



Department
of Health

Medicaid Redesign Team Supportive Housing Evaluation:

COST REPORT 1

MAY 2017



**MEDICAID REDESIGN TEAM
SUPPORTIVE HOUSING EVALUATION:
Cost Report 1**

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EXECUTIVE SUMMARY



Background

This report offers a look at the programs sponsored by the New York State Medicaid Redesign Team Supportive Housing initiative (MRT-SH), including a summary of these projects and the Medicaid cost characteristics of the people enrolled. The goals of the analysis include a description of the costs before and after the supportive housing intervention on a variety of dimensions. An accompanying report examines health service utilization. MRT-SH initiatives to date include 37 capital funding projects, 13 of which have opened; 10 pilot programs; seven rental subsidy programs; and one accessibility modification program. Note that supportive housing enrollment data for each MRT supportive housing participant included in this analysis is based on Medicaid Data Warehouse (MDW) and Program records.

Analysis Inclusion Criteria

All analyses presented below are for those programs that began enrolling participants prior to January 1, 2015. Participants were included for analysis provided that they were enrolled prior to January 1, 2015, and provided that, for the period spanning from one year prior to program enrollment to one year after program enrollment, they met both of the following full Medicaid coverage criteria:

1. No coverage under a Medicaid coverage type which was considered less than full coverage
2. No period of 60 days or longer without Medicaid coverage.

Medicaid spending for clients meeting these criteria was then analyzed over the 12 months prior to and after program enrollment. (For participants who are dual eligible for Medicaid and Medicare, Medicare costs are not included.) For programs which began on or after January 1, 2015, if a sufficient number of participants (over 25) were enrolled by April 2015, included participants' costs over a nine month post-period are presented and compared against the nine month pre-period beginning a year prior to SH enrollment; for programs with a sufficient number of participants enrolled by July 2015, included participants' costs over a six month post-period are presented and compared against the six month pre-period beginning a year prior to SH enrollment. In these cases, included participants were those enrolled by April 2015 and July 2015, respectively, and who met the full Medicaid coverage criteria over the period of time for which costs are analyzed. Participants were included in the analysis according to an intent-to-treat methodology, such that participants are kept for pre-post cost analysis whether or not they remained enrolled in SH for the entire year.

Methodology

Overall costs pre- and post-SH enrollment were analyzed, by program. The costs for each program were then broken down to major service categories, and the same analysis was performed at this more detailed level. Tables summarizing diagnostic characteristics, managed care enrollment, and Health Home enrollment in the pre- and post-periods are presented for each program. Descriptive statistics are presented for all programs considered to determine whether there are statistically significant changes in the cost behavior between the pre- and post-periods.

Predictive models were also developed and estimated specifically for emergency department and inpatient admissions using a Tobit framework as well as for longitudinal costs overall using a Generalized Estimating Equations (GEE) framework. Dummy variables were created for time periods under consideration, geographic location, gender, and program. The referent categories are those with the most observations. These predictive models were used to determine the unique impact of SH programs on the likelihood and intensity of costs by enrollee (in the Tobit framework) and by program (in the GEE framework). The predictive analysis is not included in this report but is available upon request.

Key Findings

- On an annualized basis, the 2,071 individuals studied saw their Medicaid expenses fall by 15%, from \$85,154,898 to \$72,459,687.
- There are statistically significant overall savings for several programs. Specifically, East 99th Street, HHAP Capital Projects, OASAS Rental Subsidies and Supports, OPWDD Expansion of Existing Rental Services, OMH Rental Subsidies of Brooklyn, and OMH Rental Subsidies Statewide all have significant Medicaid costs savings.
- Other programs that show a trend in cost reductions are AIDS Institute-Services Only and OTDA's Eviction Prevention for Vulnerable Adults. Much of these savings are seen in the reduction of emergency department and inpatient costs.
- Multiple programs encouraged or required Health Home enrollment as a prerequisite for admission, resulting in a 29% increase among MRT SH clients.
- Medicaid Managed Care enrollment was also measured for potential impact on clients during the study period. Movement into Medicaid Managed Care was less dramatic, increasing by just 3%.
- For enrollees with pre-period expenditures in the top 10% of their program, average Medicaid expenses fell by \$22,814 – \$52,469 per person.
- The profile of the highest expenditure clients is generally more clinically complicated than the lower end clients for all programs considered.

Findings of Predictive Analysis

- SH program enrollment is associated with overall cost decreases over time controlling for other clinical and regional characteristics for all services considered, as seen from the cost trajectories of the generalized estimating equation models.
- For inpatient admissions, the impact of program participation is significant in reducing the likelihood and costs of the services for all programs, except for the East 99th Street program, as seen from the Tobit estimations.
- For emergency department visits, the AIDS Institute Subsidies and Services, OASAS Rental Subsidies and Supports, and OMH Rental Subsidies Statewide programs are associated with a decreased chance of a visit and decreased costs of the visits once utilized, as seen from the Tobit estimations.
- Full results of predictive analysis are not included in this report but are available upon request.
- All findings are based on this pool of enrollees at this early phase of the programs existence, and future impacts of SH on costs may depend in part on the clinical characteristics of enrollees entering the programs.



Conclusions

Overall, based on this pool of enrollees analyzed, and for most programs in their early stages, participation in SH is saving Medicaid service dollars. Some programs such as the OASAS Rental Supports and Subsidies Program, OMH Rental Subsidies Brooklyn, and the OPWDD Expansion of Existing Rental Services Program are showing major savings on average. For those programs with significant savings, it is often a result of decreased expenditures in inpatient and emergency department services. This pattern implies that, based on this set of enrollees at this time, participation in a supportive environment, coupled with enrollment in Health Homes or Medicaid Managed Care, results in a more efficient use of health care resources. At this time, the data are too limited to determine what the longer-term costs will become. It will take at least an additional year of data to determine the cost reductions more accurately. After the conclusion of the second year analyses, the future research will provide even more valuable information.



**MEDICAID REDESIGN TEAM
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INTRODUCTION



This report offers a look at the programs sponsored by the New York State Medicaid Redesign Team's SH initiative (MRT-SH), including a summary of these projects and the Medicaid cost characteristics of the people enrolled. For each MRT-SH program, Medicaid cost and utilization data were analyzed through December 2015. The goals of the analysis include an updated description of the costs of the services in the programs overall and by service categories within each program. Note that for participants who are dual eligible for Medicaid and Medicare, Medicare costs are not included in the analysis. This analysis is based on the current enrollees of the programs, with many programs in their early stages of existence. The true costs of the services provided in the programs can only be determined after the last enrollee leaves the program considered. These descriptive and predictive analyses are based on a small panel of enrollees, and future estimates will depend in part on the clinical characteristics of new enrollees in these programs.

Goals of the Medicaid Redesign Team SH (MRT-SH) Initiative

To address underlying health care cost and quality issues in New York's Medicaid program, Governor Andrew M. Cuomo created the Medicaid Redesign Team to develop a multi-year reform plan. Medicaid Redesign is premised on the idea that the only way to successfully control costs is to improve the health of program participants.

Studies have shown the powerful effects of social determinants of health, such as safe housing, nutrition, and education. However, the public spending dedicated to these social determinants is small relative to national health care spending overall.¹ Research also indicates that 5% of consumers are responsible for 50% of health care costs.² In particular, the population targeted for the SH initiative has high rates of emergency department utilization and inpatient hospitalizations, due in part to their greater likelihood of suffering from multiple chronic medical problems, behavioral health problems, and environmental risk factors associated with a lack of stable housing.

New York has recognized housing as a critical health intervention, with SH identified as a promising model. SH is affordable housing paired with supportive services, such as on-site case management and referrals to community-based services.³ As a result, New York has allocated substantial funding from the state's Medicaid Redesign dollars to provide SH to homeless, unstably housed, and/or other individuals with complex needs, who are high-cost, high-need Medicaid users. It is anticipated that MRT-SH will reduce the more expensive forms of health care utilization (emergency department visits, inpatient hospitalizations, and nursing home stays) and potentially reduce overall health care costs, as well as improve quality of life and health outcomes.

The Projects

MRT-SH initiatives to date include 37 capital projects, 13 of which have opened; 10 pilot programs; seven rental subsidy programs; and one accessibility modification program. Table 1 below shows the programs that are included in the cost study in the body of this report, and Table 2 shows those programs that were too new to be included in this report due to a lack of sufficient data. Note that supportive housing enrollment data for each MRT supportive housing participant included in this analysis is based on Medicaid Data Warehouse (MDW) and Program records, as indicated in the footnote below the Table 1.

1 Bradley EH, Elkins BR, Herrin J, Elbel B. Health and social services expenditures: associations with health outcomes. *BMJ quality & safety*. 2011;20(10): 826-831.

2 Stanton MW, Rutherford MK. The high concentration of U.S. health care expenditures. Rockville (MD): Agency for Healthcare Research and Quality; 2005. Research in Action Issue 19. AHRQ Pub. No. 06-0060.

3 Doran KM, Misa EJ, Shah NR. Housing as Health Care – New York's Boundary-Crossing Experiment. *New England Journal of Medicine*. 2013;369:2374-2377.

Analysis Inclusion Criteria

All analyses presented below are for those programs that began enrolling participants prior to January 1, 2015. Participants were included for analysis provided that they were enrolled prior to January 1, 2015, and provided that, for the period spanning from one year prior to program enrollment to one year after program enrollment, they met both of the following full Medicaid coverage criteria:

1. No coverage under a Medicaid coverage type which was considered less than full coverage
2. No period of 60 days or longer without Medicaid coverage.

Medicaid spending for clients meeting these criteria was then analyzed over the 12 months prior to and after program enrollment. (For participants who are dual eligible for Medicaid and Medicare, Medicare costs are not included.) For programs which began on or after January 1, 2015, if a sufficient number of participants (over 25) were enrolled by April 2015, included participants' costs over a nine month post-period are presented and compared against the nine month pre-period beginning a year prior to SH enrollment; for programs with a sufficient number of participants enrolled by July 2015, included participants' costs over a six month post-period are presented and compared against the six month pre-period beginning a year prior to SH enrollment. In these cases, included participants were those enrolled by April 2015 and July 2015, respectively, and who met the full Medicaid coverage criteria over the period of time for which costs are analyzed. Participants were included in the analysis according to an intent-to-treat methodology, such that participants are kept for pre-post cost analysis whether or not they remained enrolled in SH for the entire year.

Table 1. Summary Characteristics of MRT-SH Projects included in the Cost Analysis, with Enrollees to Date

Program	Contract Start Date or Building Placement Date	Number of Projects	Number of People Served to Date	Number of People included in Pre-Post Analysis	# With 1 or More Month in Medicaid Managed Care in Pre-Period / Post-Period	# With 1 or More Month in Health Home in Pre-Period / Post-Period
Rental/Service Subsidy Programs						
AIDS Institute - Services Only	January 2013	11	930	524	414/423	408/429
AIDS Institute - Subsidies and Services	January 2013	8	264	74	59/59	61/66
OTDA Eviction Prevention for Vulnerable Adults	April 2013	1	247	192	142/139	32/34
OASAS Rental Subsidies and Supports	April 2013	18	579	297	236/257	130/213
OMH Rental Subsidies: Brooklyn	February 2013	10	445	279	195/192	170/239
OMH Rental Subsidies: Statewide	February 2013	77	681	335	211/210	207/279
OPWDD Expansion of Existing Rental/Services	April 2013	11	66	51	5/4	0/0
Capital Projects						
HHAP Capital Programs†	October 2013 - June 2015	4	140	43	37/37	5/9
East 99th Street	November 14	1	177	137	80/103	35/43
Pilot Programs						
Health Home Pilot††	October 2014	10	421	109	87/90	43/94
OTDA Homeless Senior/Disabled Pilot††	December 2013	1	229	30	25/26	12/13

Sources: Health Home Pilot recipients through 2/09/2017 from NYSDOH; East 99th Street recipients through 4/26/2016 from MDW; OMH recipients through 2/15/2017 from OMH; HHAP recipients through 3/23/2017 from DLTC; Homeless Senior and Disabled Placement Pilot Recipients through 8/19/2016 from OTDA; all others from MDW through 12/02/2016.

* The AIDS Institute Rental Subsidies program urged its participants to become Health Home enrolled prior to entry, so the change in Health Home enrollment associated with participation in this program may be under-estimated.

† Analyzed over a 9 month pre- and post-period. See Methodology section for details.

†† Analyzed over a 6 month pre- and post-period. See Methodology section for details.

Table 2. Summary Characteristics of MRT-SH Projects Not Included in the Cost Analysis, with Enrollees to Date

Program	Contract Start Date or Building Placement Date	Number of People Served to Date	Number of Projects
Accessibility Modifications			
Access to Home	September 2015	192	21
Homes and Community Renewal Buildings			
Creston Ave.	December 2015	21*	1
3361 Third Avenue	April 2015	38*	1
Boston Road	November 2015	94*	1
Burnside Walton	October 2016	33*	1
Norwood Terrace	May 2016	58*	1
Camba Gardens II	October 2016	108*	1
Concern Middle Island	January 2017	50*	1
Homeless Housing Assistance Program Buildings			
Evergreen Loft Apartments	August 2016	28*	1
Pilot Programs			
Senior SH Services	December 2014	632	9
OMH Step Down/Crisis Residence	April 2015	368	10
OMH Supported Housing Services Supplement	October 2014	903	75
Health Home HIV + Rental Assistance Pilot	July 2014	40	1
Olmstead Housing Subsidy Program	August 2016	25	1
Special Needs Assisted Living Program (Training and Service)	October 2016	--	5
Special Needs Assisted Living Program (Capital Improvements)	October 2016	--	6

Sources: Department of Health records through 4/21/2017.

* These are the number of MRT Units in the building, and not the number served to date.

Summary Cost Tables

Medicaid Data Warehouse fee-for-service claims (excluding capitation payments) and managed care plan reported (encounter) data, pulled on 12/05/2016, were used to calculate pre- and post-period costs, where the pre- and post-period for each program is as indicated in Table 3 and further defined in the Inclusion Criteria section above. For program participants who are dually eligible for Medicare and Medicaid, only Medicaid costs are included in the analysis. Additionally, the cost of the intervention is not included in any of the analyses that follow. Not all recipients in the study were retained in MRT-SH for a full year, so results were broken out by the duration of their enrollment in MRT-SH: less than 6 months, 6 to 11 complete months, and 12 or more months enrolled. Due to the cost data being heavy tailed, the Wilcoxon Signed Rank Test was used to test whether the cost distributions in the pre- and post-periods were similar, without assuming these costs to be normally distributed.

The descriptive cost table (Table 3) shows that there are statistically significant overall savings for several programs. Specifically, East 99th Street, HHAP Capital Projects, OASAS Rental Subsidies and Supports, OPWDD Expansion of Existing Rental Services, OMH Rental Subsidies Brooklyn, and OMH Rental Subsidies Statewide all have significant Medicaid costs savings.

Table 3. Summary Pre-Post Cost Table for MRT-SH Programs

Program / Duration Enrolled in SH	N	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test†
AIDS Institute Services Only	524	\$32,402,286	\$31,463,296	-\$938,990	-\$1792	-\$433.64	
0 - 6 Months	161	\$10,008,447	\$10,032,606	\$24,160	\$150	\$69.06	
6 - 12 Months	123	\$7,191,399	\$7,031,706	-\$159,694	-\$1298	-\$193.71	
12+ Months	240	\$15,202,441	\$14,398,984	-\$803,456	-\$3348	-\$1435.22	
AIDS Institute Subsidies/Svcs	74	\$2,827,508	\$3,124,436	\$296,928	\$4,013	\$195.85	
0 - 6 Months	14	\$705,273	\$581,341	-\$123,932	-\$8852	\$249.345	
6 - 12 Months	12	\$411,322	\$440,079	\$28,756	\$2396	-\$3310.96	
12+ Months	48	\$1,710,912	\$2,103,016	\$392,104	\$8169	\$1407.365	
East 99th Street	137	\$5,200,891	\$3,578,646	-\$1,622,245	-\$11,841	-\$2,161	***
0 - 3 Months	0	NA	NA	NA	NA	NA	
6 - 12 Months	1	\$128,150	\$135,939	\$7,789	\$7,789	\$7,789	
12+ Months	136	\$5,072,741	\$3,442,707	-\$1,630,034	-\$11,986	-\$2,310	***
Eviction Prevention for Vulnerable Adults	192	\$3,281,373	\$3,001,336	-\$280,037	-\$1,459	-\$23	
0 - 6 Months	1	\$1,473	\$1,116	-\$358	-\$358	-\$358	
6 - 12 Months	4	\$15,400	\$23,017	\$7,616	\$1,904	\$681	
12+ Months	187	\$3,264,499	\$2,977,204	-\$287,295	-\$1,536	-\$26	
Health Home Pilot (6 months)	109	\$1,777,444	\$1,924,323	\$146,879	\$1,348	-\$1205.51	
0 - 3 Months	4	\$42,036	\$22,009	-\$20,028	-\$5,007	-\$2323.12	
3 - 6 Months	8	\$68,142	\$245,644	\$177,503	\$22,188	\$4511.23	
6+ Months	97	\$1,667,266	\$1,656,670	-\$10,596	-\$109	-\$1205.51	
HHAP Capital (9 months)	43	\$544,058	\$406,892	\$137,166	-\$3,190	-\$1968.33	*
0 - 6 Months	3	\$48,083	\$32,878	\$15,205	-\$5068	-\$4601.79	
6 - 9 Months	2	\$40,979	\$14,579	-\$26,400	-\$13,200	-\$13199.9	
9+ Months	38	\$454,996	\$359,435	-\$95,561	-\$2,515	-\$1051.09	
OASAS Rental Subsidies	297	\$12,121,793	\$8,894,713	-\$3,227,080	-\$10,866	-\$6,833	***
0 - 6 Months	40	\$1,347,204	\$1,429,934	\$82,730	\$2,068	-\$2,764	
6 - 12 Months	47	\$1,847,395	\$1,219,479	-\$627,916	-\$13,360	-\$5,883	**
12+ Months	210	\$8,927,194	\$6,245,300	-\$2,681,894	-\$12,771	-\$8,373	***
OPWDD Rental/Services	51	\$5,197,860	\$2,689,809	-\$2,508,051	-\$49,178	-\$55,062	***
0 - 6 Months	2	\$260,594	\$293,907	\$33,312	\$16,656	\$16,656	
6 - 12 Months	2	\$242,803	\$157,451	-\$85,353	-\$42,676	-\$42,676	
12+ Months	47	\$4,694,463	\$2,238,452	-\$2,456,011	-\$52,256	-\$55,200	***
OTDA NYC Homeless Senior and Disabled Pilot Program (6 mos.)	30	\$438,283	\$568,819	\$130,536	\$4,351	\$195	
0 - 3 Months	0	NA	NA	NA	NA	NA	
3 - 6 Months	0	NA	NA	NA	NA	NA	
6+ Months	30	\$438,283	\$568,819	\$130,536	\$4,351	\$195	
OMH Rental Subsidies: Brooklyn	279	\$8,803,427	\$6,070,890	-\$2,732,538	-\$9,794	-\$4464.82	***
0 - 6 Months	7	\$242,466	\$244,798	\$2,332	\$333	\$3827.99	
6 - 12 Months	9	\$335,378	\$289,066	-\$46,312	-\$5,146	-\$6075	
12+ Months	263	\$8,225,583	\$5,537,025	-\$2,688,558	-\$10,223	-\$4690.09	***
OMH Rental Subsidies: Statewide	335	\$10,162,895	\$8,107,754	-\$2,055,141	-\$6,135	-\$1791.16	***
0 - 6 Months	52	\$1,291,418	\$1,398,209	\$106,791	\$2,054	-\$779.115	
6 - 12 Months	37	\$1,420,679	\$1,195,628	-\$225,051	-\$6,082	-\$2373.83	
12+ Months	246	\$7,450,798	\$5,513,917	-\$1,936,881	-\$7,874	-\$2024.31	***

† Wilcoxon Signed Rank Test for difference in location: "***" -- p < 0.1, "**" -- p < .05, "*" -- p < .01

Table 3A shows that for those participants who were the top 10 percent of spenders pre-intervention, statistically significant decreases in costs occur for them following enrollment in supportive housing in the programs noted below. Specifically, on average, major cost decreases are seen for high end participants in the following: AIDS Institute - Services Only, East 99th Street, Health Home Pilot Project, Rental Subsidies Brooklyn, and Rental Subsidies Statewide. Other programs did not show statistically significant changes.

Table 3A. Mean and Median Savings among the Top 10% Pre-Period Spenders, by Program

Program	Mean Difference, Post-Period minus Pre-Period	Median Difference, Post-Period minus Pre-Period	p-value, Sign Test
AIDS Institute - Services Only	-\$49,870.20	-\$34,018.50	<.001***
AIDS Institute - Subsidies and Services	-\$25,974.70	-\$16,790.10	0.25
HHAP Capital Programs	-\$22,813.80	-\$14,323.30	0.125
Health Home Pilot	-\$39,523.40	-\$34,571.30	0.002**
Rental Subsidies: Brooklyn	-\$52,468.70	-\$41,920.10	<.001***
Rental Subsidies: Statewide	-\$37,258.60	-\$39,992.80	<.001***

*** -- p < 0.1, ** -- p < .05, **** -- p < .01

MEDICAID REDESIGN TEAM
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PROGRAM SPECIFIC ANALYSES



AIDS Institute Rental Subsidies and Service Supports

Program Description: This program provides rental subsidies and housing retention services to individuals living with HIV/AIDS. Housing Specialists may receive referrals from Health Home Care Managers to assist individuals with finding and maintaining housing. During the period of study, New York City participants (the majority of the program's enrollees) received only housing retention services funded through the MRT-SH Initiative, as the vast majority of these participants were receiving a rental subsidy via other funding sources. Individuals located outside of NYC received housing retention services and a rental subsidy through the MRT-SH initiative.

