Introduction & Housekeeping

Housekeeping:

- Slides are posted at MCTAC.org
- Questions not addressed today will be reviewed and incorporated into future trainings and presentations, added to Q&A resources when possible.

Reminder: Information and timelines are current as of the date of the presentation
Adult BH HCBS Eligibility
Adult BH Medicaid Managed Care

MEDICAID MANAGED CARE

BH MEDICAID MANAGED CARE

MAINSTREAM

HEALTH & RECOVERY PLAN (HARP)

Adults 21 + HIV SNPs

HCBS Eligibility Assessment

HCBS Eligible Tier 1 or 2

Not Eligible
Adult BH HCBS Eligibility

- State Identified HARP enrolled Medicaid beneficiaries age 21 and older

- Individuals enrolled in HIV SNPs determined by the State to be HARP-eligible

- Meets eligibility criteria on the HCBS Eligibility Assessment
  - Tier 1 -- Services include employment, education and peer supports services
  - Tier 2 -- Includes the full array of Adult BH HCBS

- “H” Codes indicate HCBS eligibility - available on EPACES
HCBS Eligibility Assessment & Referral
Role of the Health Home

› HH Workflow
  • conducts eligibility assessment (for HARP enrolled)
  • develops person-centered Plan of Care
  • Refers to HCBS designated provider of choice (after MCO approves Level of Service Determination) in a conflict-free manner
New York State Process for Conflict Free Adult BH HCBS Referral

› HARP enrollees shall be provided with a choice of HCBS designated providers from the MCO’s network of a particular service.

› With respect to conflict-free care management requirements for Health Homes:

• To promote and ensure integrated care for the best interest of the client, it is possible that an individual may receive care management and direct care services from the same entity, however, in these instances the care management and direct service components will be under different administrative/supervisory structures.
Adult BH HCBS
Service Specific Assessments

BH HCBS provider receives referral and POC from HH and completes the following within 3 visits/14 days (of first visit):

- conducts a service specific assessment
- develops an Individualized Service Plan
- submits Authorization Form to MCO with frequency, intensity, and duration

It is recommended that providers talk to the Managed Care Organization to determine their specific health plan’s process as it relates to LOS and Authorization for the 3 visits.
Adult BH HCBS Prior and/or Continuing Authorization Process
BH HCBS Authorization

- Adult BH HCBS Providers must complete the *prior authorization* form for every Adult BH HCBS.
- When requesting *concurrent authorizations*, the HCBS provider can choose to either:
  1. complete this form and submit it to the managed care plan for review (which may include a subsequent telephonic review if requested by the plan); or
  2. request a telephonic review only with the plan to discuss progress made and any modified goals/objectives.
BH HCBS Authorization Con’t

- Plans may not require providers to complete and submit the form for **concurrent reviews** if the provider does not wish to.
- Submission of authorization form **does not preclude telephonic review**, which may be required by MCO/BHO.
- NYS encourages providers to reach out to the MCO/BHO regarding authorization protocol to ensure timely delivery of services for members.
- Request **telephonic reviews** at any point in the review process.
- Plans may request **case documentation** as needed to ensure appropriate access to services and desired outcomes.
Adult BH HCBS Prior and/or Continuing Authorization Request Form

Form Review
## Adult Behavioral Health (BH) Home and Community Based Services (HCBS):
Prior and/or Continuing Authorization Request Form

- **Prior Authorization Request (mandatory)**
- **Concurrent Review Authorization Request (optional)**

### Instructions
The HCBS provider must complete this form for every prior authorization for Adult BH HCBS. When requesting concurrent authorizations, the HCBS provider can either:
1. Complete this form and submit to the managed care plan for review (which may include a subsequent telephonic review if requested by the plan);
2. Request a telephonic review only with the plan to discuss progress made and any modified goals/objectives.

