

APPENDIX B - BUDGET

2025-2027 Oneida County NYS - The Neighborhood Center 11920 Aid			Updated 10/24/2024
Agency	Funding Source	Contract Year	Amount
TNC	OMH	2025 - Year 1	2,131,578
TNC	OASAS	2025 - Year 1	-
TNC	OPWDD	2025 - Year 1	-
TNC	County	2025 - Year 1	-
2025 - Year 1 Total			2,131,578
TNC	OMH	2026 - Year 2	2,131,578
TNC	OASAS	2026 - Year 2	-
TNC	OPWDD	2026 - Year 2	-
TNC	County	2026 - Year 2	-
2026 - Year 2 Total			2,131,578
TNC	OMH	2027 - Year 3	2,131,578
TNC	OASAS	2027 - Year 3	-
TNC	OPWDD	2027 - Year 3	-
TNC	County	2027 - Year 3	-
2027 - Year 3 Total			2,131,578
Total for 2025-2027 Contract			6,394,734

*Program 2680 moved to separate contract

2025 Oneida County NYS - The Neighborhood Center 11920 Aid					Updated 10/24/2024
Agency	Funding Source	Program Name	Prog Code/Index	FSC	State Aid
NC	OMH	Outreach- Community Support Services	0690 -00	014	27,903
NC	OMH	Outreach- Personal Service Enhancement	0690 -00	965S	608
NC	OMH-COMHPS	Outreach- Community Support Services	0690-01	014	578,831
NC	OMH	Psychosocial Club - Community Support Services	0770 -00	014	11,685
NC	OMH	Psychosocial Club - Community Reinvestment	0770 -00	200	436,554
NC	OMH	Psychosocial Club - Personal Service Enhancement	0770 -00	965S	12,905
NC	OMH	Assisted Competitive Employment - Community Support Services	1380 -00	014	100,263
NC	OMH	Assisted Competitive Employment - Innovative Psychiatric Rehabilitation	1380 -00	039Q	16,249
NC	OMH	Assisted Competitive Employment - Community Reinvestment	1380 -00	200	10,889
NC	OMH	Assisted Competitive Employment - Innovative Psychiatric Rehabilitation	1380 -00	965S	3,467
NC	OMH	Advocacy/Support Services- Community Reinvestment	1760-00	200	41,712
NC	OMH	Advocacy/Support Services - Personal Service Enhancement	1760-00	965S	2,475
NC	OMH	Health Home Non-Medicaid Care Management- Health Home	2620 -00	570	719,444
NC	OMH	Health Home Care Management Service Dollars	2740 -00	570	168,593
OMH-NC Aid					2,131,578
NC	OASAS	NONE			-
OASAS-NC Aid					-
Total NC Aid					2,131,578

*Program 2680 moved to separate contract

Program Code	Program Name	Program Description
0690*	Outreach (Non-Licensed Program)	<p>Outreach programs/services are intended to engage and/or assess individuals potentially in need of mental health services. Outreach programs/services are not crisis services. Examples of applicable services are socialization, recreation, light meals, and provision of information about mental health and social services. Another type of service within this program code includes off-site, community based assessment and screening services. These services can be provided at forensic sites, a consumer's home, other residential settings, including homeless shelters, and the streets.</p> <p>This program code should not be used for services that are provided by a licensed outpatient program. For unlicensed crisis type services use Program Code 2680 Crisis Intervention.</p> <p>Units of Service: Total the number of contacts.</p>
0770	Psychosocial Club (Non-Licensed Program)	<p>The objective is to assist individuals disabled by mental illness to develop or reestablish a sense of self-esteem and group affiliation, and to promote their recovery from mental illness and their reintegration into a meaningful role in community life through the provision of two or more of the following: (1) consumer self-help and empowerment interventions; (2) community living; (3) academic; (4) vocational and/or (5) social-leisure time rehabilitation, training and support services.</p> <p>Units of Service: Count each Consumer visit as one unit (no more than one unit of service per Consumer per day unless the Consumer returns for a planned evening program in which case count as two (2) units).</p>
1380	Assisted Competative Employment (Non-Licensed Program)	<p>ACE services may include brief pre-vocational support along with ongoing mental health supports in order to obtain and sustain integrated, competitive employment, or support for promotion or to find new employment. This program is for individuals not receiving ACCES-VR Employment services.</p> <p>ACE provides these individuals with vocational rehabilitation and support services, both at the work site and off-site, while addressing challenges due to the person's mental health issues. Evidence based practices such as IPS (Individualized Placement and Supports) are recommended. Financial/Benefits Counseling may be provided.</p> <p>The goal of supported employment is for individuals to work a minimum of 10 hours per week in an integrated, competitive job, with leeway for absence due to illness, vacation, or temporary work stoppages. See Glossary for definitions of "Competitive Employment" and "Integrated Employment". To be considered employed part time, participants should be scheduled to work a minimum of 10 hours each week.</p> <p>Units of Service: Count the total number of staff hours (combine direct and indirect).</p>
1760	Advocacy/Support Services (Non-Licensed Program)	<p>Advocacy/support services may be individual advocacy or systems advocacy (or a combination of both). Examples are warm lines, hot lines, teaching daily living skills, providing representative payee services, and training in any aspect of mental health services.</p> <p>Individual advocacy assists consumers in protecting and promoting their rights, resolving complaints and grievances, and accessing services and supports of their choice.</p> <p>Systems advocacy represent the concerns of a class of consumers by identifying patterns of problems and complaints and working with program or system administrators to resolve or eliminate these problems on a systemic, rather than individual basis.</p> <p>Units of Service: Count the total number of contacts.</p>
2620	Health Home Non-Medicaid Care Management(Non-Licensed Program)	<p>This program code applies to former Targeted Case Management programs, for both adults and children, that converted to Health Home Care Management (HHCM). These funds are available to the HHCM provider who in addition to serving adult Medicaid enrolled recipients with a Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) also serves adult non-Medicaid SMI clients and non-Medicaid SED clients who cannot be enrolled in a Health Home. These funds typically support the higher acuity non-Medicaid recipients by advocating for needed services, helping to find their way through complex health care and social services systems, providing support for improved community service linkages, performing on-site crisis intervention and skills teaching when other services are not available, and if the recipient is eligible, working to secure Medicaid benefits with the goal of subsequent Health Home enrollment.</p> <p>Units of Service: Report year end sum of the total persons served per month.</p>

2740	Health Home Care Management Service Dollars(Non-Licensed Program)	<p>The Health Home Care Management Service Dollars program code will track service dollars of former Targeted Case Management (TCM) programs that subsequently converted into Health Home Care Management under the Health Home entity.</p> <p>Service dollars may only be used for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED) receiving care management services and are assigned to a former Intensive, Blended or Supportive Case Management Legacy Provider; Children’s Waiver ICC agencies that are also TCM legacy providers and for non-Medicaid eligible individuals assigned via the LGU/SPOA process. Service dollars may not be used for any other individual who is served by the care management program.</p> <p>Service dollar programs are for emergency and non-emergency purposes, and are to be used as payment of last resort. The purpose of the service dollar is to provide funds for recipients immediate and/or emergency needs. The recipient of services should play a significant role in decisions regarding the utilization of service dollars. As the needs of the recipient change, the money can be redirected to purchase the type of service that is currently needed.</p> <p>Please reference the Flexible Recipient Service Dollar Spending Plan guidelines for acceptable use of service dollars. Use of service must be reflected in the recipient’s plan of care or service record.</p> <p>Units of Service: Count the number of recipients utilizing these funds.</p>
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