Population Served: HIV-positive adults.

Program Start Date: January 2013

Enrollment: 598 included in analysis – 524 services only, 74 services and subsidies

Comorbidities: In addition to HIV-positive diagnoses, large percentages of enrollees have 3 or more chronic illnesses (Table 4A).

Duration in MRT-SH: Most enrollees have been in the programs for 12 or more months (Table 4B).

Care Coordination: For the Services Only program, there is a significant increase in Health Home enrollment and a decrease in dual eligibility. In the Subsidies and Services program, there is also an increase in Health Home participation as well, as well as an increase in the percentage with dual eligibility (Table 4C).

Table 4A. Comorbidity Distributions for Those Enrollees Analyzed

Diagnosis Type	Percent of Participants Receiving Services Only	Percent of Participants Receiving Services and Subsidies
Serious Mental Illness	48%	53%
Substance Use Disorder	50%	49%
HIV	100%	100%
Other chronic condition	48%	53%
3 or more of the above	48%	54%
All 4 of the above	16%	14%

Table 4B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent, Services Only	Percent, Subsidies and Services
Less than 6 months	30.7%	18.9%
Between 6 and 12 months	23.5%	16.2%
12 or more months	45.7%	64.8%

Table 4C. Care Coordination for Those Enrollees Analyzed

AIDS Institute - Services Only	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	78.9%	80.8%
Health Home Enrollment	77.7%	81.9%
Dual Eligibility	18.5%	16.3%
AIDS Institute - Subsidies and Services	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	79.7%	79.7%
Health Home Enrollment	82.4%	89.1%
Dual Eligibility	14.8%	17.5%

AIDS Institute Supportive Services (New York City)

Summary. For the AIDS Institute “services only” program (Table 4D below), there is a statistically significant decrease in annual costs associated with the post-period in SH for the following service categories: hospital inpatient, emergency department, and nursing home services. A statistically significant increase in costs in the post-period is seen for “other” services and pharmacy. Much of the increase in “other” services is due to Health Home services and Health

Home AIDS Case Management Services. However, the cost distributions are not significantly different between periods for the program overall or the remaining service categories. A graphical depiction of the cost categories is seen in Figure 1. Focusing on the statistically significant results, this program appears to be guiding consumers away from costlier venues of care and improving the medical management of the conditions presented.

Table 4D. Pre-Post Medicaid Costs for Recipients Enrolled in AIDS Institute Rental Subsidies Program, Recipients receiving services only, By Category of Service††

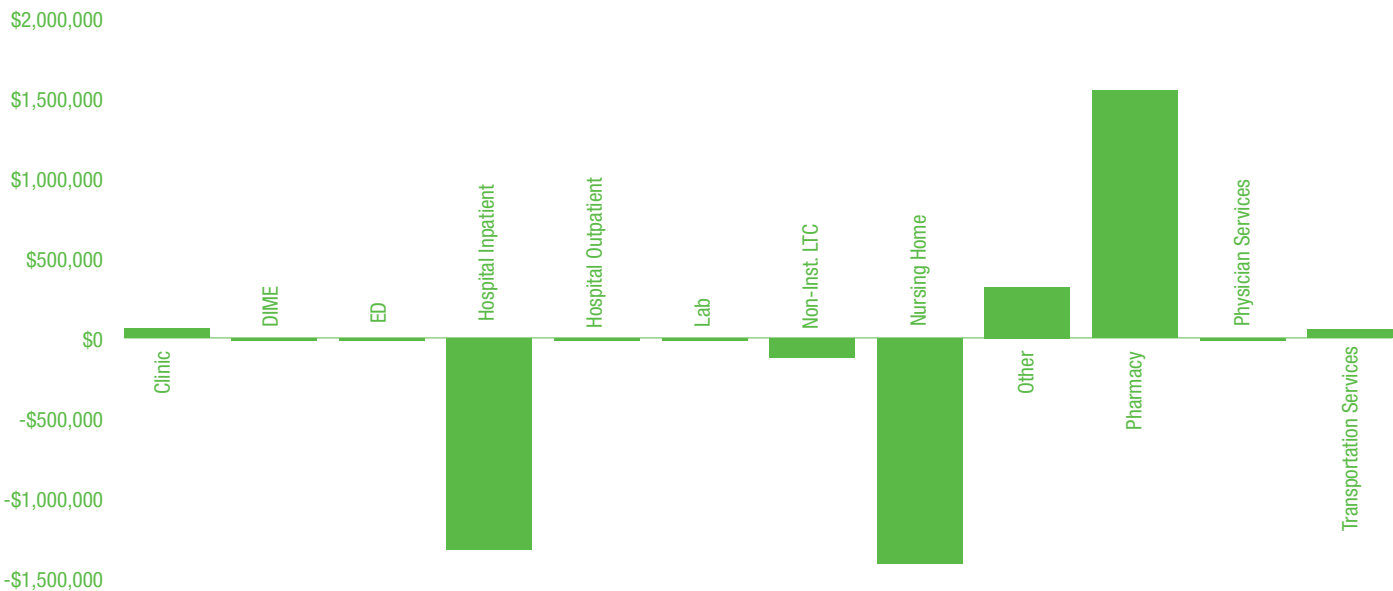
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test	Sign Test†
AIDS Institute - Services Only (Overall)	\$32,402,286	\$31,463,296	-\$938,990	-\$1791.97	-\$433.64		
Clinic	\$2,095,156	\$2,148,288	\$53,132	\$101.3977	\$0		
DME	\$52,892	\$51,792	-\$1,101	-\$2.10031	\$0		
Emergency Department	\$300,896	\$276,195	-\$24,701	-\$47.1387	\$0	*	
Hospital Inpatient	\$7,422,172	\$6,112,163	-\$1,310,008	-\$2500.02	\$0	**	
Hospital Outpatient	\$1,221,648	\$1,219,362	-\$2,285	-\$4.36158	\$0		
Lab	\$345,004	\$324,808	-\$20,196	-\$38.5413	\$0		
Non-Institutional LTC	\$221,119	\$110,300	-\$110,819	-\$211.487	\$0		
Nursing Home	\$3,907,346	\$2,509,479	-\$1,397,867	-\$2667.69	\$0	***	***
Other†††	\$2,920,027	\$3,241,895	\$321,868	\$614.2519	\$158.715	**	
Pharmacy	\$12,383,162	\$13,905,997	\$1,522,835	\$2906.174	\$80.545	***	
Physician Services	\$1,268,474	\$1,241,382	-\$27,091	-\$51.7008	\$0		***
Transportation Services	\$264,392	\$321,634	\$57,242	\$109.2405	\$0		

† Sign Test for difference in location for people with non-zero cost in the pre- and/or post-period: “*” -- p < 0.1, “**” -- p < .05, “***” -- p < .01.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the “Duration in MRT-SH” bullet immediately preceding the table for details.

††† “Other” services are broken out in Appendix Tables A.3 and A.4.

Figure 1. Savings by category of service, Post Period minus Pre Period. AIDS Institute Services Only



The pre-post change is highly variable between participants. The median cost savings for the current enrollees in this program is \$433.64 (Table 4E).

Table 4E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost reductions), AIDS Institute – Services Only recipients

	AIDS Institute - Services Only
5th Percentile	-\$68,816.40
10th Percentile	-\$34,632.80
25th Percentile	-\$15,162.40
50th Percentile	-\$433.64
75th Percentile	\$11,840.25
90th Percentile	\$32,969.21
95th Percentile	\$56,470.83

It appears that those who had savings in the top 10% in this program were more likely to have multiple comorbidities, serious mental illness, or other chronic conditions, and had higher average pre-period spending than those who had savings in the bottom 90% (Table 4F).

Table 4F. Comparison of Demographic Variables between the Top 10% of Savers and the Bottom 90% of Savers, AIDS Institute – Services Only recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	56%	43%
Race/Ethnicity: Hispanic	32%	47%
Race/Ethnicity: Multiracial/Other	4%	0%
Race/Ethnicity: White	8%	9%
Location: New York City	100%	100%
Location: Long Island	0%	0%
Location: Other NYS	0%	0%
Diagnoses: Serious Mental Illness	47%	62%
Diagnoses: Substance Use Disorder	49%	55%
Diagnoses: HIV+	100%	100%
Diagnoses: Other Chronic Condition	46%	72%
Diagnoses: 3 or more conditions	47%	62%
Diagnoses: All 4 conditions	14%	30%
Average Age	48.2	50.0
Average Pre-Period Cost	\$52,380.18	\$146,132.10
Median Pre-Period Cost	\$45,926.47	\$120,162.90

Conclusions, AIDS Institute recipients receiving services only:

For this program, SH is associated with cost reductions. There were statistically significant decreases in hospital inpatient, emergency department, and nursing home expenses, coupled with increases in Health Home services and pharmacy. Future reports will examine whether the increased pharmacy costs are due to improved medication adherence. The profile of high and low spenders supports the hypothesis that high-end spenders are more clinically complicated beneficiaries who utilize resource-intense services.

AIDS Institute Rental Subsidies and Services (Rest of State)

Summary. There were substantially fewer persons enrolled in AIDS Institute programs who received both subsidies and services, and perhaps as a result of this smaller group, there were no significant changes in costs associated with the

transition from the pre- to the post-period (see Table 4G). However, there was a slight increase in costs overall, which seems to be driven primarily by pharmacy cost increases. A graphical depiction of the cost behavior follows (Figure 2).

Table 4G. Pre-Post Medicaid Costs for Recipients Enrolled in AIDS Institute Rental Subsidies Program, Recipients receiving Subsidies and Services, By Category of Service††

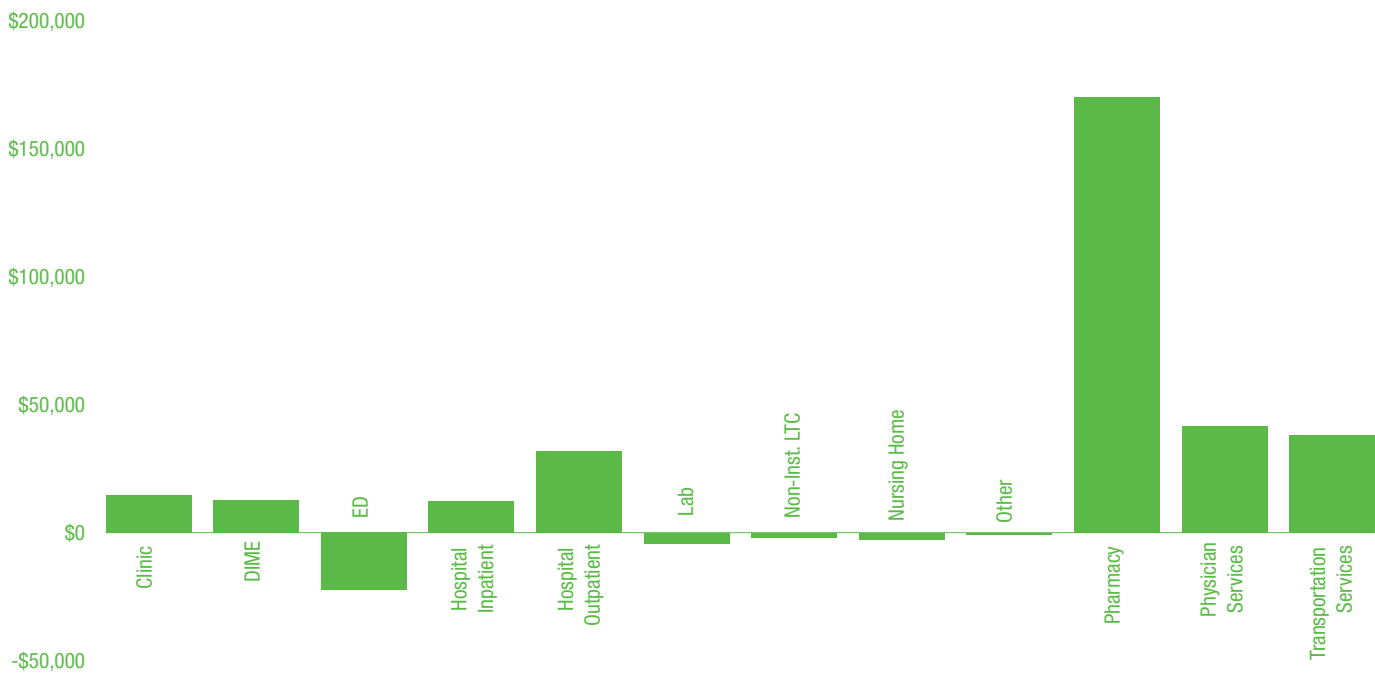
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
AIDS Institute - Subsidies and Services	\$2,827,508	\$3,124,436	\$296,928	\$4012.546	\$195.85	
Clinic	\$71,580	\$87,048	\$15,468	\$209.0323	\$0	
DME	\$10,475	\$23,967	\$13,492	\$182.3268	\$0	
Emergency Department	\$93,208	\$71,243	-\$21,966	-\$296.834	\$0	
Hospital Inpatient	\$692,384	\$704,840	\$12,455	\$168.3123	\$0	
Hospital Outpatient	\$178,128	\$210,361	\$32,234	\$435.5885	-\$43.62	
Lab	\$16,182	\$12,932	-\$3,250	-\$43.9191	\$0	
Non-Institutional LTC	\$669	\$0	-\$669	-\$9.04	\$0	
Nursing Home	\$1,671	\$0	-\$1,671	-\$22.5815	\$0	
Other†††	\$363,218	\$364,286	\$1,068	\$14.42851	\$112.43	
Pharmacy	\$1,244,473	\$1,413,906	\$169,432	\$2289.628	\$0	
Physician Services	\$103,782	\$145,309	\$41,527	\$561.178	\$29.56	
Transportation Services	\$51,737	\$90,544	\$38,807	\$524.425	\$4.60	

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: "*" -- p < 0.1, "**" -- p < .05, "***" -- p < .01.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the "Duration in MRT-SH" bullet immediately preceding the table for details.

††† "Other" services are broken out in Appendix Tables A.3 and A.4.

Figure 2. Savings by category of service, Post Period minus Pre Period AIDS Institute Subsidies and Services



The pre-post change is highly variable between participants. The median cost increase for current enrollees is \$195.85 (Table 4H).

Table 4H. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), AIDS Institute – Services and Subsidies recipients

	AIDS Institute - Subsidies and Services
5th Percentile	-\$22,578.50
10th Percentile	-\$17,832.50
25th Percentile	-\$7,343.38
50th Percentile	\$195.85
75th Percentile	\$12,561.93
90th Percentile	\$32,237.09
95th Percentile	\$75,703.80

Table 4I shows that those who had savings in the top 10% had higher average spending in the pre-period and were more likely to have more comorbidities, serious mental illness, and substance use disorders.

Table 4I. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, AIDS Institute – Services and Subsidies recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	40.30%	37.50%
Race/Ethnicity: Hispanic	10.45%	0.00%
Race/Ethnicity: Multiracial/Other	4.48%	25.00%
Race/Ethnicity: White	44.78%	37.50%
Location: New York City	1.49%	0.00%
Location: Long Island	2.99%	12.50%
Location: Other NYS	95.52%	87.50%
Diagnoses: Serious Mental Illness	49.25%	75.00%
Diagnoses: Substance Use Disorder	46.27%	75.00%
Diagnoses: HIV+	100%	100.00%
Diagnoses: Other Chronic Condition	50.75%	75.00%
Diagnoses: 3 or more conditions	50.75%	87.50%
Diagnoses: All 4 conditions	10.45%	37.50%
Average Age	44.04	52.13
Average Pre-Period Cost	\$32,260.52	\$91,407.85
Median Pre-Period Cost	\$29,067.97	\$66,501.75

Conclusions: Because of the limited number of enrollees in the AIDS Institute programs offering participants both subsidies and services, it is difficult to characterize the effect SH had on costs; though slight cost increases were observed, they were not statistically significant. Future reports will examine whether the upward trend in pharmacy costs represents improved medication adherence. The profile of high-end spenders, though, is once again more clinically complicated than lower-end spenders.

Metro East 99th Street

Description: 175 MRT units in Manhattan built during the 2013 decommissioning of the Goldwater Hospital on Roosevelt Island as a housing option for physically disabled adults who did not qualify for existing New York City SH programs.

Population: This program serves elderly or disabled adults referred from the former Coler-Goldwater facility and other nursing homes and hospitals owned by New York City Health + Hospitals.

Comorbidities: Enrollees are most likely to have a serious mental illness (SMI) or an “other” chronic condition (Table 5A).

Opened: November 2014

Enrollment: 137 included in analysis

Duration in MRT-SH for those analyzed: Virtually all enrollees analyzed have participated in MRT-SH for 12 months or more (Table 5B).

Care Coordination: Significant increases in both Medicaid Managed Care (MMC) and Home Health Enrollment are seen in the post-period for the enrollees analyzed.

Summary: For the East 99th Street program (Table 5D), there is a statistically significant decrease in total and average costs for the program overall in the post-period, as well as for nursing home services. Other statistically significant findings include average increases in “other” and non-

Table 5A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	43%
Substance Use Disorder	6%
HIV	15%
Other chronic condition	60%
3 or more of the above	7%
All 4 of the above	2%

Table 5B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 6 months	0%
Between 6 and 12 months	1%
12 or more months	99%

Table 5C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	58%	75%
Health Home Enrollment	26%	31%
Dual Eligibility	20%	20%

institutional long-term care services. The increase in “other” services is driven primarily by increases in chain pharmacy costs. A breakdown of the “other” services for this program can be found in Tables A.3 and A.4 of the appendix. The remaining categories do not show statistically significant changes. A graphical depiction of the cost behavior follows (see Figure 3). These results indicate that some costs controls in the more expensive venues of care are occurring.

Table 5D. Pre-Post Medicaid Costs for Residents of East 99th Street, By Category of Service††

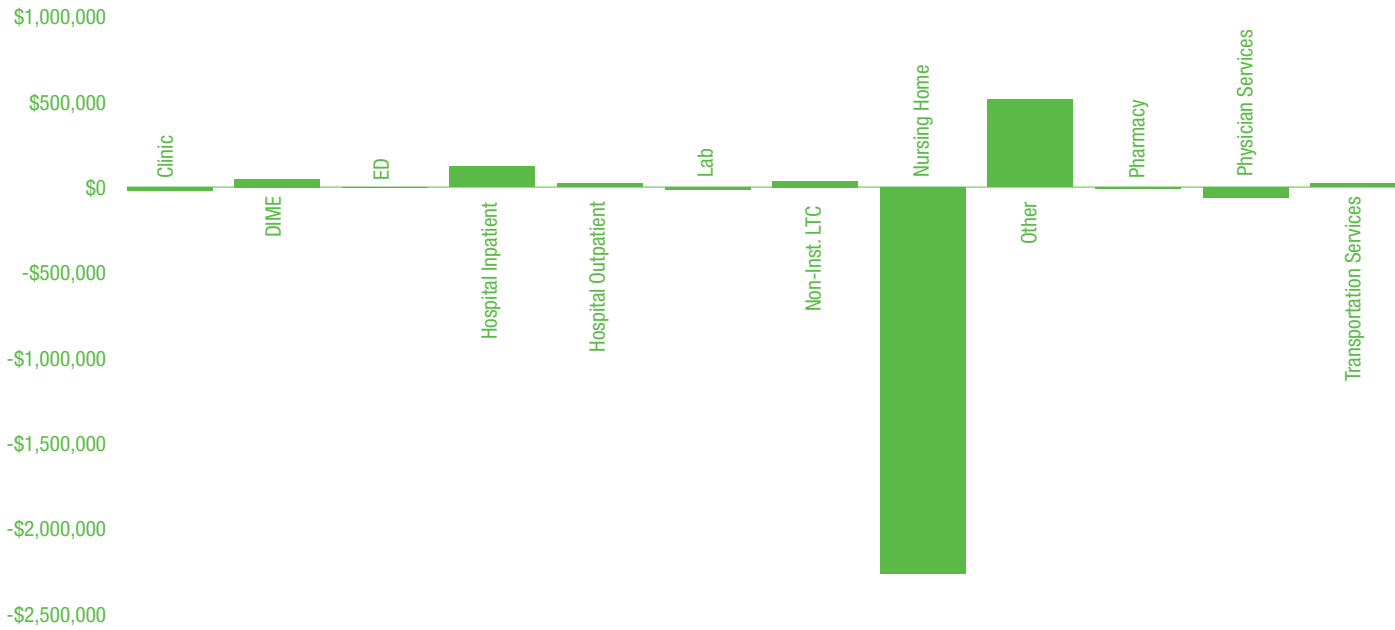
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
East 99th Street (Overall)	\$5,200,891	\$3,578,646	-\$1,622,245	-\$11,841	-\$2,161	***
Clinic	\$164,228	\$138,653	-\$25,575	-\$187	\$0	
DME	\$32,782	\$76,202	\$43,421	\$317	\$0	
Emergency Department	\$38,093	\$36,802	-\$1,292	-\$9	\$0	
Hospital Inpatient	\$761,787	\$872,307	\$110,520	\$807	\$0	
Hospital Outpatient	\$284,894	\$298,459	\$13,565	\$99	\$0	
Lab	\$5,085	\$3,519	-\$1,566	-\$11	\$0	
Non-institutional LTC	\$15,638	\$43,906	\$28,268	\$206	\$0	*
Nursing Home	\$2,416,352	\$200,836	-\$2,215,516	-\$16,172	\$0	***
Other†††	\$482,462	\$974,446	\$491,984	\$3,591	\$55	**
Pharmacy	\$569,292	\$561,573	-\$7,720	-\$56	\$0	
Physician Services	\$327,670	\$268,646	-\$59,024	-\$431	\$0	
Transportation Services	\$102,607	\$103,297	\$690	\$5	\$0	

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: *** -- p < 0.1, **** -- p < .05, ***** -- p < .01.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the “Duration in MRT-SH” bullet immediately preceding the table for details.