### Member Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Name</td>
<td>John Jones</td>
</tr>
<tr>
<td>Member DOB</td>
<td></td>
</tr>
<tr>
<td>Member Phone</td>
<td></td>
</tr>
<tr>
<td>Member Email</td>
<td></td>
</tr>
<tr>
<td>Member Address</td>
<td></td>
</tr>
<tr>
<td>Member Medicaid ID</td>
<td></td>
</tr>
<tr>
<td>Plan ID</td>
<td></td>
</tr>
<tr>
<td>Health Home</td>
<td></td>
</tr>
<tr>
<td>Health Home Care Manager</td>
<td></td>
</tr>
</tbody>
</table>

### Adult BH HCBS Provider Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCBS Provider Name</td>
<td></td>
</tr>
<tr>
<td>Provider Address</td>
<td></td>
</tr>
<tr>
<td>Tax ID #</td>
<td></td>
</tr>
<tr>
<td>Contact person name</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>
Adult BH HCBS requested

Please select the Adult BH HCBS for which authorization is requested (no more than 3 per request):

- Education Support Services
- Peer Supports
- Pre-vocational Services
- Transitional Employment
- Ongoing Supported Employment
- Intensive Supported Employment (ISE)
- Psychosocial Rehabilitation (PSR)
- Habilitation
- Community Psychiatric Support & Treatment (CPST)
- Family Support and Training (FST)
- Short-term Crisis Respite (concurrent reviews only)
- Intensive Crisis Respite (concurrent reviews only)
Please note the anticipated frequency, intensity, duration, and modality of each requested Adult BH HCBS. Please consider what the member needs to reasonably achieve the objectives listed in the following section:

<table>
<thead>
<tr>
<th>Adult BH HCBS #1</th>
<th>Frequency (# services per week)</th>
<th>Intensity (hours per service)</th>
<th>Duration (e.g. 3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>List: Intensive Supported Employment</td>
<td>2 times a week</td>
<td>One hour each week</td>
<td>3 months</td>
</tr>
<tr>
<td>Modality (check all that apply)............</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td>Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult BH HCBS #2</th>
<th>Frequency (# services per week)</th>
<th>Intensity (hours per service)</th>
<th>Duration (e.g. 3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>List: Psychosocial Rehabilitation</td>
<td>2 times a month</td>
<td>One hour per service</td>
<td>6 months</td>
</tr>
<tr>
<td>Modality (check all that apply)............</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td>Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult BH HCBS #3</th>
<th>Frequency (# services per week)</th>
<th>Intensity (hours per service)</th>
<th>Duration (e.g. 3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>List: Peer Services</td>
<td>2 times a month</td>
<td>One hour per service</td>
<td>6 months</td>
</tr>
<tr>
<td>Modality (check all that apply)............</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td>Group</td>
</tr>
</tbody>
</table>
Goals and Objectives
Clearly state the client’s goal(s) and list specific objectives for the period of requested services. Goals must accurately reflect the member’s approved Adult BH HCBS Plan of Care. Objectives should be results-oriented, measurable steps towards the overall goal that can be achieved within the requested period of services.

Goal #1. I want to work in telemarketing.

Objective #1. I will look for a job.

---

Status: □ New □ Accomplished □ Existing (Partially met) □ Existing (Not met)

John has been keeping his appointments and has indicated an interest in working in customer service. He has worked previously as a telemarketer making calls for a company completing surveys on customer experiences. John has identified five opportunities to pursue. He has also researched the companies online. He will continue to look for jobs and research companies.

Objective #2. I will learn how to interview for a job.

---

Status: □ New □ Accomplished □ Existing (Partially met) □ Existing (Not met)

John has been keeping his appointments. We have been role-playing interviewing for a job. John is able to speak to what he has previously done. He is practicing the language to use in interviews to explain the ten-year break in employment and to promote his strengths with engaging people in conversation.

---

Objective #3. N/A

Status: □ New □ Accomplished □ Existing (Partially met) □ Existing (Not met)
V: February 12, 2016

**Goal #2** I want to save money

Objective #1 __I will learn how to set a goal for the amount of money to save each month.

Status...........☐ New ☐ Accomplished ☐ **Existing (Partially met)** ☐ Existing (Not met)

John has met with the staff twice in the last month and has listed income, expected expenses and amount of money to save for this upcoming month. John has agreed to eat at home more often to save money. During the next month John has agreed to eat Breakfast, lunch and dinner 5 days a week at home. A self monitoring checklist was developed and John has committed to completing this form. We will review at the next meeting.

