Dear Provider,

The New York State Office of Mental Health (OMH) is providing a targeted, one-time funding to current 1650-funded Family Peer Support providers under the children’s behavioral health transformation and transition to Medicaid Managed Care.  Identified providers have been designated for direct provision of Family Peer Support services under the new Children and Family Treatment and Support Services.  Allocated funding is intended to support creating new avenues of referrals and building service volume to serve a greater number of children and families in need.

These funds are to support Family Peer Support providers in marketing, educating and engaging with providers that have not traditionally referred to the program.  By reaching out to untapped resources and increasing awareness, Family Peer Support providers will be positioned to increase the number of Family Peer Advocates employed by their agency thus increasing their capacity to serve children and their families/caregivers.

To participate in this funding opportunity, eligible providers must submit a proposal outlining your plans to accomplish the requires tasks.  Please see the attachment for eligibility guidelines, proposal requirements and funding information.  Proposals should be submitted by COB on **September 28th, 2018** to Heather Lane, LMSW, OMH Coordinator of Youth and Family Peer Services at: [Heather.lane@omh.ny.gov](mailto:Heather.lane@omh.ny.gov).

Should your agency fail to meet the requirements in the timeframe required, OMH will recover payments issued through an offset against an existing OMH contract payment.  OMH providers filing a Consolidated Fiscal Report (CFR) must report these funds and related expenditures on their cost report.

For CFR reporting, the one-time expenses shall be reported under Program Code 1650 (Family Peer Support Services) on the following schedules:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CFR Submission Type** | **CFR-1** | **DMH-1** | **DMH-2** | **DMH-3** |
| **Full** | X | X | X | X |
| **Abbreviated** |  | X | X | X |
| **Art. 28 Abbreviated** |  | X | X | X |

Report the one-time funding as, other revenue by adding a line in the line detail box titled “FPPS 1x Funding”, on the applicable schedules/lines:  CFR-1, line 94, DMH-1, line 30 and DMH-2, line 29.

On the DMH-3, use the funding source code 046L, for each program in which the one-time funding is reported.

Any questions regarding these funds should be directed to Heather Lane who can be reached by at [Heather.Lane@omh.ny.gov](mailto:Heather.Lane@omh.ny.gov).  Notification by agencies choosing to decline funding should also be submitted to this email.  Correspondences and deliverables related to these funds can be sent to:

Heather Lane, LMSW

NYS Office of Mental Health

Central New York Field Office

545 Cedar Street, 2nd floor

Syracuse, NY 13210

[Heather.Lane@omh.ny.gov](mailto:Heather.Lane@omh.ny.gov)

It is our expectation that these funds will aid your agency in continued viability and contribution to the network of Children’s Service Providers.  Thank you for your continued commitment to the children and families of New York State.

Sincerely,