††† “Other” services are broken out in Appendix Tables A.3 and A.4.

Figure 3. Savings by category of service, Post Period minus Pre Period, East 99th Street



The pre-post change is highly variable between participants. The median cost savings for current enrollees is \$2,161.00 (Table 5E).

Table 5E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), East 99th Street recipients

	East 99th Street
5th Percentile	-\$81,565
10th Percentile	-\$65,729
25th Percentile	-\$14,539
50th Percentile	-\$2,161
75th Percentile	\$1,836
90th Percentile	\$15,845
95th Percentile	\$28,744

Table 5F shows that the pre-period spending for those with savings in the top 10% is higher on average than the pre-period spending for those with savings in the bottom 90% for this program, with those participants most likely to have other chronic conditions and more likely to be white.

Table 5F. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, East 99th Street recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	45.2%	28.6%
Race/Ethnicity: HISPANIC	38.7%	50.0%
Race/Ethnicity: Multiracial/Other	8.1%	0.0%
Race/Ethnicity: White	8.1%	21.4%
Location: New York City	98.4%	100.0%
Location: Long Island	0.0%	0.0%
Location: Other NYS	1.6%	0.0%
Diagnoses: Serious Mental Illness	46.0%	14.3%
Diagnoses: Substance Use Disorder	6.5%	0.0%
Diagnoses: HIV+	16.9%	0.0%
Diagnoses: Other Chronic Condition	58.9%	64.3%
Diagnoses: 3 or more conditions	7.3%	0.0%
Diagnoses: All 4 conditions	2.4%	0.0%
Average Age	59.0	58.8
Average Pre-Period Cost	\$30,863	\$104,670
Median Pre-Period Cost	\$14,429	\$105,896

Conclusions. Overall, this program shows a statistically significant decrease in median costs. Further, statistically significant decreases in costs are seen for nursing home services, with statistically significant increases in “other” and non-institutional long-term care services. These findings indicate that care in institutional long-term settings is being shifted more toward community-based care, and that for these complicated clients, more assistive devices and hospital-based care may be needed.

Health Homes SH Pilot (6 months)

Description: This program offers rental subsidies and services to homeless or unstably housed Medicaid members enrolled in New York State’s Health Home program. Supportive Housing Providers and Health Homes collaborate to:

- Identify and locate homeless or unstably housed Health Home members;
- Provide housing as a means to facilitate access to health services and improve the health status of Health Home members;
- Coordinate the effects of the Health Home Care Manager and the Housing Specialist to implement the Health Home Member’s Plan of Care;
- Provide an opportunity for providers and Health Homes to develop innovative services; and
- Develop methods to ensure that Health Home members remain stably housed.

Population Served: Homeless or unstably housed Health Home members

Program Start Date: October 2014

Enrollment: 109 included in analysis

Comorbidities: A majority of the enrollees analyzed have a serious mental illness (SMI) or substance use disorder (SUD) (Table 6A).

Duration in MRT-SH for those enrollees analyzed: The vast majority of enrollees analyzed have been in the program for 6 months or more (Table 6B).

Table 6A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	65%
Substance Use Disorder	52%
HIV	20%
Other chronic condition	42%
3 or more of the above	26%
All 4 of the above	4%

Table 6B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 3 months	3.6%
Between 3 and 6 months	7.33%
6 or more months	88.9%

Table 6C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	79.8%	82.5%
Health Home Enrollment	39.4%	86.2%
Dual Eligibility	12.8%	11%

Care Coordination: Significant increases in participation in MMC and Home Health Enrollment are seen in the post-period among those enrollees analyzed (Table 6C).

Summary: For the Health Homes pilot, in Table 6D, early results show that there is a statistically significant decrease in costs emergency department, laboratory, and physician services. A statistically significant increase in “other” services is driven by a large increase in Health Home participation, which may be accompanied by a reengagement in services. A graphical depiction of the cost behavior follows (Figure 4).

Table 6D. Pre-Post Medicaid Costs for Recipients Enrolled in Health Home Pilot, By Category of Service††

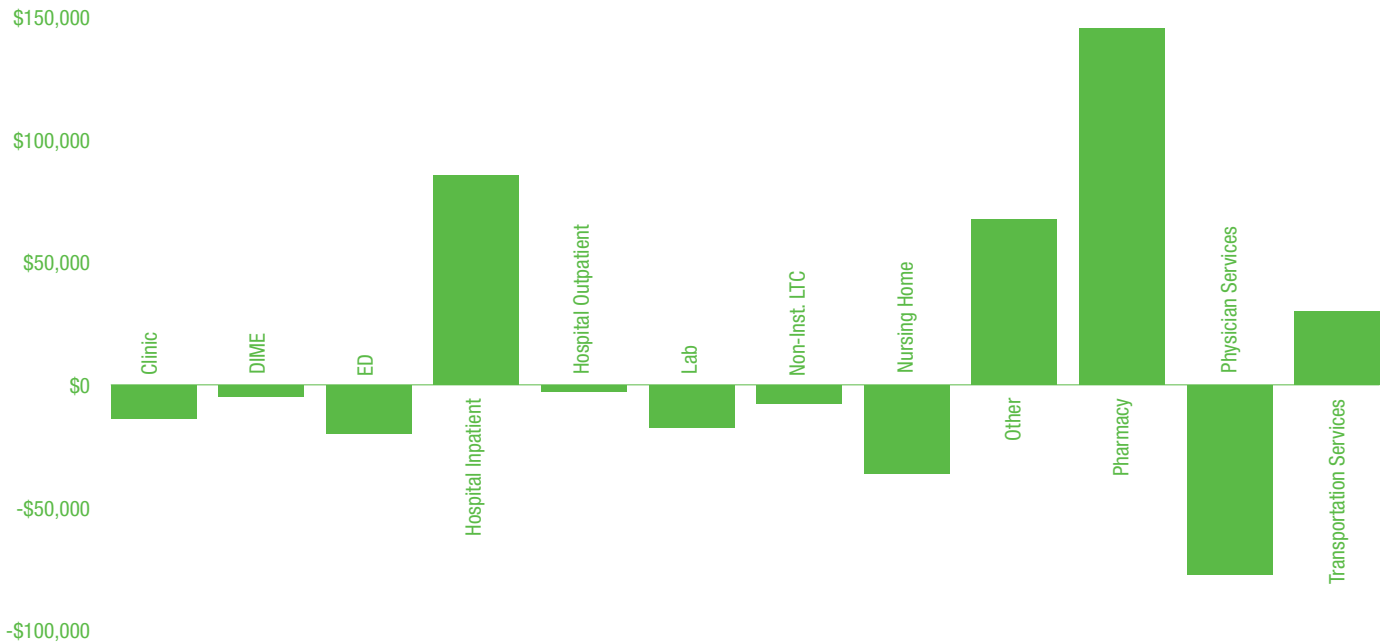
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
Health Home Pilot (Overall)	\$1,777,444	\$1,924,323	\$146,879	\$1347.515	-\$1205.51	
Clinic	\$139,982	\$126,632	-\$13,350	-\$122.48	\$0	
DME	\$8,617	\$3,214	-\$5,402	-\$49.564	\$0	
Emergency Department	\$60,356	\$41,006	-\$19,350	-\$177.526	\$0	*
Hospital Inpatient	\$839,639	\$924,451	\$84,811	\$778.086	\$0	
Hospital Outpatient	\$146,246	\$143,389	-\$2,857	-\$26.2072	\$0	
Lab	\$23,439	\$6,737	-\$16,701	-\$153.224	\$0	***
Non-institutional LTC	\$8,611	\$1,449	-\$7,161	-\$65.7005	\$0	
Nursing Home	\$36,447	\$0	-\$36,447	-\$334.372	\$0	
Other†††	\$161,557	\$227,848	\$66,291	\$608.1785	\$209.64	**
Pharmacy	\$165,595	\$309,746	\$144,151	\$1322.484	\$0	
Physician Services	\$140,084	\$63,516	-\$76,568	-\$702.463	-\$193.36	***
Transportation Services	\$46,871	\$76,334	\$29,463	\$270.3019	\$0	

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: “*” -- p < 0.1, “**” -- p < .05, “***” -- p < .01.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire 6 months. See the “Duration in MRT-SH” bullet immediately preceding the table for details.

††† “Other” services are broken out in Appendix Tables A.3 and A.4.

Figure 4. Savings by category of service, Post Period minus Pre Period, Health Home Pilot



The pre-post change is highly variable between participants. The median cost savings for current enrollees is \$1,205.51 (Table 6E).

Table 6E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost reductions), Health Home Pilot recipients

	Health Home Pilot
5th Percentile	-\$34,571.30
10th Percentile	-\$22,069.10
25th Percentile	-\$8,401.37
50th Percentile	-\$1,205.51
75th Percentile	\$3,216.54
90th Percentile	\$26,296.26
95th Percentile	\$54,193.58

Table 6F shows that participants in this program with savings in the top 10% were more likely to have more chronic conditions, including HIV, SUD, or another chronic condition; be black, and live in New York City, and have higher pre-period spending, on average.

Table 6F. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, Health Home Pilot recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	26.26%	45.45%
Race/Ethnicity: HISPANIC	14.14%	18.18%
Race/Ethnicity: Multiracial/Other	11.11%	0.00%
Race/Ethnicity: White	48.48%	36.36%
Location: New York City	38.38%	72.73%
Location: Long Island	0.00%	0.00%
Location: Other NYS	61.62%	27.27%
Diagnoses: Serious Mental Illness	65.66%	63.64%
Diagnoses: Substance Use Disorder	50.51%	72.73%
Diagnoses: HIV+	18.18%	36.36%
Diagnoses: Other Chronic Condition	39.39%	63.64%
Diagnoses: 3 or more conditions	23.23%	45.45%
Diagnoses: All 4 conditions	2.02%	18.18%
Average Age	47.57	47.91
Average Pre-Period Cost	\$11,161.98	\$63,677.07
Median Pre-Period Cost	\$8,340.68	\$55,447.54

Conclusions. For this program, early results show that there is a statistically significant decrease in costs for the emergency department, laboratory and physician services. However, there is a statistically significant increase in other services, with a large increase in Health Home participation and perhaps an accompanying reengagement in services. These results include only 6 months of data for the first enrollees in a program that is now twice the size of the study sample.

Office of Alcohol and Substance Abuse Services—Rental Subsidies and Supports

Description: The OASAS-RS program provides rental subsidies on a Housing First basis, intensive case management, and job development and counseling services, and also funds clinical supervision of direct service staff.

Population Served: Single adults with a substance use disorder who are homeless, unstably housed, or at risk of homelessness; who are Medicaid enrolled; and who meet frequent utilizer criteria (at least two inpatient hospitalizations, five emergency room visits, or one inpatient hospitalization and four emergency room visits in the previous 12 months).

Program Start Date: April 2013

Enrollment: 297 included in analysis

Comorbidities: Most of the enrollees analyzed have a SUD with large percentages having an SMI or other chronic condition not included in the distribution (Table 7A).⁴

Duration in MRT-SH for those enrollees analyzed: A majority of enrollees analyzed have been in the program for 12 months or more (Table 7B).

Care Coordination: There is a significant increase in participation in MMC and Health Homes in the post-period for those enrollees analyzed (Table 7C).

Summary: For this program, focusing on Table 7D, there is a statistically significant decrease in total and average costs for the program overall in the post-period, as well as for numerous service categories. Focusing on the specific

Table 7A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	75%
Substance Use Disorder	94%
HIV	13%
Other chronic condition	59%
3 or more of the above	48%
All 4 of the above	6%

Table 7B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 6 months	13%
Between 6 and 12 months	16%
12 or more months	71%

Table 7C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	79%	87%
Health Home Enrollment	44%	72%
Dual Eligibility	7%	6%

service categories with statistically significant results, the mean differences show that decreases are detected for nearly all service categories. A statistically significant increase in “other” services is specifically driven by Health Home Services. A breakout of this category by Medicaid rate code and Medicaid category of service code can be found in Appendix Tables A.3 and A.4. A graphical depiction of the cost behavior is provided (Figure 5).

Table 7D. Pre-Post Medicaid Costs for Recipients Enrolled in OASAS Rental Subsidies and Supports Program, By Category of Service^{††}

Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
OASAS Rental Subsidies and Supports (Overall)	\$12,121,793	\$8,894,713	-\$3,227,080	-\$10,866	-\$6,833	***
Clinic	\$1,344,515	\$943,499	-\$401,016	-\$1,350	-\$304	***
DME	\$35,462	\$22,668	-\$12,794	-\$43	\$0	***
Emergency Department	\$472,278	\$289,197	-\$183,081	-\$616	-\$269	***
Hospital Inpatient	\$5,949,276	\$3,616,058	-\$2,333,218	-\$7,856	-\$2,750	***
Hospital Outpatient	\$1,085,716	\$738,040	-\$347,676	-\$1,171	-\$305	***
Lab	\$146,537	\$105,633	-\$40,903	-\$138	-\$4	***
Non-Institutional LTC	\$16,339	\$14,320	-\$2,019	-\$7	\$0	
Nursing Home	\$116,719	\$47,168	-\$69,551	-\$234	\$0	
Other ^{†††}	\$768,754	\$1,005,937	\$237,183	\$799	\$495	***
Pharmacy	\$1,234,883	\$1,246,869	\$11,986	\$40	-\$20	
Physician Services	\$699,601	\$580,797	-\$118,804	-\$400	-\$141	**
Transportation Services	\$251,711	\$284,527	\$32,816	\$110	\$0	

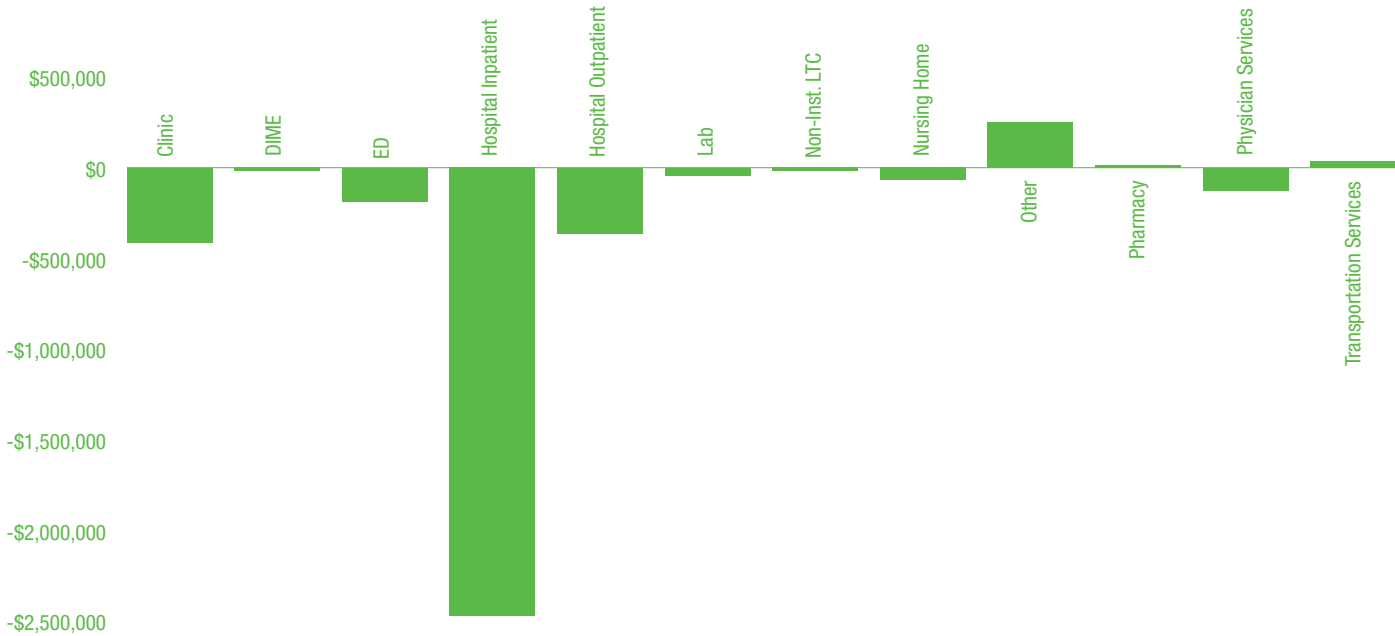
[†] Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: “*” -- p < 0.1, “***” -- p < .05, “****” -- p < .01.

^{††} The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the “Duration in MRT-SH” bullet immediately preceding the table for details. OASAS-specific services are contained within the more broadly defined categories of service, in particular the clinic and hospital outpatient categories of service. For precise Medicaid category of service definitions, see appendix table A.1.

^{†††} “Other” services are broken out in Appendix Tables A.3 and A.4.

4 There are a handful of enrollees that do not have any Medicaid claims for the appropriate primary diagnosis during the pre-period, but this does not mean that they have never been diagnosed with the condition; only that no Medicaid claims were submitted for the condition as the primary diagnosis during this specific time period.

Figure 5. Savings by category of service, Post Period minus Pre Period, OASAS Rental Subsidies and Supports



The pre-post change is highly variable between participants. The median cost savings for current enrollees is \$6,833.00 (Table 7E).

Table 7E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), OASAS Rental Subsidies recipients

	OASAS Rental Subsidies and Supports
5th Percentile	-\$72,353
10th Percentile	-\$41,774
25th Percentile	-\$20,778
50th Percentile	-\$6,833
75th Percentile	\$3,514
90th Percentile	\$20,625
95th Percentile	\$34,082

Table 7F shows that individuals with savings in the top 10% of the program spend more in the pre-period and are more likely to have comorbidities such as serious mental illness, substance abuse disorders, or other chronic conditions.

Table 7F. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, OASAS Rental Subsidies recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	30.6%	26.7%
Race/Ethnicity: HISPANIC	10.4%	23.3%
Race/Ethnicity: Multiracial/Other	7.1%	6.7%
Race/Ethnicity: White	51.9%	43.3%
Location: New York City	28.7%	26.7%
Location: Long Island	5.2%	20.0%
Location: Other NYS	66.0%	53.3%
Diagnoses: Serious Mental Illness	75.0%	80.0%
Diagnoses: Substance Use Disorder	93.3%	96.7%
Diagnoses: HIV+	13.4%	10.0%
Diagnoses: Other Chronic Condition	57.1%	73.3%
Diagnoses: 3 or more conditions	47.0%	56.7%
Diagnoses: All 4 conditions	5.6%	10.0%
Average Age	46.4	47.5
Average Pre-Period Cost	\$30,922	\$129,483
Median Pre-Period Cost	\$27,726	\$109,084

Conclusions. Overall, this program appears to be working to reduce costs and is successfully steering participants away from costly venues — in particular, the inpatient and emergency department settings. However, areas that need more exploration are the increased costs in the “other” category to determine whether the medical management of conditions is efficient through more coordination of care.

Office of Mental Health – Rental Subsidies – Brooklyn

Description: The OMH-RSB program funds rental subsidies and housing case management in scattered-site SH for Brooklyn residents diagnosed with a serious mental illness.

Population Served: Single, Health Home eligible adults with a serious mental illness who either live in Brooklyn, are referred by a Brooklyn-based Health Home, reside in the New York State Kingsborough Psychiatric Center or an OMH-operated residential program, or are discharged from a Brooklyn Article 28 or Article 31 hospital. Individuals must also be unstably housed or be individuals for whom housing would assist in a hospital diversion.

Program Start Date: February 2013

Enrollment: 279 included in analysis

Comorbidities: In addition to having an SMI, many enrollees analyzed have another chronic condition that is not listed in the distribution (Table 8A).

Duration in MRT-SH for those enrollees analyzed: The vast majority of enrollees analyzed have participated in MRT-SH for at least 12 months (Table 8B).

Care Coordination: While MMC enrollment remained approximately the same in both periods, Health Home enrollment significantly increased and dual eligibility decreased in the post-period for those enrollees analyzed (Table 8C).

Summary: For this program, focusing on Table 8D, there is a statistically significant decrease in total and average costs for the program overall in the post-period. Focusing

Table 8A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	100%
Substance Use Disorder	37%
HIV	30%
Other chronic condition	57%
3 or more of the above	40%
All 4 of the above	10%

Table 8B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 6 months	3%
Between 6 and 12 months	3%
12 or more months	94%

Table 8C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	70%	69%
Health Home Enrollment	61%	86%
Dual Eligibility	26%	23%

on the specific service categories, the mean differences show that statistically significant decreases are detected for clinic, hospital outpatient, pharmacy, and lab services. The remaining categories of services do not have statistically significant different cost differences pre- and post-period. The “other” services are specifically driven by a \$2.1 million decrease in OMH Rehabilitative Services for participants who transitioned from OMH community residences to SH. A graphical depiction of the cost behavior follows (Figure 6). The change in costs in the “other” category of service is further explored in Tables A.3 and A.4 in the appendix.

