstate	\$ 265,096	\$ 41,936	\$ 307,032	\$ 1,910,031	\$ 1,602,999
Adult	100	Adult	Downstate	\$ 344,178	\$ 41,936	\$ 386,114	\$ 2,042,098	\$ 1,655,984
Adult	68	Adult	Upstate	\$ 96,090	\$ 41,936	\$ 138,026	\$ 1,358,681	\$ 1,220,655
Adult	68	Adult	Downstate	\$ 148,313	\$ 41,936	\$ 190,249	\$ 1,451,110	\$ 1,260,861
Adult	48	Adult	Upstate	\$ 72,852	\$ 27,956	\$ 100,808	\$ 1,003,796	\$ 902,988
Adult	48	Adult	Downstate	\$ 111,371	\$ 27,956	\$ 139,327	\$ 1,071,849	\$ 932,522
Adult	36	Adult	Upstate	\$ 67,117	\$ 27,956	\$ 95,073	\$ 913,527	\$ 818,454
Adult	36	Adult	Downstate	\$ 101,952	\$ 27,956	\$ 129,908	\$ 974,406	\$ 844,498
Adult	68	Forensic	Upstate	\$ 683,410	\$ 41,936	\$ 725,346	\$ 1,815,667	\$ 1,090,321
Adult	68	Forensic	Downstate	\$ 781,196	\$ 41,936	\$ 823,132	\$ 1,944,416	\$ 1,121,284
Adult	48	Forensic	Upstate	\$ 513,428	\$ 27,956	\$ 541,384	\$ 1,347,947	\$ 806,563
Adult	48	Forensic	Downstate	\$ 586,103	\$ 27,956	\$ 614,059	\$ 1,443,350	\$ 829,291
Adult	68	ATI	Upstate	\$ 1,016,277	\$ 41,936	\$ 1,058,213	\$ 2,148,534	\$ 1,090,321
Adult	68	ATI	Downstate	\$ 1,140,518	\$ 41,936	\$ 1,182,454	\$ 2,303,738	\$ 1,121,284
Adult	48	ATI	Upstate	\$ 656,729	\$ 27,956	\$ 684,685	\$ 1,491,248	\$ 806,563
Adult	48	ATI	Downstate	\$ 740,794	\$ 27,956	\$ 768,750	\$ 1,598,041	\$ 829,291
Kids	36	Youth	Upstate	\$ 475,995	\$ 27,956	\$ 503,951	\$ 1,200,562	\$ 696,611
Kids	36	Youth	Downstate	\$ 507,843	\$ 27,956	\$ 535,799	\$ 1,280,181	\$ 744,382
Kids	28	Youth	Upstate	\$ 383,722	\$ 27,956	\$ 411,678	\$ 969,879	\$ 558,201
Kids	28	Youth	Downstate	\$ 409,205	\$ 27,956	\$ 437,161	\$ 1,033,588	\$ 596,427

*7/1/26 Model Updates are awaiting final approval.

Factors considered when calculating the budget model:

- Rate model factors in FTE type, quantity, and cost required to administer an ACT program of various team sizes
- Collectability of Medicaid by providers for services rendered (based upon historical data)
- Administrative, non-personal service, and capital/office costs of administering the program
- Training costs of new staff/training existing staff on new evidence-based practices

Service Dollar Guidance

- All Service Dollars should be used in a cost-effective manner to address priority needs for eligible clients.
- The individual should play a significant role in the planning for and the utilization of Service Dollars. For Child and Youth care management, the child/youth/family should be involved in the planning of Service Dollars. The options to expend Service Dollars include:

Client Specific Services:

- Medical
- Housing
- Education/Vocational
- Home Repairs/Hardware
- Hygiene Supports/Clothing
- Transportation Assistance
- Furnishings
- Child Care
- Socialization/Family Activities
- Child/Youth Recreational Activities & Development Goals

Emergency Purchases:

- Food/Meals
- Lodging/Respite/Hotel
- Utilities
- Medical Care

Service Dollar Guidance (continued)

For more information on Service Dollar Guidance please refer to OMH's published guidance:

[Adult, Child and Youth Service Dollar Guidance - OMH ACT and Care Management - 12/2021 \(ny.gov\)](#)

Contract Process Overview

- ACT teams are awarded through competitive procurement processes, called RFPs.
- **RFP - Request for Proposal:** This is a process where any providers who may be able to perform a specified service in a catchment area are able to submit a bid for it.
 - The proposals are scored and then awarded based on the highest scores.
 - ACT contracts awarded through an RFP are typically 5 year renewable contracts. If the contracted program deliverables are in good standing by the end of the 5 year contract term, it is eligible to renew.

Contract Process Overview (Continued)

Q: How does my agency receive our money from OMH?

A: There are two main mechanisms through which your team may receive funding:

- Direct Contract
- State Aid Letter / County Contract

Direct Contracts

- Administered directly through OMH by CBFM Contracts and Claims Unit
- Requires Office of State Comptroller (OSC) approval.
- Contract process time - RFP awards can take 8 - 12 months to complete.
- Once completed, the total annual funding is disbursed in even quarterly payments.
- Reporting - Reporting – through the CFRS. CBR (budget) is due prior to contract execution. CFR claim is due 5 months after each fiscal year end.
- When COLA/TII is approved by legislature and the executive budget has passed, COLA/TII is typically given retroactively to a 4/1 effective date.

State Aid Letter (SAL) / County Contract

- Contracts are administered by the county, using OMH funding.
- Does not require Office of State Comptroller (OSC) approval. However, it must go through the county's established processes.
- Contract process time – varies based on the county's procedures.
- Once completed the total annual amount should be disbursed from the county in even quarterly amounts.
- Reporting – budgeting requirements are established by the county you are contracting with. CFR claim is due 5 months after each fiscal year end.
- When COLA/TII is approved by legislature and the executive budget has passed, COLA/TII is typically given retroactively to a 4/1 effective date.

Contact Us

Billing Inquiries:

- eMedNY Call Center 1-800-343-9000 (should be first contact)
- Fee-for-Service Inquiries medicaidffsbillinghelp@omh.ny.gov
- Medicaid Managed Care inquiries OMH-Managed-Care@omh.ny.gov

OMH Contract Inquiries:

Please contact your local Field Office



Office of Mental Health