Table 8D. Pre-Post Medicaid Costs for Recipients Enrolled in Office of Mental Health Rental Subsidies Program - Brooklyn, By Category of Service††

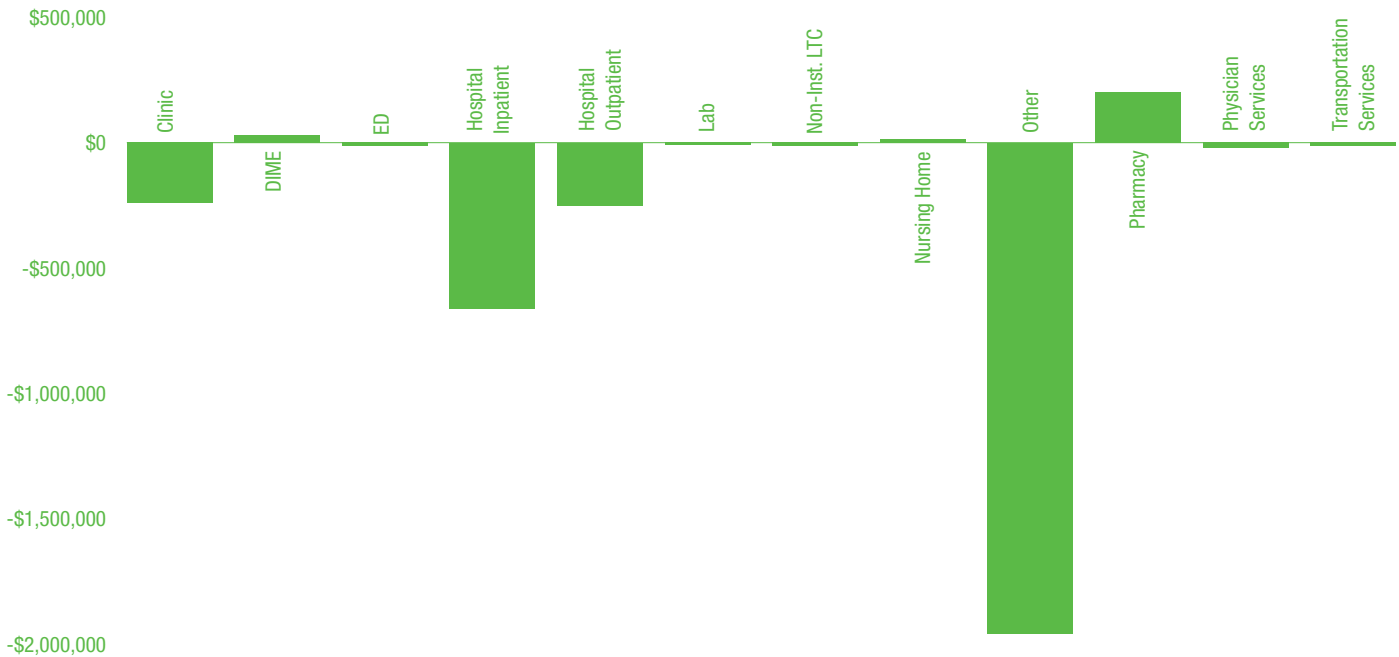
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
Rental Subsidies: Brooklyn	\$8,803,427	\$6,070,890	-\$2,732,538	-\$9794.04	-\$4464.82	***
Clinic	\$713,909	\$489,387	-\$224,522	-\$804.739	-\$26.24	***
DME	\$33,270	\$59,792	\$26,522	\$95.06054	\$0	
Emergency Department	\$126,285	\$120,474	-\$5,811	-\$20.8271	\$0	
Hospital Inpatient	\$2,316,487	\$1,695,969	-\$620,518	-\$2224.08	\$0	
Hospital Outpatient	\$872,623	\$636,190	-\$236,432	-\$847.428	-\$145.31	***
Lab	\$78,705	\$78,483	-\$222	-\$0.79588	\$0	**
Non-Institutional LTC	\$8,884	\$2,130	-\$6,754	-\$24.2082	\$0	
Nursing Home	\$391	\$7,723	\$7,332	\$26.28115	\$0	
Other†††	\$3,122,288	\$1,280,508	-\$1,841,779	-\$6601.36	\$29	
Pharmacy	\$933,762	\$1,130,895	\$197,133	\$706.5707	-\$3.61	**
Physician Services	\$496,813	\$477,032	-\$19,781	-\$70.8992	\$0	
Transportation Services	\$100,011	\$92,305	-\$7,706	-\$27.6207	\$0	

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: “**” -- p < 0.1, “***” -- p < .05, “****” -- p < .01.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the “Duration in MRT-SH” bullet immediately preceding the table for details.

††† “Other” services are broken out in Appendix Tables A.3 and A.4.

Figure 6. Savings by category of service, Post Period minus Pre Period, Health Home Pilot



The pre-post change is highly variable between participants. The median cost savings for current enrollees is \$4,464.82 (Table 8E).

Table 8E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), Rental Subsidies: Brooklyn recipients

Rental Subsidies: Brooklyn	
5th Percentile	-\$47,823.80
10th Percentile	-\$40,858.50
25th Percentile	-\$28,205.20
50th Percentile	-\$4,464.82
75th Percentile	\$2,767.30
90th Percentile	\$13,045.04
95th Percentile	\$23,908.37

Additionally, Table 8F shows that the program participants who had savings in the top 10% had higher pre-period spending on average, with lower rates of HIV but higher rates of other chronic conditions.

Table 8F. Comparison of Demographic Variables Between the Top 10% of Savers and the Bottom 90% of Savers, OMH Rental Subsidies: Brooklyn Recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	48.80%	46.43%
Race/Ethnicity: HISPANIC	20.80%	25.00%
Race/Ethnicity: Multiracial/Other	5.20%	3.57%
Race/Ethnicity: White	25.20%	25.00%
Location: New York City	99.20%	100.00%
Location: Long Island	0.40%	0.00%
Location: Other NYS	0.40%	0.00%
Diagnoses: Serious Mental Illness	100%	100%
Diagnoses: Substance Use Disorder	37.60%	32.14%
Diagnoses: HIV+	31.20%	14.29%
Diagnoses: Other Chronic Condition	56.00%	64.29%
Diagnoses: 3 or more conditions	37.20%	35.71%
Diagnoses: All 4 conditions	9.20%	7.14%
Average Age	47.93	45.46
Average Pre-Period Cost	\$26,553.28	\$77,681.59
Median Pre-Period Cost	\$23,587.06	\$61,385.42

Conclusions. Overall, this program appears to be on the path to reducing costs and is successfully steering participants away from costly venues — in particular, hospital and emergency department settings. Cost increases are observed in more efficient, management-oriented avenues of care, including pharmacy and physician services.

Office of Mental Health – Rental Subsidies – Statewide

Description: The program funds rental subsidies and housing case management in scattered-site SH for individuals diagnosed with serious mental illness.

Population Served: Single, Health-Home-eligible adults with a serious mental illness who are either referred by a Health Home, are a resident in a NYS OMH Psychiatric Center or OMH-operated residential program, or are discharged from an Article 28 or Article 31 hospital. Individuals must also be unstably housed or be individuals for whom housing would assist in a hospital diversion.

Program Start Date: February 2013

Enrollment: 335 included in analysis

Comorbidities: In addition to SMI, a large proportion of those enrollees analyzed have a substance Use Disorder (SUD) or other chronic condition no noted in the distribution below (Table 9A).

Duration in MRT-SH for those enrollees analyzed: The majority of those enrollees analyzed have been in the program for at least 12 months (Table 9B).

Care Coordination: While MMC enrollment remained stable, there is a significant increase in Health Home enrollment in the post-period for enrollees analyzed (Table 9C).

Summary: For this program, focusing on the specific service categories with statistically significant results in Table 9D, the mean differences show that there is an overall decrease in costs and decreases for hospital inpatient, clinic,

Table 9A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	100%
Substance Use Disorder	43%
HIV	8%
Other chronic condition	53%
3 or more of the above	28%
All 4 of the above	3%

Table 9B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 6 months	16%
Between 6 and 12 months	11%
12 or more months	73%

Table 9C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	63%	63%
Health Home Enrollment	62%	83%
Dual Eligibility	32%	32%

emergency department, and “other” services. The remaining categories of service do not have statistically significant cost differences pre- and post-periods. The “other” services are specifically driven by a \$1.3 million decrease in OMH Rehabilitative Services for participants who transitioned from OMH community residences to SH. A graphical depiction of the cost behavior follows (Figure 7). The costs in the “other” category of service can be further explored in Tables A.3 and A.4 in the appendix.

Table 9D. Pre-Post Medicaid Costs for Recipients Enrolled in Office of Mental Health Rental Subsidies Program - Statewide, By Category of Service††

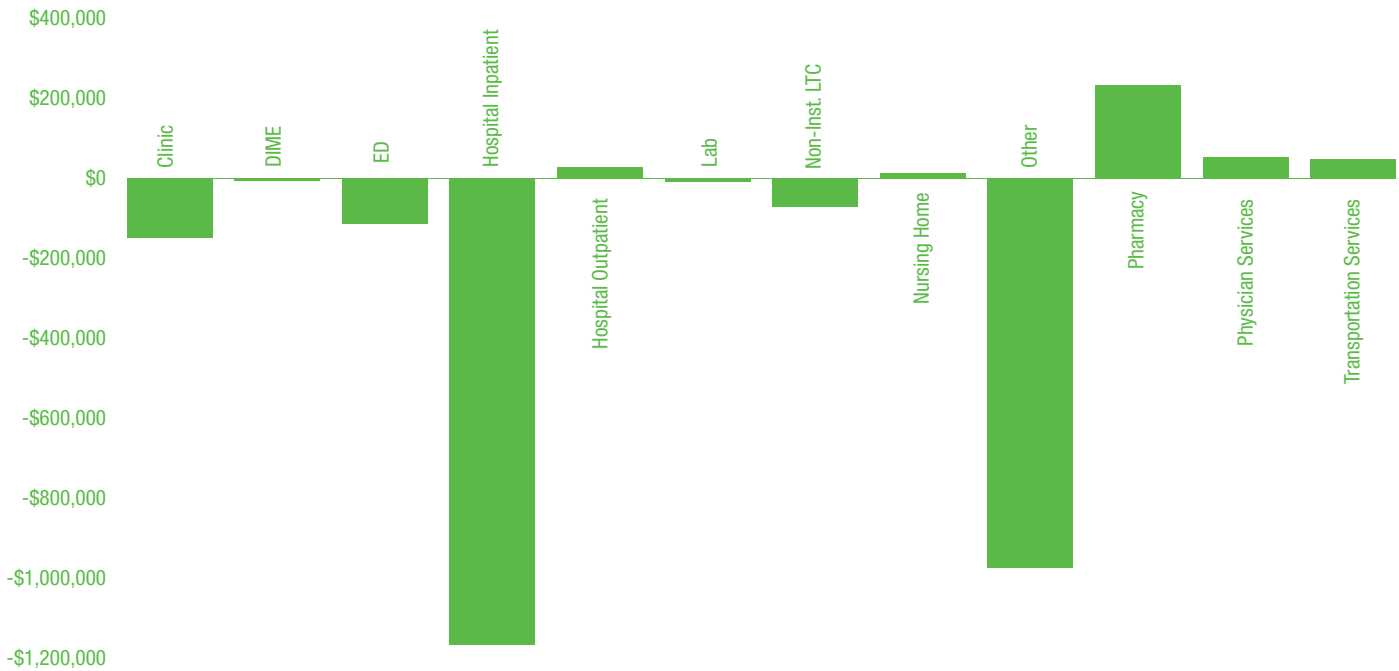
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
Rental Subsidies: Statewide	\$10,162,895	\$8,107,754	-\$2,055,141	-\$6134.75	-\$1791.16	***
Clinic	\$626,659	\$479,109	-\$147,549	-\$440.446	-\$6.96	***
DME	\$24,851	\$20,437	-\$4,414	-\$13.1767	\$0	
Emergency Department	\$404,188	\$296,574	-\$107,614	-\$321.235	-\$9.52	***
Hospital Inpatient	\$3,015,812	\$1,866,101	-\$1,149,710	-\$3431.97	\$0	***
Hospital Outpatient	\$915,873	\$944,667	\$28,794	\$85.9511	\$0	
Lab	\$57,823	\$56,253	-\$1,569	-\$4.68388	\$0	
Non-Institutional LTC	\$118,582	\$51,585	-\$66,997	-\$199.992	\$0	
Nursing Home	\$75,932	\$91,312	\$15,380	\$45.90928	\$0	
Other†††	\$2,885,190	\$1,928,726	-\$956,464	-\$2855.12	\$603.61	***
Pharmacy	\$1,080,018	\$1,312,789	\$232,771	\$694.8384	\$0	
Physician Services	\$553,637	\$607,685	\$54,048	\$161.3367	\$0	
Transportation Services	\$404,331	\$452,516	\$48,185	\$143.8348	\$0	

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: “*” -- p < 0.1, “***” -- p < .05, “****” -- p < .01.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the “Duration in MRT-SH” bullet immediately preceding the table for details.

††† “Other” services are broken out in Appendix Tables A.3 and A.4.

Figure 7. Savings by category of service, Post Period minus Pre Period, Rental Subsidies Statewide



The median cost savings for current enrollees is \$1,791.16 (Table 9E).

Table 9E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), OMH Rental Subsidies: Statewide recipients

	Rental Subsidies: Statewide
5th Percentile	-\$49,809.30
10th Percentile	-\$37,261.40
25th Percentile	-\$14,061.00
50th Percentile	-\$1,791.16
75th Percentile	\$4,823.59
90th Percentile	\$14,489.99
95th Percentile	\$29,422.40

Table 9F shows that the participants with savings in the top 10% had larger pre-period spending than those with savings in the bottom 90%, with higher rates of other chronic conditions, but lower rates of substance use disorder and HIV.

Table 9F. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, OMH Rental Subsidies: Statewide recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	27.15%	17.65%
Race/Ethnicity: HISPANIC	10.26%	20.59%
Race/Ethnicity: Multiracial/Other	2.98%	8.82%
Race/Ethnicity: White	59.60%	52.94%
Location: New York City	14.90%	23.53%
Location: Long Island	7.95%	17.65%
Location: Other NYS	77.15%	58.82%
Diagnoses: Serious Mental Illness	100%	100%
Diagnoses: Substance Use Disorder	43.71%	35.29%
Diagnoses: HIV+	8.28%	2.94%
Diagnoses: Other Chronic Condition	51.32%	67.65%
Diagnoses: 3 or more conditions	25.83%	23.53%
Diagnoses: All 4 conditions	2.65%	2.94%
Average Age	44.00	43.00
Average Pre-Period Cost	\$24,643.12	\$81,394.60
Median Pre-Period Cost	\$19,487.38	\$69,030.78

Conclusions. Overall, this program appears to be on the path to reducing costs and is successfully steering participants away from costly venues — in particular, hospital and emergency department settings. This result may be partly due to the increased participation in Health Homes.

Office for People with Developmental Disabilities Expansion of Existing Rental/Services

Description: The program provides rental subsidies and services to individuals with intellectual or developmental disabilities who move from certified residential settings with continuous supervision (supervised model residences) to more independent, less restrictive housing (supportive model certified residences or uncertified private apartments with support services such as community habilitation and personal care). A subset of program participants individually tailors their service structures through OPWDD’s Self-Direction program. The OPWDD Expansion of Existing Rental/Services is intended to help the state achieve its Americans with Disabilities Act (ADA)/Olmstead Implementation Plan goals in addition to reducing Medicaid spending.

Population Served: Individuals with developmental disabilities who expressed interest in more independent living, or who were referred by family or provider agencies.

Program Start Date: April 2013

Enrollment: 51 included in analysis

Comorbidities: Among those enrollees analyzed, the majority have SMI with a large proportion having a chronic condition not noted in the distribution below (Table 10A).

Duration in MRT-SH for those analyzed: Nearly all enrollees analyzed have been in the program for at least 12 months (Table 10B).

Care Coordination: The distribution of types of care coordination remained essentially constant in the pre- and post-periods with the majority of enrollees analyzed being dually eligible (Table 10C).

Table 10A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	61%
Substance Use Disorder	10%
HIV	0%
Other chronic condition	41%
3 or more of the above	4%
All 4 of the above	0%

Table 10B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 6 months	4%
Between 6 and 12 months	4%
12 or more months	92%

Table 10C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	10%	8%
Health Home Enrollment	0%	0%
Dual Eligibility	63%	63%

Summary: For this program, in Table 10D, there is a statistically significant decrease in total and average costs for the program overall in the post-period, as well as large statistically significant cost decreases in “other” services, and smaller statistically significant cost decreases in lab and clinic services. The decreased cost in the “other” category of service is driven primarily by decreased spending on OPWDD waiver services. Statistically significant increases are seen for non-institutional long-term care, pharmacy and transportation services. The remaining categories of service do not have statistically significant findings. A graphical depiction of the cost behavior follows (Figure 8).

Table 10D. Pre-Post Medicaid Costs for Recipients Enrolled in OPWDD Expansion of Existing Rental/Services, By Category of Service††

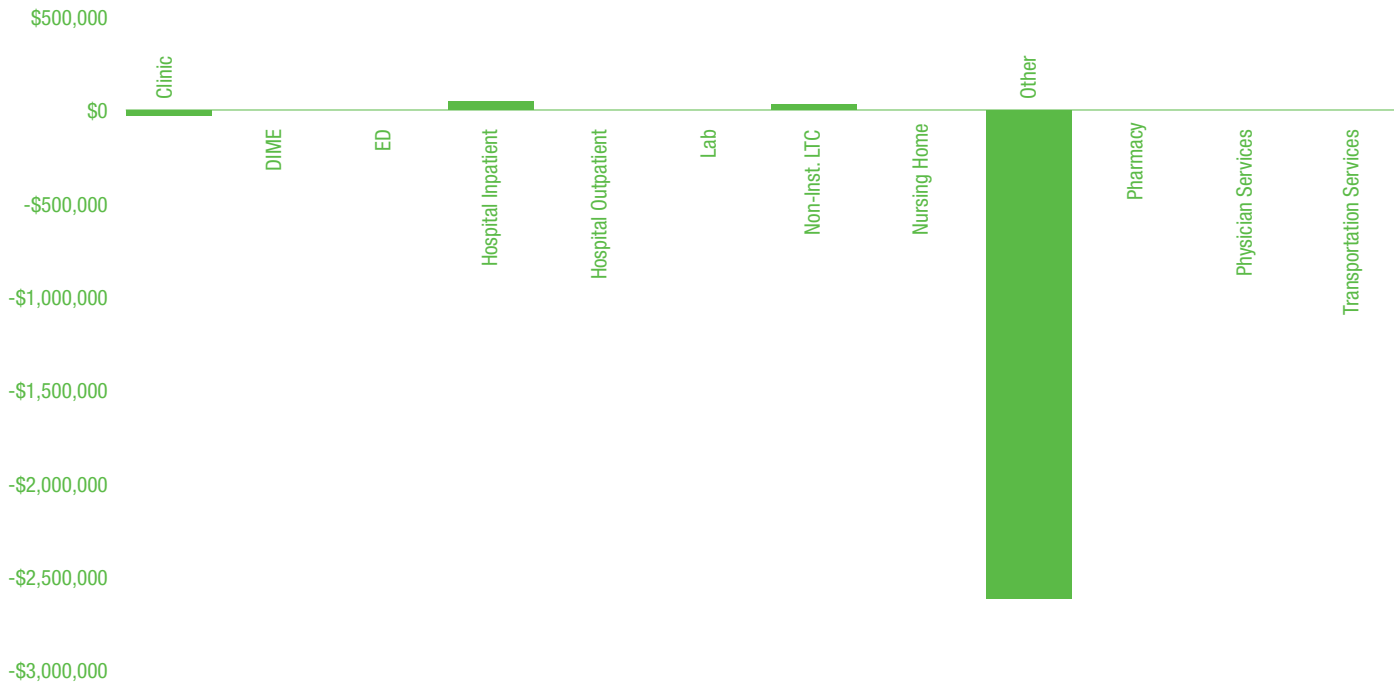
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
OPWDD Expansion of Existing Rental/Services	\$5,197,860	\$2,689,809	-\$2,508,051	-\$49,178	-\$55,062	***
Clinic	\$132,791	\$114,515	-\$18,276	-\$358	-\$207	*
DME	\$7,878	\$6,556	-\$1,322	-\$26	\$0	
Emergency Department	\$5,266	\$10,898	\$5,632	\$110	\$0	
Hospital Inpatient	\$23,244	\$52,051	\$28,807	\$565	\$0	
Hospital Outpatient	\$12,417	\$19,741	\$7,323	\$144	\$0	
Lab	\$1,266	\$733	-\$532	-\$10	\$0	*
Non-Institutional LTC	\$0	\$19,662	\$19,662	\$386	\$0	**
Nursing Home	\$0	\$0	\$0	\$0	\$0	
Other†††	\$4,912,021	\$2,356,013	-\$2,556,008	-\$50,118	-\$56,205	***
Pharmacy	\$67,390	\$71,199	\$3,809	\$75	\$3	*
Physician Services	\$30,836	\$27,182	-\$3,653	-\$72	-\$62	
Transportation Services	\$4,752	\$11,260	\$6,508	\$128	\$0	*

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: “*” -- $p < 0.1$, “**” -- $p < .05$, “***” -- $p < .01$.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the “Duration in MRT-SH” bullet immediately preceding the table for details.

††† “Other” services are broken out in Appendix Tables A.3 and A.4.

Figure 8. Savings by category of service, Post Period minus Pre Period, OPWDD Expansion Program



The median cost savings for current enrollees is \$55,062 (Table 10E).

Table 10E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), OPWDD recipients

	OPWDD Expansion of Existing Rental/Services
5th Percentile	-\$90,873
10th Percentile	-\$83,624
25th Percentile	-\$71,688
50th Percentile	-\$55,062
75th Percentile	-\$26,816
90th Percentile	-\$11,413
95th Percentile	\$5,382

Table 10F shows that those with savings in the top 10% had higher pre-period spending on average, and also were more likely to have serious mental illness, or substance abuse disorders, but fewer other chronic conditions.

Table 10F. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, OPWDD recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	17.4%	33.3%
Race/Ethnicity: HISPANIC	4.3%	0.0%
Race/Ethnicity: Multiracial/Other	6.5%	0.0%
Race/Ethnicity: White	71.7%	66.7%
Location: New York City	8.7%	0.0%
Location: Long Island	6.5%	0.0%
Location: Other NYS	84.8%	100.0%
Diagnoses: Serious Mental Illness	60.9%	66.7%
Diagnoses: Substance Use Disorder	8.7%	16.7%
Diagnoses: HIV+	0.0%	0.0%
Diagnoses: Other Chronic Condition	41.3%	33.3%
Diagnoses: 3 or more conditions	2.2%	16.7%
Diagnoses: All 4 conditions	0.0%	0.0%
Average Age	39.7	32.7
Average Pre-Period Cost	\$98,814	\$133,684
Median Pre-Period Cost	\$102,260	\$128,690

Conclusions. Overall, this program shows a statistically significant decrease in total costs. Further, statistically significant decreases in costs are seen for “other” and laboratory services, with significant increases in non-institutional long-term care. These findings indicate that long-term care is being shifted more toward less costly community-based care for program participants as they transition from a supervised to a SH model.

Office of Temporary and Disability Assistance – NYC Disability Housing Subsidy Program/Eviction Prevention for Vulnerable Adults

Description: The program provides rental subsidies for elderly or disabled individuals who are at risk of eviction. It was created to maintain the housing of formerly homeless recipients of New York City’s Advantage Rental Subsidy program when the Advantage program ended. All recipients were already housed during the pre-period; the program’s goal was to prevent a return to homelessness.

Population Served: Recipients of SSI or Social Security retirement or disability benefits who are part of a household with no other employable adults, and are at risk of homelessness.

Comorbidities: Among those enrollees analyzed, most have a chronic condition other than the ones in the distribution below or SMI (Table 11A).

Program Start Date: December 2013

Enrollment: 192 included in analysis

Duration in MRT-SH for those analyzed: Nearly all those enrollees analyzed have been in the program at least 12 months (Table 11B).

Care Coordination: In the post-period, only slight increases in Health Home enrollment and dual eligibility are seen, with a slight decrease in MMC among those enrollees analyzed (Table 11C).

Summary: For this program, focusing on Table 11D, while the cost distributions in pre- and post-periods are not statistically different, there are statistically significantly lower

Table 11A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	44%
Substance Use Disorder	19%
HIV	12%
Other chronic condition	51%
3 or more of the above	11%
All 4 of the above	2%

Table 11B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 6 months	1%
Between 6 and 12 months	2%
12 or more months	97%

Table 11C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	74%	72%
Health Home Enrollment	17%	18%
Dual Eligibility	16%	19%

costs in the clinic and pharmacy categories of services. The remaining categories of services do not have statistically significant differences in pre- and post-period cost distributions and are mixed in terms of the cost behavior in the pre- and post-periods. Cost differences in this program will be better observed in future reports including a comparison group of individuals who were not able to maintain housing. A graphical depiction of the cost behavior follows (Figure 9).

Table 11D. Pre-Post Medicaid Costs for Recipients Enrolled in Disability Housing Subsidy Program, By Category of Service††

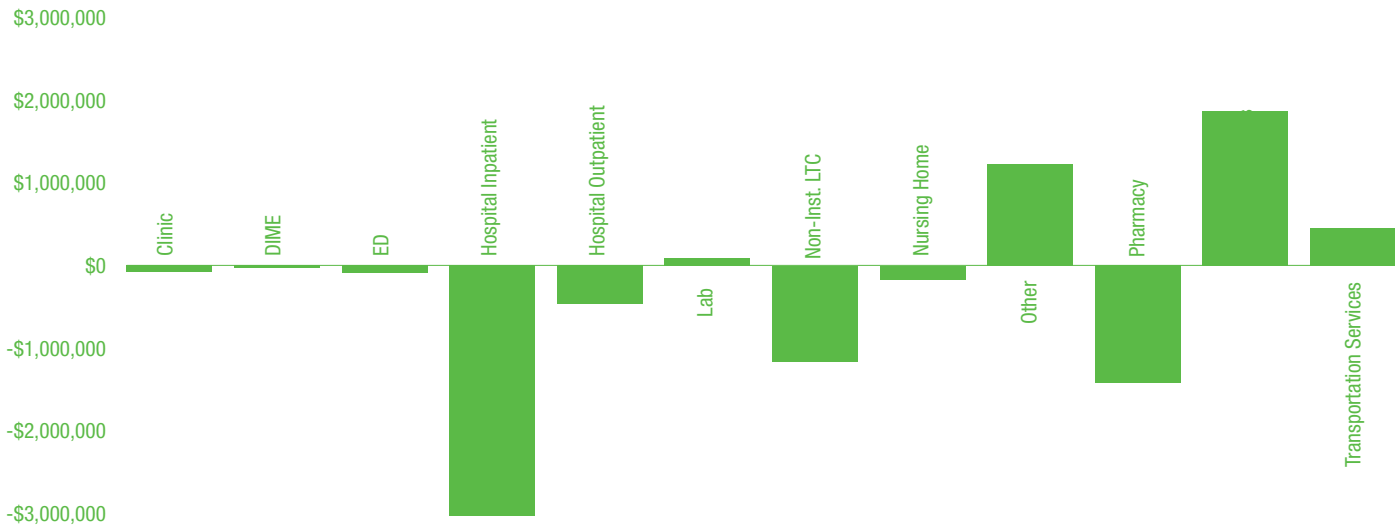
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
Eviction Prevention for Vulnerable Adults	\$3,281,373	\$3,001,336	-\$280,037	-\$1,459	-\$23	
Clinic	\$202,350	\$194,371	-\$7,979	-\$42	\$0	*
DME	\$45,043	\$42,188	-\$2,855	-\$15	\$0	
Emergency Department	\$84,754	\$76,304	-\$8,450	-\$44	\$0	
Hospital Inpatient	\$1,334,225	\$1,037,547	-\$296,678	-\$1,545	\$0	
Hospital Outpatient	\$263,491	\$218,567	-\$44,924	-\$234	\$0	
Lab	\$17,994	\$25,434	\$7,440	\$39	\$0	
Non-Institutional LTC	\$165,651	\$51,546	-\$114,106	-\$594	\$0	
Nursing Home	\$42,991	\$25,699	-\$17,292	-\$90	\$0	
Other†††	\$364,888	\$484,018	\$119,130	\$620	\$0	
Pharmacy	\$430,324	\$291,344	-\$138,979	-\$724	-\$10	***
Physician Services	\$275,120	\$455,864	\$180,744	\$941	\$0	
Transportation Services	\$54,541	\$98,455	\$43,915	\$229	\$0	

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: *** -- p < 0.1, ** -- p < .05, **** -- p < .01.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the “Duration in MRT-SH” bullet immediately preceding the table for details.

††† “Other” services are broken out in Appendix Tables A.3 and A.4.

Figure 9. Savings by category of service, Post Period minus Pre Period, Eviction Prevention for Vulnerable Adults



The pre-post change is highly variable between participants. The median cost savings for current enrollees is \$23 (Table 11E).

Table 11E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), Eviction Prevention for Vulnerable Adults recipients

	Eviction Prevention for Vulnerable Adults
5th Percentile	-\$20,434
10th Percentile	-\$12,329
25th Percentile	-\$3,312
50th Percentile	-\$23
75th Percentile	\$2,407
90th Percentile	\$9,694
95th Percentile	\$24,371

Table 11F illustrates that those in the top 10% of savers were more likely to have a chronic condition or serious mental illness and had higher pre-period spending than those in the bottom 90%.

Table 11F. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, Eviction Prevention for Vulnerable Adults recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	49.7%	55.0%
Race/Ethnicity: Hispanic	39.3%	25.0%
Race/Ethnicity: Multiracial/Other	5.8%	15.0%
Race/Ethnicity: White	5.2%	5.0%
Location: New York City	97.1%	90.0%
Location: Long Island	0.6%	0.0%
Location: Other NYS	2.3%	10.0%
Diagnoses: Serious Mental Illness	42.2%	55.0%
Diagnoses: Substance Use Disorder	18.5%	20.0%
Diagnoses: HIV+	12.7%	5.0%
Diagnoses: Other Chronic Condition	48.0%	75.0%
Diagnoses: 3 or more conditions	11.0%	10.0%
Diagnoses: All 4 conditions	1.7%	5.0%
Average Age	50.0	49.1
Average Pre-Period Cost	\$10,679	\$72,370
Median Pre-Period Cost	\$4,967	\$36,363

Conclusions. Overall, participants in this program appear to be trending toward decreased expenditures across most categories of service, perhaps indicating that the program’s continuation of a stable living situation is working to provide clients with greater medical stability. However, further investigation is needed, especially given the decrease in non-institutional long-term care costs. The profile of high-end spenders is significantly more clinically complicated than the low-end spenders. Since all recipients were already housed in the pre-period, cost differences will be better observed against a comparison group who were not able to maintain housing.

Homeless Housing and Assistance Program (HHAP) Capital Projects (9 months)

Description:

- Opportunities for Broome's 86 Carroll St. is a capital project supporting 22 units of permanent SH in Binghamton, NY.
- Providence Housing Development's Son House is a capital project supporting 21 units of permanent SH in Rochester, NY.
- Finger Lakes United Cerebral Palsy's Happiness House is a capital project supporting a 20-unit building in Geneva, NY (Ontario County), which includes 7 MRT units.
- The Polish Community Center's Hope Gardens is a capital project supporting 20 units of permanent SH in Buffalo, NY.

Population Served:

- Opportunities for Broome serves chronically homeless single adults who are recovering from drug and/or alcohol abuse or have a mental illness or other disability.
- Providence Housing Development's Son House serves chronically homeless single adults who have a documented disability.
- Finger Lakes United Cerebral Palsy's Happiness House serves single individuals with developmental disabilities, physical disabilities, or traumatic brain injury who would otherwise be homeless or placed in a nursing home.
- The Polish Community Center's Hope Gardens serves chronically homeless single women with special needs such as mental illness, drug and alcohol abuse, or a history of domestic violence or physical or sexual assault.

Buildings Opened:

- Opportunities for Broome's 86 Carroll St. — June 2015
- Providence Housing Development's Son House — October 2013
- Finger Lakes United Cerebral Palsy's Happiness House — August 2014
- The Polish Community Center's Hope Gardens — December 2014

Program Start Date:

Comorbidities: The majority of enrollees analyzed had an SMI with large percentages having an SUD or Other chronic condition not in the distribution below (Table 12A).

Table 12A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	60%
Substance Use Disorder	49%
HIV	2%
Other chronic condition	47%
3 or more of the above	26%
All 4 of the above	0%

Table 12B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 6 months	7%
Between 6 and 9 months	5%
9 or more months	88%

Table 12C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	86%	86%
Health Home Enrollment	12%	21%
Dual Eligibility	9%	11%

Enrollment: 43 included in analysis

Duration in MRT-SH for those analyzed: Most of the enrollees analyzed have been in the program at least 9 months (Table 12B).

Care Coordination: While MMC enrollment stayed the same between periods, there was a significant increase in Health Home enrollment and dual eligibility in the post-period for those enrollees analyzed (Table 12C).

Summary: For this program, in Table 12D, there is a statistically significant decrease in total and average costs overall, as well as in emergency department and laboratory services. A graphical depiction of the cost behavior follows (Figure 10).

Table 12D. Pre-Post Medicaid Costs for Recipients Enrolled in HHAP Capital Project, By Category of Service††

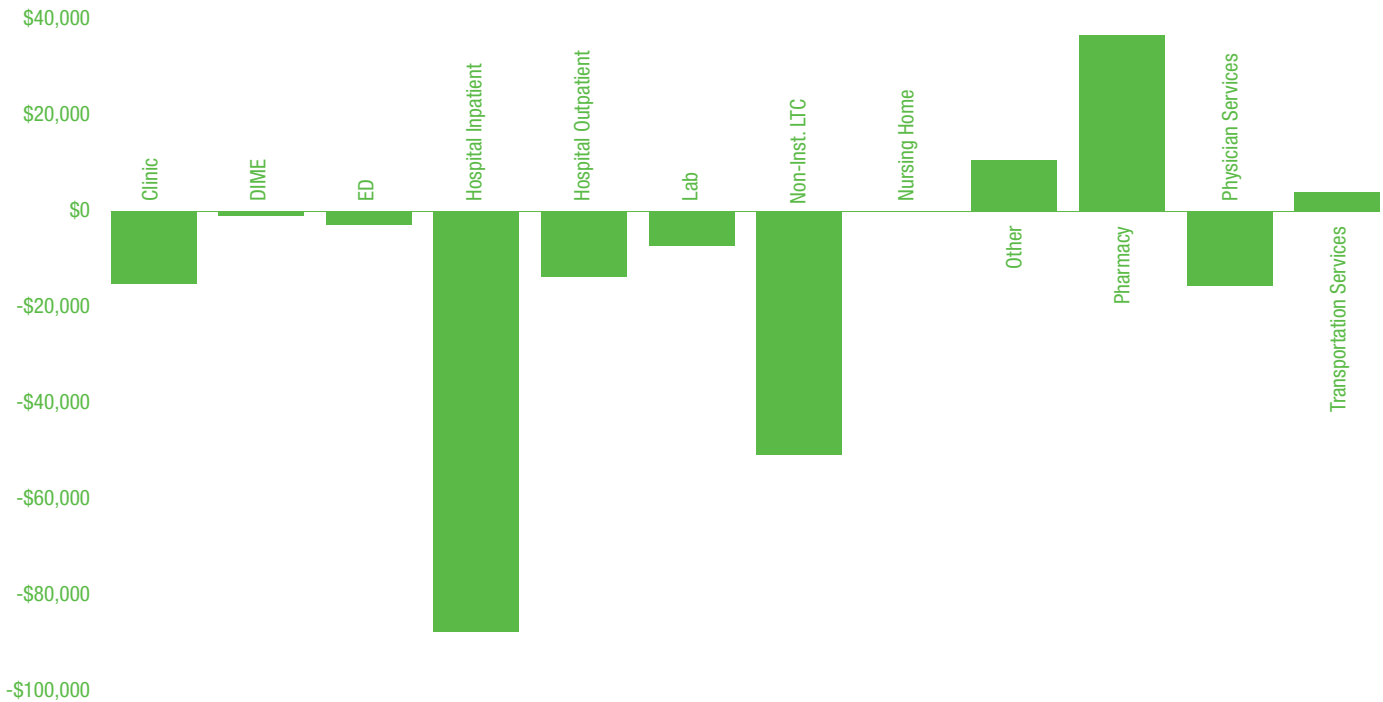
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
HHAP Capital Programs (Overall)	\$544,058	\$406,892	-\$137,166	-\$3189.9	-\$1968.33	*
Clinic	\$29,153	\$14,586	-\$14,567	-\$338.777	\$0	
DME	\$1,975	\$1,216	-\$759	-\$17.653	\$0	
Emergency Department	\$26,560	\$23,882	-\$2,679	-\$62.2916	\$0	*
Hospital Inpatient	\$120,190	\$35,869	-\$84,321	-\$1960.96	\$0	
Hospital Outpatient	\$98,744	\$85,506	-\$13,239	-\$307.879	-\$24.34	
Lab	\$11,150	\$4,294	-\$6,856	-\$159.438	-\$8.7	***
Non-institutional LTC	\$108,485	\$59,494	-\$48,992	-\$1139.34	\$0	
Nursing Home	\$0	\$0	\$0	\$0	\$0	
Other†††	\$44,135	\$54,093	\$9,958	\$231.5898	\$0	
Pharmacy	\$53,283	\$88,869	\$35,587	\$827.5967	-\$3.52	
Physician Services	\$33,946	\$18,591	-\$15,355	-\$357.091	-\$116.56	
Transportation Services	\$16,437	\$20,493	\$4,057	\$94.34233	\$0	

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: "*" -- $p < 0.1$, "**" -- $p < .05$, "***" -- $p < .01$.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire 9 months. See the "Duration in MRT-SH" bullet immediately preceding the table for details.

††† "Other" services are broken out in Appendix Tables A.3 and A.4.

Figure 10. Savings by category of service, Post Period minus Pre Period, Health Home Capital Project



The pre-post change is highly variable between participants. The median cost savings for current enrollees is \$1,968.33 (Table 12E).

Table 12E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), HHAP Capital Program recipients

	HHAP Capital Programs
5th Percentile	-\$14,323.30
10th Percentile	-\$11,225.70
25th Percentile	-\$5,371.65
50th Percentile	-\$1,968.33
75th Percentile	\$2,174.07
90th Percentile	\$5,795.63
95th Percentile	\$9,353.38

Table 12F shows that the participants with savings in the top 10% had higher pre-period spending, on average, than those with savings in the bottom 90% and are more likely to have serious mental illness, substance abuse disorders, or other chronic conditions.

Table 12F. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, HHAP Capital Program recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	56.4%	40.0%
Race/Ethnicity: Hispanic	2.6%	0.0%
Race/Ethnicity: Multiracial/Other	2.6%	20.0%
Race/Ethnicity: White	38.5%	40.0%
Location: New York City	0.0%	20.0%
Location: Long Island	0.0%	0.0%
Location: Other NYS	100.0%	80.0%
Diagnoses: Serious Mental Illness	59.0%	80.0%
Diagnoses: Substance Use Disorder	48.7%	60.0%
Diagnoses: HIV+	2.6%	0.0%
Diagnoses: Other Chronic Condition	43.6%	80.0%
Diagnoses: 3 or more conditions	23.1%	40.0%
Diagnoses: All 4 conditions	0.00%	0.0%
Average Age	45.0	43.4
Average Pre-Period Cost	\$9,483.36	\$37,303.14
Median Pre-Period Cost	\$9,621.47	\$26,823.85

Conclusions. These results show that, post-period, expenditures are more controlled over all categories of service and there is a significant reduction in costs in the highest cost areas such as emergency department settings.

Office of Temporary and Disability Assistance—Homeless Senior and Disabled Placement Pilot (6 months)

Description: This pilot was developed to enable elderly and disabled residents of New York City homeless shelters to afford their own apartment.

Population Served: Elderly or disabled SSI/SSD recipients living in New York City Department of Homeless Services shelters who are Health Home eligible or who require nursing home level of care.

Comorbidities: Most enrollees analyzed had a chronic condition not noted in the distribution below, combined with a large percentage with HIV positive diagnoses (Table 13A).

Program Start Date: December 2013

Enrollment: 30 included in analysis

Duration in MRT-SH for those analyzed: All of the enrollees analyzed have been in the program at least 6 months (Table 13B).

Care Coordination: In the post-period there is a significant increase in the percentage of enrollees in MMC, Health Homes and with dual eligibility (Table 13C).

Summary: Only six months of Medicaid data on 30 enrollees was available for this program. Focusing on the specific service categories with statistically significant results for

Table 13A. Comorbidity Distribution for Those Enrollees Analyzed

Diagnosis Type	Percent
Serious Mental Illness	37%
Substance Use Disorder	30%
HIV	43%
Other chronic condition	73%
3 or more of the above	20%
All 4 of the above	7%

Table 13B. Duration in MRT-SH for Those Enrollees Analyzed

Enrollment Duration	Percent
Less than 3 months	0%
Between 3 and 6 months	0%
6 or more months	100%

Table 13C. Care Coordination for Those Enrollees Analyzed

	Pre-Period Prevalence	Post-Period Prevalence
Medicaid Managed Care Enrollment	83%	87%
Health Home Enrollment	40%	43%
Dual Eligibility	7%	13%

this program in Table 13D, the mean differences show that decreases are detected for clinic, laboratory, physician services and emergency department services. The remaining categories of services do not have statistically significant cost differences pre- and post-periods. A graphical depiction of the cost behavior follows (Figure 11).

Table 13D. Pre-Post Medicaid Costs for Recipients Enrolled in OTDA NYC Disability Housing Subsidy Pilot, By Category of Service††

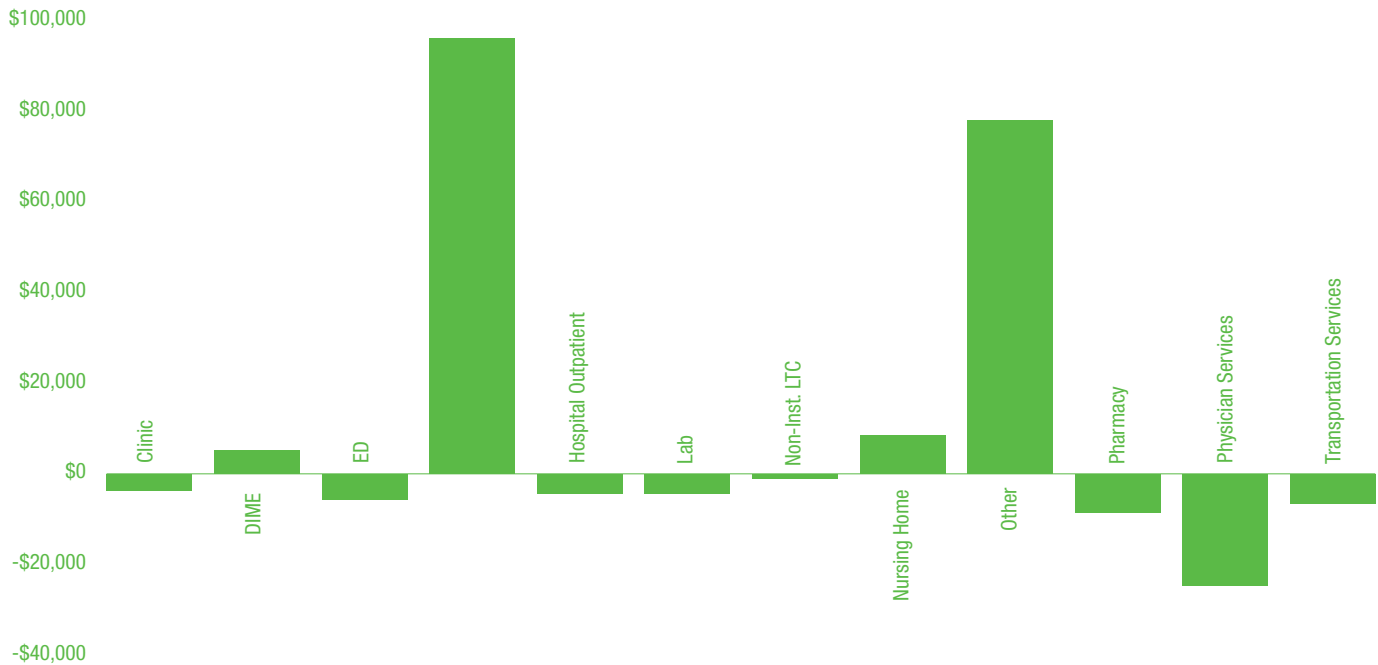
Program / Category of Service	Pre-Period Total Cost	Post-Period Total Cost	Total Cost Difference	Mean Difference in Total Cost	Median Difference in Total Cost	Sign Test
OTDA NYC Disability Housing Subsidy Pilot Program (Overall)	\$438,283	\$568,819	\$130,536	\$4,351	\$195	
Clinic	\$38,202	\$34,948	-\$3,255	-\$108	-\$63	***
DME	\$15,271	\$20,536	\$5,264	\$175	\$0	
Emergency Department	\$11,174	\$5,949	-\$5,226	-\$174	-\$13	**
Hospital Inpatient	\$157,226	\$251,489	\$94,263	\$3,142	\$0	
Hospital Outpatient	\$27,741	\$23,419	-\$4,322	-\$144	\$0	
Lab	\$3,747	\$215	-\$3,532	-\$118	\$0	***
Non-institutional LTC	\$470	\$0	-\$470	-\$16	\$0	
Nursing Home	\$0	\$8,064	\$8,064	\$269	\$0	
Other†††	\$69,802	\$146,174	\$76,371	\$2,546	\$41	
Pharmacy	\$56,595	\$48,762	-\$7,833	-\$261	\$0	
Physician Services	\$40,086	\$16,853	-\$23,233	-\$774	-\$64	*
Transportation Services	\$17,968	\$12,412	-\$5,556	-\$185	\$0	

† Sign Test for difference in median cost for people with non-zero cost in the pre- and/or post-period: "*" -- p < 0.1, "***" -- p < .05, "****" -- p < .01.

†† The program participants represented in this table were not necessarily enrolled in the program for the entire year. See the "Duration in MRT-SH" bullet immediately preceding the table for details.

††† "Other" services are broken out in Appendix Tables A.3 and A.4.

Figure 11. Savings by category of service, Post Period minus Pre Period, OTDA NYC Disability Housing Subsidy Pilot Program



The pre-post change is highly variable between participants. The median cost increase for current enrollees is \$195.00 (Table 13E).

Table 13E. Percentile breakdown of cost savings (Post-Period minus Pre-Period, negative numbers represent cost savings), OTDA NYC Disability Housing Subsidy Pilot Program recipients

OTDA NYC Disability Housing Subsidy Pilot Program	
5th Percentile	-\$20,567
10th Percentile	-\$10,382
25th Percentile	-\$4,325
50th Percentile	\$195
75th Percentile	\$8,660
90th Percentile	\$24,257
95th Percentile	\$41,824

Table 13F shows that those with savings in the top 10% had higher spending in the pre-period, on average, and were also more likely to have serious mental illness or HIV positive diagnoses in the pre-period.

Table 13F. Comparison of demographic variables between the Top 10% of savers and the Bottom 90% of savers, OTDA NYC Disability Housing Subsidy Pilot Program recipients

Summary Statistic	Summary Statistic Value, bottom 90% of savers	Summary Statistic Value, top 10% of savers
Race/Ethnicity: Black	59.3%	100.0%
Race/Ethnicity: HISPANIC	29.6%	0.0%
Race/Ethnicity: Multiracial/Other	3.7%	0.0%
Race/Ethnicity: White	7.4%	0.0%
Location: New York City	92.6%	100.0%
Location: Long Island	0.0%	0.0%
Location: Other NYS	7.4%	0.0%
Diagnoses: Serious Mental Illness	33.3%	66.7%
Diagnoses: Substance Use Disorder	29.6%	33.3%
Diagnoses: HIV+	40.7%	66.7%
Diagnoses: Other Chronic Condition	70.4%	100.0%
Diagnoses: 3 or more conditions	14.8%	66.7%
Diagnoses: All 4 conditions	7.4%	0.0%
Average Age	58.2	60.3
Average Pre-Period Cost	\$12,103	\$37,171
Median Pre-Period Cost	\$5,849	\$26,460

Conclusions. This program will be examined again when Medicaid claims data is available for a larger sample over a longer time period.

APPENDIX

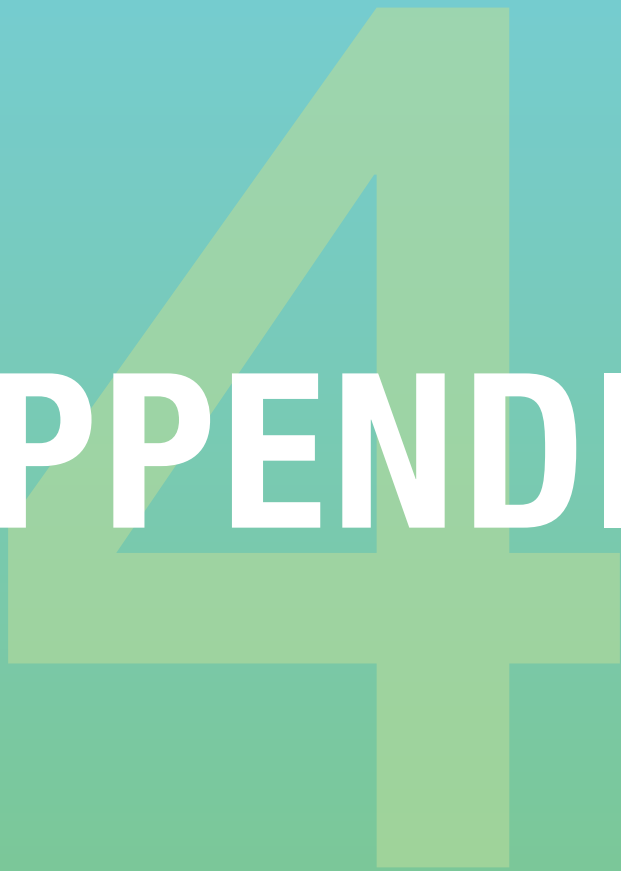


Table A.1: Category of Service Definitions*

Hospital Inpatient:	285 Inpatient
Hospital Outpatient:	287 Hospital-Based Outpatient Services
Clinic:	160 Diagnostic and Treatment Center Services
Nursing Home:	286 Skilled Nursing Facility 381 Skilled Nursing Facility 383 Day Care
Non-institutional LTC:	260 Home Health Agency Professional Services 263 HHA/Medical/Surgical Supply and DME 264 Vendor Personal Care Services 266 Personal Emergency Response Services 267 Assisted Living Program 284 Home Care Program 388 Long Term Home Health Care
Physician Services:	46 Physician Group 460 Physician Services
Pharmacy:	441 Drugs
DME:	321 Medical Appliance, Equipment, Supply Dealer
Lab:	1,000 Laboratory (Free-Standing)
Transportation:	601 Ambulance – Emergency 602 Ambulette 603 Taxi 605 Livery Services 606 Transportation Day Treatment

*The table above shows Medicaid category of service (COS) codes and descriptions that were rolled up to define the broader categories of service used in the pre-post analysis. Medicaid COS codes are associated with Medicaid claims in the Medicaid database based on the nature and setting of the claim.

**The “other” category of service included all other categories of service. For a full cost breakout of the “other” category, see the appendix tables A.3 and A.4.

Emergency Department services were defined as any claim line with rate code 2879, 1402, or 1419 or procedure code 99281 – 99285, regardless of the category of service code on the claim line.

Table A.2:

Medicaid Coverage Types considered “full” for inclusion in pre-post analysis

For the purposes of the pre-post analysis, a participant was considered to have full coverage and kept for analysis if they had coverage codes contained in the following table. Coverage of any other type excluded the participant from the pre-post analysis. A 60-day or more gap in coverage within the pre-period or the post-period also excluded the participant from the pre-post analysis.

Coverage Code	Coverage Code Description
01	All Benefits
06	Provisional Eligibility
11	Legal Alien – Full Coverage
16	Home Relief
19	Community Coverage with Community LTC
20	Community Coverage with no LTC
24	Community Coverage with no LTC, Alien 5-year ban
30	Client is eligible for Medicaid and enrolled in a patient care plan
36	Family Health Plus Guarantee

Table A.3:

“Other” Category of Service Break-Out by Category of Service Code

This table provides a detailed breakout of all claims captured by the “other” category of service row in program-specific analyses.

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	AIDS Institute - Services Only	\$2,920,026.82	\$3,241,895.30	\$321,867.92
282	ORDERED AMBULATORY OTHER THAN LABS	\$108,976.60	\$63,323.72	-\$45,652.90
200	DENTAL SERVICES	\$29,574.10	\$13,936.95	-\$15,637.20
180	DENTAL SCHOOL CLINIC SERVICES	\$44,004.22	\$40,063.65	-\$3,940.57
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$19,772.63	\$15,991.46	-\$3,781.17
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$5,958.03	\$2,713.70	-\$3,244.33
469	NURSE PRACTITIONER	\$6,956.40	\$4,254.12	-\$2,702.28
622	PHYSICAL THERAPIST	\$1,079.15	\$159.89	-\$919.26
162	LABORATORY ORDERED AMBULATORY	\$470.36	\$117.59	-\$352.77
162	LABORATORY ORDERED AMBULATORY	\$470.36	\$117.59	-\$352.77
322	HEARING AID DISPENSER	\$371.20	\$22.40	-\$348.80
402	OPTICAL ESTABLISHMENT WITHOUT SALARIED OPTOMETRIST	\$32.00	\$0.00	-\$32.00
384	INTERMEDIATE CARE FACILITY/ DEVELOPMENTALLY DISABLED	\$6,201.20	\$6,213.34	\$12.14
90	MULTI TYPE GROUP SERVICES	\$299.01	\$317.28	\$18.27
408	EYEGLOSS MATERIALS-UPSTATE	\$0.00	\$27.00	\$27.00
268	OMH REHABILITATIVE SERVICES	\$9,570.00	\$9,902.00	\$332.00
422	OPTOMETRIST (SELF EMPLOYED)	\$1,189.39	\$1,684.63	\$495.24
140	CHIROPRACTIC SERVICES	\$17.22	\$532.35	\$515.13
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$8,334.86	\$8,867.40	\$532.54
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$1,877.48	\$3,924.87	\$2,047.39
580	CLINICAL PSYCHOLOGY SERVICES	\$12,275.00	\$16,880.10	\$4,605.10
165	HOSPICE	\$624.59	\$6,318.49	\$5,693.90
560	CLINICAL SOCIAL WORKER SERVICES	\$15,752.27	\$22,073.02	\$6,320.75
500	PODIATRY SERVICES	\$13,186.83	\$19,849.53	\$6,662.70
621	OCCUPATIONAL THERAPIST	\$8,307.24	\$25,983.62	\$17,676.38
521	LPN	\$3,324.88	\$42,710.97	\$39,386.09
288	PHARMACY	\$39,171.63	\$101,754.90	\$62,583.30
265	CASE MANAGEMENT SERVICES	\$1,943,585.00	\$2,029,929.00	\$86,343.48
0	CHAIN PHARMACY (NP,WB)	\$629,343.80	\$796,572.60	\$167,228.80

Table A.3:
“Other” Category of Service Break-Out by Category of Service Code

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	AIDS Institute - Subsidies and Services	\$363,218.01	\$364,285.73	\$1,067.71
268	OMH REHABILITATIVE SERVICES	\$11,313.28	\$2,338.07	-\$8,975.21
0	CHAIN PHARMACY (NP,WB)	\$41,115.16	\$34,963.46	-\$6,151.70
200	DENTAL SERVICES	\$4,342.00	\$1,248.00	-\$3,094.00
580	CLINICAL PSYCHOLOGY SERVICES	\$3,326.46	\$1,157.15	-\$2,169.31
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$3,178.47	\$1,243.97	-\$1,934.50
500	PODIATRY SERVICES	\$1,843.04	\$485.15	-\$1,357.89
180	DENTAL SCHOOL CLINIC SERVICES	\$6,346.20	\$5,600.25	-\$745.95
469	NURSE PRACTITIONER	\$2,137.48	\$1,763.79	-\$373.69
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$252.30	\$193.12	-\$59.18
408	EYEGLOSS MATERIALS-UPSTATE	\$85.00	\$46.00	-\$39.00
402	OPTICAL ESTABLISHMENT WITHOUT SALARIED OPTOMETRIST	\$20.00	\$0.00	-\$20.00
521	LPN	\$0.00	\$90.00	\$90.00
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$0.00	\$143.60	\$143.60
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$0.00	\$185.08	\$185.08
384	INTERMEDIATE CARE FACILITY/ DEVELOPMENTALLY DISABLED	\$0.00	\$328.74	\$328.74
282	ORDERED AMBULATORY OTHER THAN LABS	\$351.64	\$730.18	\$378.54
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$1,721.28	\$2,164.17	\$442.89
560	CLINICAL SOCIAL WORKER SERVICES	\$999.40	\$1,536.18	\$536.78
621	OCCUPATIONAL THERAPIST	\$164.80	\$1,547.52	\$1,382.72
165	HOSPICE	\$0.00	\$1,611.88	\$1,611.88
622	PHYSICAL THERAPIST	\$0.00	\$1,923.52	\$1,923.52
265	CASE MANAGEMENT SERVICES	\$286,021.50	\$304,985.90	\$18,964.39

Table A.3:**“Other” Category of Service Break-Out by Category of Service Code**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	East 99th Street	\$482,461.79	\$974,445.88	\$491,983.98
288	PHARMACY	\$68,119.27	\$10,889.92	-\$57,229.30
268	OMH REHABILITATIVE SERVICES	\$26,232.53	\$10,844.68	-\$15,387.90
384	INTERMEDIATE CARE FACILITY/ DEVELOPMENTALLY DISABLED	\$23,017.78	\$9,092.22	-\$13,925.60
265	CASE MANAGEMENT SERVICES	\$124,631.20	\$115,732.00	-\$8,899.27
180	DENTAL SCHOOL CLINIC SERVICES	\$3,946.01	\$872.65	-\$3,073.36
580	CLINICAL PSYCHOLOGY SERVICES	\$1,861.74	\$102.40	-\$1,759.34
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$1,839.23	\$174.78	-\$1,664.45
200	DENTAL SERVICES	\$2,763.00	\$1,737.00	-\$1,026.00
282	ORDERED AMBULATORY OTHER THAN LABS	\$924.43	\$184.00	-\$740.43
324	AUDIOLOGIST/HEARING AID DEALER	\$547.20	\$0.00	-\$547.20
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$3,839.00	\$3,330.98	-\$508.02
622	PHYSICAL THERAPIST	\$455.00	\$0.00	-\$455.00
402	OPTICAL ESTABLISHMENT WITHOUT SALARIED OPTOMETRIST	\$405.00	\$0.00	-\$405.00
322	HEARING AID DISPENSER	\$393.90	\$0.00	-\$393.90
422	OPTOMETRIST (SELF EMPLOYED)	\$251.60	\$11.36	-\$240.24
500	PODIATRY SERVICES	\$784.81	\$581.87	-\$202.94
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$174.65	\$30.28	-\$144.37
162	LABORATORY ORDERED AMBULATORY	\$117.09	\$0.00	-\$117.09
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$590.40	\$525.13	-\$65.27
408	EYEGLOSS MATERIALS-UPSTATE	\$0.00	\$16.00	\$16.00
140	CHIROPRACTIC SERVICES	\$9.41	\$25.57	\$16.16
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$70.49	\$126.93	\$56.44
560	CLINICAL SOCIAL WORKER SERVICES	\$167.51	\$327.00	\$159.49
90	MULTI TYPE GROUP SERVICES	\$0.00	\$247.43	\$247.43
469	NURSE PRACTITIONER	\$133.05	\$1,911.73	\$1,778.68
164	SUPPORTIVE HEALTH SERVICES	\$0.00	\$3,092.27	\$3,092.27
165	HOSPICE	\$3,570.72	\$6,895.19	\$3,324.47
621	OCCUPATIONAL THERAPIST	\$3,265.97	\$17,391.79	\$14,125.82
0	CHAIN PHARMACY (NP,WB)	\$214,350.80	\$790,302.70	\$575,951.90

Table A.3:
“Other” Category of Service Break-Out by Category of Service Code

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
Eviction Prevention for Vulnerable Adults		\$364,888.01	\$484,017.52	\$119,129.66
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$9,614.40	\$492.75	-\$9,121.65
180	DENTAL SCHOOL CLINIC SERVICES	\$15,679.04	\$11,251.23	-\$4,427.81
269	OPWDD WAIVER SERVICES	\$27,791.14	\$24,485.90	-\$3,305.24
500	PODIATRY SERVICES	\$7,460.31	\$4,174.22	-\$3,286.09
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$2,326.67	\$82.30	-\$2,244.37
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$1,003.59	\$519.74	-\$483.85
622	PHYSICAL THERAPIST	\$1,570.89	\$1,186.33	-\$384.56
90	MULTI TYPE GROUP SERVICES	\$282.84	\$71.71	-\$211.13
525	SVE; MIDWIFE	\$239.67	\$48.08	-\$191.59
423	AN OPTICAL ESTABLISHMENT OWNED BY AN OPTOMETRIST(S) OR AN OP	\$171.60	\$0.00	-\$171.60
521	LPN	\$0.00	\$0.00	\$0.00
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$178.18	\$221.78	\$43.60
165	HOSPICE	\$0.00	\$216.93	\$216.93
265	CASE MANAGEMENT SERVICES	\$107,198.50	\$107,457.80	\$259.35
422	OPTOMETRIST (SELF EMPLOYED)	\$423.58	\$776.95	\$353.37
282	ORDERED AMBULATORY OTHER THAN LABS	\$510.19	\$966.45	\$456.26
560	CLINICAL SOCIAL WORKER SERVICES	\$418.97	\$1,615.41	\$1,196.44
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$3,164.67	\$4,395.80	\$1,231.13
580	CLINICAL PSYCHOLOGY SERVICES	\$1,883.25	\$3,175.01	\$1,291.76
200	DENTAL SERVICES	\$2,745.00	\$5,772.55	\$3,027.55
469	NURSE PRACTITIONER	\$1,827.92	\$7,892.64	\$6,064.72
621	OCCUPATIONAL THERAPIST	\$176.20	\$8,728.64	\$8,552.44
268	OMH REHABILITATIVE SERVICES	\$1,438.00	\$12,493.00	\$11,055.00
0	CHAIN PHARMACY (NP,WB)	\$178,783.40	\$287,992.30	\$109,209.00

Table A.3:**“Other” Category of Service Break-Out by Category of Service Code**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	HHAP Capital Programs	\$44,134.74	\$54,093.10	\$9,958.36
621	OCCUPATIONAL THERAPIST	\$660.00	\$0.00	-\$660.00
622	PHYSICAL THERAPIST	\$303.79	\$0.00	-\$303.79
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$1,658.75	\$1,417.37	-\$241.38
500	PODIATRY SERVICES	\$1,219.12	\$1,085.07	-\$134.05
408	EYEGLASS MATERIALS-UPSTATE	\$127.50	\$45.50	-\$82.00
404	OPTICIAN (OPHTHALMIC DISPENSER) SELF-EMPLOYED	\$22.00	\$0.00	-\$22.00
200	DENTAL SERVICES	\$14.00	\$0.00	-\$14.00
282	ORDERED AMBULATORY OTHER THAN LABS	\$8.00	\$0.00	-\$8.00
288	PHARMACY	\$0.30	\$0.00	-\$0.30
402	OPTICAL ESTABLISHMENT WITHOUT SALARIED OPTOMETRIST	\$15.00	\$20.00	\$5.00
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$86.51	\$93.10	\$6.59
525	SVE; MIDWIFE	\$85.32	\$116.93	\$31.61
580	CLINICAL PSYCHOLOGY SERVICES	\$702.86	\$819.15	\$116.29
521	LPN	\$0.00	\$200.00	\$200.00
469	NURSE PRACTITIONER	\$840.62	\$1,264.33	\$423.71
180	DENTAL SCHOOL CLINIC SERVICES	\$1,982.89	\$2,645.34	\$662.45
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$72.32	\$866.00	\$793.68
265	CASE MANAGEMENT SERVICES	\$5,790.76	\$6,715.79	\$925.03
0	CHAIN PHARMACY (NP,WB)	\$1,365.00	\$3,720.00	\$2,355.00
268	OMH REHABILITATIVE SERVICES	\$29,180.00	\$35,084.52	\$5,904.52

Table A.3:
“Other” Category of Service Break-Out by Category of Service Code

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
Health Home Pilot		\$161,556.86	\$227,848.36	\$66,291.46
180	DENTAL SCHOOL CLINIC SERVICES	\$12,344.94	\$4,063.78	-\$8,281.16
200	DENTAL SERVICES	\$6,848.00	\$845.00	-\$6,003.00
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$3,336.23	\$0.00	-\$3,336.23
288	PHARMACY	\$2,161.38	\$0.00	-\$2,161.38
580	CLINICAL PSYCHOLOGY SERVICES	\$3,716.42	\$2,741.43	-\$974.99
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$1,615.09	\$694.83	-\$920.26
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$1,195.06	\$593.40	-\$601.66
500	PODIATRY SERVICES	\$771.82	\$332.20	-\$439.62
469	NURSE PRACTITIONER	\$1,139.53	\$870.22	-\$269.31
622	PHYSICAL THERAPIST	\$159.36	\$0.00	-\$159.36
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$146.88	\$0.00	-\$146.88
422	OPTOMETRIST (SELF EMPLOYED)	\$78.09	\$0.00	-\$78.09
408	EYEGLOSS MATERIALS-UPSTATE	\$75.00	\$6.00	-\$69.00
521	LPN	\$28.88	\$0.00	-\$28.88
404	OPTICIAN (OPHTHALMIC DISPENSER) SELF-EMPLOYED	\$15.00	\$0.00	-\$15.00
560	CLINICAL SOCIAL WORKER SERVICES	\$66.02	\$61.39	-\$4.63
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$209.90	\$283.10	\$73.20
165	HOSPICE	\$975.17	\$1,090.88	\$115.71
282	ORDERED AMBULATORY OTHER THAN LABS	\$242.85	\$750.78	\$507.93
621	OCCUPATIONAL THERAPIST	\$161.47	\$780.90	\$619.43
268	OMH REHABILITATIVE SERVICES	\$32,936.87	\$36,209.92	\$3,273.05
0	CHAIN PHARMACY (NP,WB)	\$24,643.49	\$61,599.13	\$36,955.64

Table A.3:**“Other” Category of Service Break-Out by Category of Service Code**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	OASAS Rental Subsidies and Supports	\$768,753.69	\$1,005,936.99	\$237,183.29
268	OMH REHABILITATIVE SERVICES	\$230,171.00	\$162,139.80	-\$68,031.20
200	DENTAL SERVICES	\$22,300.00	\$8,689.00	-\$13,611.00
288	PHARMACY	\$10,257.52	\$622.90	-\$9,634.62
580	CLINICAL PSYCHOLOGY SERVICES	\$25,693.15	\$19,006.17	-\$6,686.98
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$11,772.22	\$7,934.03	-\$3,838.19
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$3,216.59	\$1,158.87	-\$2,057.72
180	DENTAL SCHOOL CLINIC SERVICES	\$50,751.60	\$48,850.10	-\$1,901.50
469	NURSE PRACTITIONER	\$3,946.52	\$2,502.75	-\$1,443.77
500	PODIATRY SERVICES	\$8,540.86	\$7,147.04	-\$1,393.82
165	HOSPICE	\$4,842.33	\$3,484.98	-\$1,357.35
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$1,745.02	\$1,163.78	-\$581.24
622	PHYSICAL THERAPIST	\$607.58	\$178.70	-\$428.88
621	OCCUPATIONAL THERAPIST	\$8,182.40	\$7,857.27	-\$325.13
408	EYEGLOSS MATERIALS-UPSTATE	\$516.50	\$241.50	-\$275.00
422	OPTOMETRIST (SELF EMPLOYED)	\$765.51	\$660.32	-\$105.19
90	MULTI TYPE GROUP SERVICES	\$95.17	\$0.00	-\$95.17
402	OPTICAL ESTABLISHMENT WITHOUT SALARIED OPTOMETRIST	\$90.00	\$30.00	-\$60.00
525	SVE; MIDWIFE	\$55.14	\$0.00	-\$55.14
404	OPTICIAN (OPHTHALMIC DISPENSER) SELF-EMPLOYED	\$27.00	\$0.00	-\$27.00
161	CLINIC PHARMACY	\$10.91	\$48.44	\$37.53
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$492.89	\$702.66	\$209.77
560	CLINICAL SOCIAL WORKER SERVICES	\$2,901.17	\$5,146.01	\$2,244.84
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$9,712.07	\$12,121.83	\$2,409.76
282	ORDERED AMBULATORY OTHER THAN LABS	\$8,486.39	\$11,529.46	\$3,043.07
521	LPN	\$2,005.70	\$14,746.68	\$12,740.98
0	CHAIN PHARMACY (NP,WB)	\$35,742.05	\$133,864.80	\$98,122.74
265	CASE MANAGEMENT SERVICES	\$325,826.40	\$556,109.90	\$230,283.50

Table A.3:
“Other” Category of Service Break-Out by Category of Service Code

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
OPWDD Expansion of Existing Rental/Services		\$4,912,020.51	\$2,356,012.60	-\$2,556,007.86
269	OPWDD WAIVER SERVICES	\$4,716,447.00	\$2,160,080.00	-\$2,556,367.00
0	CHAIN PHARMACY (NP,WB)	\$36,382.50	\$24,328.51	-\$12,054.00
268	OMH REHABILITATIVE SERVICES	\$13,967.00	\$9,470.35	-\$4,496.65
200	DENTAL SERVICES	\$5,382.00	\$3,730.00	-\$1,652.00
180	DENTAL SCHOOL CLINIC SERVICES	\$1,906.73	\$391.84	-\$1,514.89
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$1,254.60	\$0.00	-\$1,254.60
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$560.13	\$206.77	-\$353.36
560	CLINICAL SOCIAL WORKER SERVICES	\$352.43	\$0.00	-\$352.43
422	OPTOMETRIST (SELF EMPLOYED)	\$1,148.82	\$885.70	-\$263.12
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$613.19	\$410.18	-\$203.01
90	MULTI TYPE GROUP SERVICES	\$243.61	\$72.62	-\$170.99
469	NURSE PRACTITIONER	\$816.11	\$689.19	-\$126.92
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$975.62	\$854.62	-\$121.00
580	CLINICAL PSYCHOLOGY SERVICES	\$143.60	\$115.07	-\$28.53
408	EYEGLOSS MATERIALS-UPSTATE	\$304.25	\$277.00	-\$27.25
402	OPTICAL ESTABLISHMENT WITHOUT SALARIED OPTOMETRIST	\$55.00	\$35.00	-\$20.00
525	SVE; MIDWIFE	\$0.00	\$0.00	\$0.00
404	OPTICIAN (OPHTHALMIC DISPENSER) SELF-EMPLOYED	\$20.00	\$30.00	\$10.00
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$89.36	\$135.86	\$46.50
500	PODIATRY SERVICES	\$1,459.75	\$1,696.16	\$236.41
324	AUDIOLOGIST/HEARING AID DEALER	\$85.46	\$488.12	\$402.66
622	PHYSICAL THERAPIST	\$0.00	\$546.42	\$546.42
282	ORDERED AMBULATORY OTHER THAN LABS	\$540.55	\$1,253.09	\$712.54
265	CASE MANAGEMENT SERVICES	\$129,272.80	\$150,316.10	\$21,043.36

Table A.3:**“Other” Category of Service Break-Out by Category of Service Code**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	OTDA NYC Disability Housing Subsidy Pilot Program	\$69,802.34	\$146,173.78	\$76,371.44
165	HOSPICE	\$2,074.10	\$0.00	-\$2,074.10
621	OCCUPATIONAL THERAPIST	\$1,290.08	\$0.00	-\$1,290.08
200	DENTAL SERVICES	\$1,605.00	\$579.00	-\$1,026.00
180	DENTAL SCHOOL CLINIC SERVICES	\$1,475.05	\$869.19	-\$605.86
580	CLINICAL PSYCHOLOGY SERVICES	\$350.86	\$0.00	-\$350.86
500	PODIATRY SERVICES	\$427.20	\$245.04	-\$182.16
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$315.69	\$137.00	-\$178.69
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$197.96	\$134.05	-\$63.91
288	PHARMACY	\$25.02	\$0.00	-\$25.02
140	CHIROPRACTIC SERVICES	\$0.00	\$26.11	\$26.11
282	ORDERED AMBULATORY OTHER THAN LABS	\$0.00	\$55.90	\$55.90
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$0.00	\$66.84	\$66.84
422	OPTOMETRIST (SELF EMPLOYED)	\$0.00	\$244.35	\$244.35
469	NURSE PRACTITIONER	\$0.00	\$414.84	\$414.84
265	CASE MANAGEMENT SERVICES	\$10,893.42	\$17,670.06	\$6,776.64
0	CHAIN PHARMACY (NP,WB)	\$51,147.96	\$125,731.40	\$74,583.44

Table A.3:
“Other” Category of Service Break-Out by Category of Service Code

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	Rental Subsidies: Brooklyn	\$3,122,287.54	\$1,280,508.39	-\$1,841,779.09
268	OMH REHABILITATIVE SERVICES	\$2,460,347.00	\$366,110.00	-\$2,094,237.00
0	CHAIN PHARMACY (NP,WB)	\$63,671.45	\$52,170.99	-\$11,500.50
200	DENTAL SERVICES	\$23,223.00	\$12,193.00	-\$11,030.00
621	OCCUPATIONAL THERAPIST	\$12,852.04	\$4,087.72	-\$8,764.32
580	CLINICAL PSYCHOLOGY SERVICES	\$12,151.06	\$6,032.57	-\$6,118.49
622	PHYSICAL THERAPIST	\$7,016.84	\$930.74	-\$6,086.10
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$12,596.88	\$7,860.84	-\$4,736.04
165	HOSPICE	\$12,510.99	\$8,015.80	-\$4,495.19
560	CLINICAL SOCIAL WORKER SERVICES	\$5,652.20	\$2,706.65	-\$2,945.55
180	DENTAL SCHOOL CLINIC SERVICES	\$19,659.34	\$17,836.37	-\$1,822.97
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$11,805.34	\$10,296.70	-\$1,508.64
469	NURSE PRACTITIONER	\$3,996.12	\$2,492.78	-\$1,503.34
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$755.91	\$201.03	-\$554.88
423	AN OPTICAL ESTABLISHMENT OWNED BY AN OPTOMETRIST(S) OR AN OP	\$240.40	\$0.00	-\$240.40
50	PODIATRIST GROUP	\$165.75	\$0.00	-\$165.75
422	OPTOMETRIST (SELF EMPLOYED)	\$582.07	\$507.27	-\$74.80
90	MULTI TYPE GROUP SERVICES	\$229.04	\$168.86	-\$60.18
525	SVE; MIDWIFE	\$0.00	\$23.86	\$23.86
402	OPTICAL ESTABLISHMENT WITHOUT SALARIED OPTOMETRIST	\$38.00	\$137.00	\$99.00
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$256.23	\$370.47	\$114.24
282	ORDERED AMBULATORY OTHER THAN LABS	\$1,859.88	\$1,996.66	\$136.78
500	PODIATRY SERVICES	\$12,931.78	\$13,280.04	\$348.26
62	THERAPY GROUP SERVICES	\$0.00	\$1,338.61	\$1,338.61
384	INTERMEDIATE CARE FACILITY/ DEVELOPMENTALLY DISABLED	\$0.00	\$4,662.43	\$4,662.43
521	LPN	\$1,232.33	\$6,451.57	\$5,219.24
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$1,232.89	\$8,066.03	\$6,833.14
265	CASE MANAGEMENT SERVICES	\$457,281.00	\$752,570.40	\$295,289.50

Table A.3:**“Other” Category of Service Break-Out by Category of Service Code**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	Rental Subsidies: Statewide	\$2,885,189.55	\$1,928,726.12	-\$956,463.77
268	OMH REHABILITATIVE SERVICES	\$2,026,712.00	\$707,070.30	-\$1,319,642.00
580	CLINICAL PSYCHOLOGY SERVICES	\$46,507.00	\$31,724.04	-\$14,783.00
200	DENTAL SERVICES	\$15,708.00	\$6,869.00	-\$8,839.00
500	PODIATRY SERVICES	\$14,171.16	\$9,102.52	-\$5,068.64
281	LABORATORY (HOS-BASED) ORDERED AMBULATORY	\$4,875.80	\$1,272.41	-\$3,603.39
560	CLINICAL SOCIAL WORKER SERVICES	\$3,582.12	\$1,205.30	-\$2,376.82
401	OPTICAL ESTABLISHMENT WITH SALARIED OPTOMETRIST	\$7,731.10	\$5,720.52	-\$2,010.58
121	CHILD CARE AGENCIES-MEDICAL PER DIEM	\$778.96	\$0.00	-\$778.96
90	MULTI TYPE GROUP SERVICES	\$520.23	\$154.98	-\$365.25
442	PHARMACY MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES	\$3,769.37	\$3,476.68	-\$292.69
140	CHIROPRACTIC SERVICES	\$137.19	\$0.00	-\$137.19
525	SVE; MIDWIFE	\$157.25	\$27.23	-\$130.02
422	OPTOMETRIST (SELF EMPLOYED)	\$1,056.70	\$958.21	-\$98.49
288	PHARMACY	\$96.65	\$0.00	-\$96.65
20	DENTAL GROUP	\$83.76	\$16.46	-\$67.30
404	OPTICIAN (OPHTHALMIC DISPENSER) SELF-EMPLOYED	\$20.00	\$35.00	\$15.00
324	AUDIOLOGIST/HEARING AID DEALER	\$390.06	\$550.57	\$160.51
408	EYEGLOSS MATERIALS-UPSTATE	\$681.00	\$966.50	\$285.50
402	OPTICAL ESTABLISHMENT WITHOUT SALARIED OPTOMETRIST	\$277.17	\$579.00	\$301.83
9901	DEFAULT CATEGORY OF SERVICE (PROFESSIONAL CMS MEDICARE CROSSOVER)	\$2,024.96	\$2,366.51	\$341.55
180	DENTAL SCHOOL CLINIC SERVICES	\$40,345.52	\$40,691.80	\$346.28
621	OCCUPATIONAL THERAPIST	\$30,212.40	\$30,566.91	\$354.51
269	OPWDD WAIVER SERVICES	\$900.48	\$1,564.87	\$664.39
622	PHYSICAL THERAPIST	\$783.74	\$1,658.25	\$874.51
469	NURSE PRACTITIONER	\$10,401.71	\$13,563.22	\$3,161.51
282	ORDERED AMBULATORY OTHER THAN LABS	\$12,509.60	\$20,343.12	\$7,833.52
521	LPN	\$3,350.39	\$11,293.39	\$7,943.00
165	HOSPICE	\$920.36	\$9,900.36	\$8,980.00
163	ORDERED AMBULATORY (OTHER THAN LABS)	\$15,924.76	\$27,371.79	\$11,447.03
0	CHAIN PHARMACY (NP,WB)	\$13,406.91	\$74,674.58	\$61,267.67
265	CASE MANAGEMENT SERVICES	\$627,153.20	\$925,002.60	\$297,849.40

Table A.4:

“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)

This table provides a detailed breakout of fee for service claims captured by the “other” category of service row in program-specific analyses.

Rate Code	Rate Code Description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	AIDS Institute - Services Only	\$2,172,975.46	\$2,263,618.11	\$90,643.35
1386	HEALTH HOME SERVICES	\$221,300.20	\$377,637.20	\$156,337.00
1882	HEALTH HOME/MATS	\$2,345.76	\$11,142.36	\$8,796.60
3988	HOSPICE GENERAL INPATIENT-AIDS PATIENTS	\$0.00	\$3,859.72	\$3,859.72
1851	HEALTH HOME/OMH-TCM	\$527.88	\$3,840.43	\$3,312.55
1881	HEALTH HOME OUTREACH/AIDS/HIV CASE MANAGEMENT	\$2,797.29	\$4,638.50	\$1,841.21
1853	HEALTH HOME PLUS/CARE MANAGEMENT	\$0.00	\$800.00	\$800.00
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$4,975.00	\$5,530.00	\$555.00
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$0.00	\$235.00	\$235.00
4525	PROS CLIN TRMT ADD-ON	\$3,126.00	\$3,348.00	\$222.00
None	None	\$219,820.00	\$219,928.20	\$108.12
1883	HEALTH HOME OUTREACH/MATS	\$586.44	\$0.00	-\$586.44
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$1,469.00	\$789.00	-\$680.00
5211	OMR SERVICE COORD-BASIC VOLUNTARY	\$1,517.88	\$0.00	-\$1,517.88
4726	CIDP MCCF-MONTHLY CARE COORDINATION FEE	\$1,657.96	\$0.00	-\$1,657.96
1885	HEALTH HOME/CIDP CASE MANAGEMENT	\$2,623.41	\$582.98	-\$2,040.43
1387	HEALTH HOME SERVICES - OUTREACH	\$11,339.76	\$8,805.88	-\$2,533.88
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$1,635,420.00	\$1,619,545.00	-\$15,874.22
5223 ⁵	AIDS/CASE MANAGEMENT	\$63,468.88	\$2,935.84	-\$60,533.04

⁵ The 5223 rate code was discontinued and replaced by Health Home rates during the study period.

Table A.4:**“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	AIDS Institute - Subsidies and Services	\$308,219.01	\$314,519.06	\$6,300.05
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$249,404.20	\$279,346.00	\$29,941.80
1386	HEALTH HOME SERVICES	\$8,471.58	\$20,666.78	\$12,195.20
4370	SEMI-MONTHLY REHAB FEE - 1ST HALF	\$0.00	\$1,905.07	\$1,905.07
1852	HEALTH HOME OUTREACH/OMH TCM	\$0.00	\$1,300.20	\$1,300.20
1387	HEALTH HOME SERVICES - OUTREACH	\$1,534.25	\$1,278.86	-\$255.39
4526	PROS INT REHAB	\$377.00	\$0.00	-\$377.00
1881	HEALTH HOME OUTREACH/AIDS/HIV CASE MANAGEMENT	\$426.50	\$0.00	-\$426.50
4510	PROS PREADMISSION	\$980.00	\$433.00	-\$547.00
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$718.00	\$0.00	-\$718.00
4525	PROS CLIN TRMT ADD-ON	\$762.00	\$0.00	-\$762.00
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$856.00	\$0.00	-\$856.00
1851	HEALTH HOME/OMH-TCM	\$3,900.60	\$2,394.00	-\$1,506.60
None	None	\$10,884.24	\$7,195.15	-\$3,689.09
4369	MONTHLY REHABILITATIVE FEE	\$7,620.28	\$0.00	-\$7,620.28
5223	AIDS/CASE MANAGEMENT	\$22,284.36	\$0.00	-\$22,284.36

Table A.4:
“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	East 99th Street	\$229,075	\$146,526	-\$82,549
1386	HEALTH HOME SERVICES	\$27,215	\$51,707	\$24,492
1387	HEALTH HOME SERVICES - OUTREACH	\$1,749	\$14,947	\$13,198
1851	HEALTH HOME/OMH-TCM	\$58,903	\$30,359	-\$28,544
1852	HEALTH HOME OUTREACH/OMH TCM	\$0	\$402	\$402
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$29,927	\$11,205	-\$18,722
1881	HEALTH HOME OUTREACH/AIDS/HIV CASE MANAGEMENT	\$741	\$0	-\$741
2024	SPEECH PROC CODE 92507 (SSHSP)	\$0	\$1,467	\$1,467
2074	PT/OT PROC CODE 97110 (SSHSP)	\$0	\$44	\$44
2084	PT/OT PROC CODE 97530 (SSHSP)	\$0	\$1,581	\$1,581
4369	MONTHLY REHABILITATIVE FEE	\$8,474	\$0	-\$8,474
4508	ACT INTENSIVE FULL PAYMENT	\$0	\$4,827	\$4,827
4509	ACT INTENSIVE PART PAYMENT	\$0	\$1,600	\$1,600
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$2,820	\$1,647	-\$1,173
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$3,318	\$2,770	-\$548
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$2,367	\$0	-\$2,367
4525	PROS CLIN TRMT ADD-ON	\$2,511	\$0	-\$2,511
4526	PROS INT REHAB	\$4,968	\$0	-\$4,968
4527	PROS ONGOING REHAB & SUPPORT	\$1,775	\$0	-\$1,775
5203	OMH-ICM-STATE	\$6,096	\$7,112	\$1,016
None	None	\$78,212	\$16,857	-\$61,354

Table A.4:**“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	Eviction Prevention for Vulnerable Adults	\$157,669	\$160,078	\$2,409
1386	HEALTH HOME SERVICES	\$25,588	\$41,159	\$15,570
1387	HEALTH HOME SERVICES - OUTREACH	\$3,172	\$9,465	\$6,293
1851	HEALTH HOME/OMH-TCM	\$15,273	\$21,274	\$6,000
1852	HEALTH HOME OUTREACH/OMH TCM	\$528	\$0	-\$528
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$45,607	\$26,035	-\$19,572
1881	HEALTH HOME OUTREACH/AIDS/HIV CASE MANAGEMENT	\$0	\$741	\$741
1882	HEALTH HOME/MATS	\$2,932	\$0	-\$2,932
1883	HEALTH HOME OUTREACH/MATS	\$2,346	\$0	-\$2,346
4453	GRPDAY HAB-VOL;FULL UNIT/OMR	\$5,221	\$5,011	-\$210
4455	SUP GRPDAY HAB-VOL FULL UNT/OMR	\$5,968	\$6,502	\$535
4456	SUP GRPDAY HAB-VOL; HALF UNT/OMR	\$0	\$103	\$103
4486	HOURLY RESPITE; VOLUNTARY FSS < HOUR UNIT	\$11,609	\$12,869	\$1,260
4491	HOURLY RESPITE; VOL; 1/4 HR UNIT FREE-STAND	\$4,993	\$0	-\$4,993
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$235	\$235	\$0
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$0	\$3,318	\$3,318
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$789	\$3,945	\$3,156
4525	PROS CLIN TRMT ADD-ON	\$0	\$2,511	\$2,511
4526	PROS INT REHAB	\$414	\$2,484	\$2,070
5205	OMH-SCM-COMMUNITY 20	\$1,608	\$0	-\$1,608
5211	OMR SERVICE COORD-BASIC VOLUNTARY	\$6,830	\$7,849	\$1,019
5253	OMH - 2ICM/1SCM	\$1,677	\$0	-\$1,677
5260	NFP TARGETED CASE MANAGEMENT	\$1,636	\$935	-\$701
None	None	\$21,241	\$15,641	-\$5,600

Table A.4:

“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
Health Home Pilot		\$117,016.59	\$156,327.68	\$39,311.18
1386	HEALTH HOME SERVICES	\$28,528.08	\$72,922.64	\$44,394.60
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$12,346.38	\$26,205.43	\$13,859.10
4523	PROS COMM REHAB SRVCS 44-60 HRS	\$0.00	\$3,472.44	\$3,472.44
4508	ACT INTENSIVE FULL PAYMENT	\$12,728.00	\$15,632.00	\$2,904.00
4371	SEMI-MONTHLY REHAB FEE - 2ND HALF	\$0.00	\$1,396.34	\$1,396.34
4510	PROS PREADMISSION	\$0.00	\$613.48	\$613.48
4370	SEMI-MONTHLY REHAB FEE - 1ST HALF	\$1,010.42	\$1,396.34	\$385.92
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$856.00	\$1,072.65	\$216.65
4525	PROS CLIN TRMT ADD-ON	\$0.00	\$57.26	\$57.26
4526	PROS INT REHAB	\$1,131.00	\$792.56	-\$338.44
4509	ACT INTENSIVE PART PAYMENT	\$2,316.00	\$1,484.00	-\$832.00
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$1,509.00	\$0.00	-\$1,509.00
1387	HEALTH HOME SERVICES - OUTREACH	\$6,429.15	\$4,835.24	-\$1,593.91
4369	MONTHLY REHABILITATIVE FEE	\$13,386.45	\$10,292.85	-\$3,093.60
5200	OMH-ICM	\$3,486.00	\$0.00	-\$3,486.00
1851	HEALTH HOME/OMH-TCM	\$17,899.80	\$12,962.05	-\$4,937.75
None	None	\$15,390.31	\$3,192.40	-\$12,197.91

Table A.4:**“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	HHAP Capital Programs	\$36,815.59	\$44,376.02	\$7,560.43
4526	PROS INT REHAB	\$754.00	\$3,772.20	\$3,018.20
1882	HEALTH HOME/MATS	\$0.00	\$2,734.48	\$2,734.48
4525	PROS CLIN TRMT ADD-ON	\$254.00	\$2,795.89	\$2,541.89
4509	ACT INTENSIVE PART PAYMENT	\$734.00	\$2,960.00	\$2,226.00
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$0.00	\$2,193.30	\$2,193.30
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$0.00	\$1,528.83	\$1,528.83
4524	PROS COMM REHAB SRVCS 61+	\$0.00	\$956.80	\$956.80
4523	PROS COMM REHAB SRVCS 44-60 HRS	\$0.00	\$834.50	\$834.50
None	None	\$1,844.83	\$2,575.71	\$730.88
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$517.00	\$1,034.00	\$517.00
4512	ACT SERVICES	\$31.00	\$0.00	-\$31.00
1386	HEALTH HOME SERVICES	\$1,421.38	\$1,358.24	-\$63.14
4510	PROS PREADMISSION	\$280.00	\$140.00	-\$140.00
1851	HEALTH HOME/OMH-TCM	\$438.05	\$0.00	-\$438.05
1387	HEALTH HOME SERVICES - OUTREACH	\$2,160.47	\$1,604.07	-\$556.40
5211	OMR SERVICE COORD-BASIC VOLUNTARY	\$1,770.86	\$1,019.00	-\$751.86
4508	ACT INTENSIVE FULL PAYMENT	\$26,610.00	\$18,869.00	-\$7,741.00

Table A.4:
“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
OASAS Rental Subsidies and Supports		\$621,581	\$759,677	\$138,096
1386	HEALTH HOME SERVICES	\$123,449	\$319,861	\$196,412
1387	HEALTH HOME SERVICES - OUTREACH	\$24,087	\$37,495	\$13,408
1851	HEALTH HOME/OMH-TCM	\$50,577	\$65,567	\$14,990
1852	HEALTH HOME OUTREACH/OMH TCM	\$3,138	\$2,167	-\$971
1853	HEALTH HOME PLUS/CARE MANAGEMENT	\$0	\$6,100	\$6,100
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$23,412	\$36,337	\$12,925
1881	HEALTH HOME OUTREACH/AIDS/HIV CASE MANAGEMENT	\$729	\$0	-\$729
1882	HEALTH HOME/MATS	\$91,542	\$88,134	-\$3,407
1883	HEALTH HOME OUTREACH/MATS	\$1,759	\$0	-\$1,759
1885	HEALTH HOME/CIDP CASE MANAGEMENT	\$820	\$0	-\$820
4369	MONTHLY REHABILITATIVE FEE	\$170,475	\$61,065	-\$109,410
4370	SEMI-MONTHLY REHAB FEE - 1ST HALF	\$4,125	\$1,596	-\$2,529
4371	SEMI-MONTHLY REHAB FEE - 2ND HALF	\$6,713	\$0	-\$6,713
4508	ACT INTENSIVE FULL PAYMENT	\$7,855	\$20,746	\$12,891
4509	ACT INTENSIVE PART PAYMENT	\$5,437	\$4,746	-\$691
4510	PROS PREADMISSION	\$1,006	\$2,764	\$1,758
4512	ACT SERVICES	\$59	\$24	-\$35
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$6,679	\$10,584	\$3,905
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$8,142	\$15,981	\$7,840
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$6,817	\$10,489	\$3,672
4523	PROS COMM REHAB SRVCS 44-60 HRS	\$0	\$813	\$813
4525	PROS CLIN TRMT ADD-ON	\$7,326	\$12,876	\$5,550
4526	PROS INT REHAB	\$5,537	\$20,456	\$14,919
5205	OMH-SCM-COMMUNITY 20	\$2,094	\$0	-\$2,094
5251	OMH - 1ICM/1SCM	\$0	\$448	\$448
5252	OMH - 1ICM/2SCM	\$2,758	\$0	-\$2,758
5253	OMH - 2ICM/1SCM	\$1,461	\$0	-\$1,461
None	None	\$65,584	\$41,427	-\$24,157

Table A.4:

“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	OPWDD Expansion of Existing Rental/Services	\$4,872,976	\$2,331,120	-\$2,541,855
4437	RES HAB; VOL-IRA SUPVD; PER DIEM	\$12,462	\$100,660	\$88,198
4439	RES HAB; VOL-IRA SUPVD; NON-MED LEAVE; PER DIEM	\$3,375	\$993	-\$2,382
4453	GRPDAY HAB-VOL;FULL UNIT/OMR	\$311,320	\$264,686	-\$46,634
4454	GRPDAY HAB-VOL;HAL UNIT/OMR	\$60,745	\$40,495	-\$20,250
4455	SUP GRPDAY HAB-VOL FULL UNT/OMR	\$0	\$10,035	\$10,035
4456	SUP GRPDAY HAB-VOL; HALF UNT/OMR	\$0	\$4,930	\$4,930
4457	IND DAY HAB VOL;1/4 HR UNT/OMR	\$413	\$723	\$310
4464	PRE VOC-VOL; FULL UNIT/OMR	\$103,179	\$113,355	\$10,176
4465	PRE VOC-VOL; HALF UNIT/OMR	\$3,574	\$4,916	\$1,341
4469	SUPPORTED EMPLOYMENT; STATE; MONTHLY	\$24,682	\$2,244	-\$22,438
4471	SUPPORTED EMPLOYMENT; VOLUNTARY; MONTHLY DDP LVL 1	\$7,720	\$4,642	-\$3,078
4472	SUPPORTED EMPLOY; VOL.; MONTHLY DDP LEVEL 2	\$69,095	\$73,654	\$4,559
4473	SUPPORTED EMPLOY; VOL.; MONTHLY DDP LEVEL 3	\$53,452	\$55,806	\$2,354
4495	PLAN OF CARE SUPPORT SERVICES-VOLUNTARY; UNIT	\$478	\$0	-\$478
4510	PROS PREADMISSION	\$0	\$140	\$140
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$1,498	\$856	-\$642
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$5,533	\$3,018	-\$2,515
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$0	\$1,436	\$1,436
4525	PROS CLIN TRMT ADD-ON	\$3,048	\$3,048	\$0
4527	PROS ONGOING REHAB & SUPPORT	\$3,888	\$972	-\$2,916
4700	RES HAB; STATE; IRA-SUPVD MONTHLY	\$199,248	\$13,325	-\$185,924
4706	RES HAB; VOL; IRA/CR -SUPVD MONTHLY	\$3,547,438	\$275,280	-\$3,272,157
4707	RES HAB; VOL; IRA/CR -SUPVD SEMI-MNTHLY 1ST HALF	\$36,287	\$38,802	\$2,515
4708	RES HAB; VOL; IRA/CR -SUPVD SEMI-MNTHLY 2ND HALF	\$32,220	\$9,067	-\$23,154
4709	RES HAB; VOL; IRA/CR -SUPRT MONTHLY	\$245,621	\$661,290	\$415,669
4710	RES HAB; VOL; IRA/CR -SUPRT SEMI-MNTHLY 1ST HALF	\$3,313	\$4,823	\$1,510
4711	RES HAB; VOL; IRA/CR -SUPRT SEMI-MNTHLY 2ND HALF	\$0	\$10,135	\$10,135
4722	COMM/RES HAB; VOL; INDIV;1/4 HR	\$1,754	\$144,788	\$143,034
4723	COMM/RES HAB; VOL; GROUP-2 INDIVIDUALS; 1/4 HR	\$70	\$4,922	\$4,852
4724	COMM/RES HAB; VOL; GROUP-3 INDIVIDUALS; 1/4 HR	\$0	\$84	\$84
4731	CONS SUPP & SVCS-VOL; RESID SVCS ONLY; MTHLY	\$0	\$243,249	\$243,249
4732	CONS SUPP & SVCS-VOL; DAY SVCS ONLY; MTHLY	\$0	\$5,331	\$5,331
4765	COM HAB; VIA FI; VOL; IND; 1/4 HR	\$0	\$42,516	\$42,516
4778	SUPPORT BROKER; VIA FI; VOL; 1/4 HR	\$0	\$3,075	\$3,075
4785	IND GOODS & SVCS; VIA FI; VOL; \$10 UNIT	\$0	\$3,690	\$3,690
4789	FISCAL INTERMEDIARY; VOL; LEVEL 3; MTH	\$0	\$22,550	\$22,550
4790	SEMP; INTENSIVE; VOL; IND; 1/4 HR	\$0	\$14	\$14
5211	OMR SERVICE COORD-BASIC VOLUNTARY	\$129,273	\$150,316	\$21,043
None	None	\$13,289	\$11,253	-\$2,035

Table A.4:
“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
OTDA NYC Disability Housing Subsidy Pilot Program		\$12,721	\$19,401	\$6,679
1386	HEALTH HOME SERVICES	\$9,478	\$12,490	\$3,012
1387	HEALTH HOME SERVICES - OUTREACH	\$297	\$1,118	\$821
1851	HEALTH HOME/OMH-TCM	\$1,118	\$0	-\$1,118
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$0	\$4,062	\$4,062
None	None	\$1,828	\$1,731	-\$97

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
Rental Subsidies: Brooklyn		\$2,980,338.83	\$1,168,800.26	-\$1,811,537.48
1386	HEALTH HOME SERVICES	\$145,408.90	\$345,602.50	\$200,194.00
1851	HEALTH HOME/OMH-TCM	\$158,911.20	\$231,971.00	\$73,059.80
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$76,194.78	\$112,590.30	\$36,395.50
5203	OMH-ICM-STATE	\$0.00	\$17,272.00	\$17,272.00
4527	PROS ONGOING REHAB & SUPPORT	\$4,970.00	\$9,585.00	\$4,615.00
1387	HEALTH HOME SERVICES - OUTREACH	\$15,769.98	\$19,329.57	\$3,559.59
4370	SEMI-MONTHLY REHAB FEE - 1ST HALF	\$25,154.60	\$26,269.01	\$1,114.41
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$59,175.00	\$59,977.51	\$802.51
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$12,925.00	\$13,160.00	\$235.00
4510	PROS PREADMISSION	\$1,071.00	\$1,071.00	\$0.00
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$48,664.00	\$48,121.80	-\$542.20
5253	OMH - 2ICM/1SCM	\$559.00	\$0.00	-\$559.00
1885	HEALTH HOME/CIDP CASE MANAGEMENT	\$582.98	\$0.00	-\$582.98
1883	HEALTH HOME OUTREACH/MATS	\$586.44	\$0.00	-\$586.44
4509	ACT INTENSIVE PART PAYMENT	\$791.00	\$0.00	-\$791.00
1881	HEALTH HOME OUTREACH/AIDS/HIV CASE MANAGEMENT	\$3,551.40	\$0.00	-\$3,551.40
1852	HEALTH HOME OUTREACH/OMH TCM	\$5,313.44	\$1,331.88	-\$3,981.56
4371	SEMI-MONTHLY REHAB FEE - 2ND HALF	\$6,344.24	\$1,586.06	-\$4,758.18
5200	OMH-ICM	\$7,359.00	\$0.00	-\$7,359.00
1882	HEALTH HOME/MATS	\$30,494.88	\$22,871.16	-\$7,623.72
4523	PROS COMM REHAB SRVCS 44-60 HRS	\$38,122.00	\$30,320.55	-\$7,801.45
4525	PROS CLIN TRMT ADD-ON	\$49,984.50	\$39,522.68	-\$10,461.82
5206	OMH-SCM-COMMUNITY 30	\$12,549.00	\$1,602.00	-\$10,947.00
None	None	\$62,710.49	\$50,119.87	-\$12,590.62
4524	PROS COMM REHAB SRVCS 61+	\$19,038.00	\$3,992.00	-\$15,046.00
4508	ACT INTENSIVE FULL PAYMENT	\$17,301.00	\$1,591.00	-\$15,710.00
4526	PROS INT REHAB	\$63,342.00	\$45,134.08	-\$18,207.92
4369	MONTHLY REHABILITATIVE FEE	\$2,113,465.00	\$85,779.29	-\$2,027,685.00

Table A.4:**“Other” Category of Service Break-Out by Rate Code (Fee for Service Claims Only)**

Category of Service Code	Category of Service Code description	Pre-Period Cost	Post-Period Cost	Difference in costs, Post-period vs. Pre-Period
	Rental Subsidies: Statewide	\$2,745,820.44	\$1,723,037.32	-\$1,022,783.55
1851	HEALTH HOME/OMH-TCM	\$247,334.50	\$476,894.40	\$229,560.00
1386	HEALTH HOME SERVICES	\$130,027.80	\$325,619.60	\$195,592.00
4508	ACT INTENSIVE FULL PAYMENT	\$134,697.00	\$254,508.00	\$119,811.00
4521	PROS COMM REHAB SRVCS 13-27 HRS	\$46,089.60	\$66,357.78	\$20,268.20
4509	ACT INTENSIVE PART PAYMENT	\$7,988.00	\$25,127.00	\$17,139.00
4525	PROS CLIN TRMT ADD-ON	\$39,119.62	\$51,081.87	\$11,962.30
5203	OMH-ICM-STATE	\$12,192.00	\$22,352.00	\$10,160.00
4520	PROS COMM REHAB SRVCS 2-12 HRS	\$18,823.00	\$28,338.59	
1882	HEALTH HOME/MATS	\$933.02	\$10,076.20	
1853	HEALTH HOME PLUS/CARE MANAGEMENT	\$0.00	\$5,700.00	-\$5,700.00
1880	HEALTH HOME/AIDS/HIV CASE MANAGEMENT	\$55,009.55	\$60,300.16	-\$5,290.61
4370	SEMI-MONTHLY REHAB FEE - 1ST HALF	\$17,612.76	\$19,967.33	-\$2,354.57
5211	OMR SERVICE COORD-BASIC VOLUNTARY	\$1,011.92	\$3,035.76	-\$2,023.84
4527	PROS ONGOING REHAB & SUPPORT	\$8,117.00	\$9,923.00	-\$1,806.00
4510	PROS PREADMISSION	\$1,413.00	\$2,660.72	-\$1,247.72
4454	GRPDAY HAB-VOL;HAL UNIT/OMR	\$0.00	\$964.55	-\$964.55
4390	STATE OR ADULT CRS 1ST HALF MONTH	\$4,059.44	\$4,059.44	\$0.00
4512	ACT SERVICES	\$568.00	\$442.00	\$126.00
4722	COMM/RES HAB; VOL; INDIV;1/4 HR	\$900.48	\$600.32	\$300.16
1210	CHILD CARE GENERAL CARE CONGREGATE	\$778.96	\$0.00	\$778.96
1387	HEALTH HOME SERVICES - OUTREACH	\$14,826.13	\$14,026.97	\$799.16
None	None	\$90,276.03	\$89,399.50	\$876.53
1852	HEALTH HOME OUTREACH/OMH TCM	\$1,569.45	\$445.48	\$1,123.97
1881	HEALTH HOME OUTREACH/AIDS/HIV CASE MANAGEMENT	\$1,580.82	\$0.00	\$1,580.82
1885	HEALTH HOME/CIDP CASE MANAGEMENT	\$1,849.98	\$0.00	\$1,849.98
5206	OMH-SCM-COMMUNITY 30	\$2,330.00	\$0.00	\$2,330.00
5250	OMH - ICM TEAM	\$3,486.00	\$0.00	\$3,486.00
4371	SEMI-MONTHLY REHAB FEE - 2ND HALF	\$6,165.93	\$2,076.99	\$4,088.94
4522	PROS COMM REHAB SRVCS 28-43 HRS	\$47,892.87	\$43,435.21	\$4,457.66
4523	PROS COMM REHAB SRVCS 44-60 HRS	\$34,629.60	\$29,017.50	\$5,612.10
4391	STATE OP ADULT CRS 2ND HALF MONTH	\$8,118.88	\$0.00	\$8,118.88
5251	OMH - 1ICM/1SCM	\$9,212.00	\$1,014.00	\$8,198.00
4526	PROS INT REHAB	\$67,598.00	\$56,982.55	\$10,615.45
5200	OMH-ICM	\$20,853.00	\$581.00	\$20,272.00
4524	PROS COMM REHAB SRVCS 61+	\$28,907.60	\$7,469.60	\$21,438.00
5252	OMH - 1ICM/2SCM	\$23,328.00	\$0.00	\$23,328.00
5205	OMH-SCM-COMMUNITY 20	\$49,879.00	\$3,839.00	\$46,040.00
5253	OMH - 2ICM/1SCM	\$52,831.00	\$1,118.00	\$51,713.00
4389	STATE OR ADULT CRS FULL MONTH	\$170,496.50	\$0.00	\$170,496.50
4369	MONTHLY REHABILITATIVE FEE	\$1,383,314.00	\$105,622.80	\$1,277,692.00

Medicaid Redesign Team Supportive Housing Evaluation:

COST REPORT 1