Objective

#2 __N/A____________

Status...........☐ New ☐ Accomplished ☐ **Existing (Partially met)** ☐ Existing (Not met)

Objective

#3 __N/A____________

Status...........☐ New ☐ Accomplished ☐ **Existing (Partially met)** ☐ Existing (Not met)
Goal #3 I want to make friends

Objective #1 I will make a list of social activities I like and dislike

Status...........☐ New ☐ Accomplished ☐ Existing (Partially met) ☐ Existing (Not met)

John met with the counselor and developed his list of activities he likes and dislikes. John said he likes to sing and go to Church. He has also said he likes to read. Based on his likes and dislikes John has decided to reach out to Churches in his neighborhood and see if he can join the Choir. He has also decided to join a Reading group.

Objective #2 I will identify and join agencies and groups that offer the activities I like.

Status...........☐ New ☐ Accomplished ☐ Existing (Partially met) ☐ Existing (Not met)

John will meet with the counselor and identify the Churches in his neighborhood. We will identify people who he knows who may be going to that church, practice how to approach the Church to ask to be part of the Choir and after the visit we will review if John should approach the next meeting differently. We will also visit the library in John’s neighborhood and get a list of reading groups. We will practice how to approach the reading groups to ask to be part of the group. After John reaches out to the group(s) we will review if John should approach the next meeting differently.

Objective #3 N/A

Status...........☐ New ☐ Accomplished ☐ Existing (Partially met) ☐ Existing (Not met)
Describe any other barriers or obstacles to the member’s goals/objectives, and strategies to address them:

___ I attest that the member has elected to receive all Adult BH HCBS requested above
___ I have communicated with the member’s Health Home care manager (not required)*
___ I have communicated with the member’s managed care care manager (not required)*

________________________________________________________
Signature of Provider

_________________________  ____________________________  _________________
Name (please print):       Title                                     Date

* Submission of authorization form does not preclude telephonic review, which may be required by MCO/BHO. NYS encourages providers to reach out to the MCO/BHO regarding authorization protocol to ensure timely delivery of services for members.

Submission instructions: [Plans must modify this template to include submission instructions via fax and/or web portal.]
Billing Guidelines
Billing Guidelines/Requirements

- Co-Mingling Not Allowed

- Space Use
  - OASAS & OMH – There is nothing prohibiting an OMH or OASAS outpatient licensed provider from allowing an HCBS service to be provided out of their licensed space, so long as such services do not take away from the resources that the licensed program is licensed/funded by OASAS or OMH to provide

- Staff Sharing – Allowed. Staff time must be allocated and meet all regulatory requirements

- Group Services Not Allowed except for PSR & Family Support

- Services cannot be provided telephonically
HCBS Utilization Thresholds

HCBS services will be subject to utilization caps at the recipient level that apply on a calendar year basis. These limits will fall into three categories:

1. Tier 1 HCBS services will be limited to $8,000 as a group. There will also be a 25% corridor on this threshold that will allow plans to go up to $10,000 without a disallowance.

2. There will also be an overall cap of $16,000 on HCBS services (Tier 1 and Tier 2 combined). There will also be a 25% corridor on this threshold that will allow plans to go up to $20,000 without a disallowance.

3. Both cap 1 and cap 2 are exclusive of crisis respite. The two crisis respite services are limited within their own individual caps (7 days per episode, 21 days per year).

If a Plan anticipates they will exceed any limit for clinical reasons they should contact the HARP medical director from either OMH or OASAS and get approval for a specific dollar increase above the $10,000 effective limit.
<table>
<thead>
<tr>
<th>HCBS/State Plan Services</th>
<th>Clinic/OTP</th>
<th>ACT</th>
<th>PROS</th>
<th>IPRT/CDT</th>
<th>Partial Hospital*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSR</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>CPST</td>
<td>YES</td>
<td></td>
<td></td>
<td>YES/NO</td>
<td>YES</td>
</tr>
<tr>
<td>Habilitation</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Family Support and Training</td>
<td>YES</td>
<td></td>
<td></td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Education Support Services</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Peer Support Services</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Employment Services</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

*If a participant is admitted into a Partial Hospital program, their HCBS payments will be suspended so that their services will not be terminated.

** All HARP Members are eligible for Crisis Respite Services
## Allowable Billing Combinations of HCBS and HCBS

<table>
<thead>
<tr>
<th>HCBS Combinations</th>
<th>PSR</th>
<th>CPST</th>
<th>Habilitation</th>
<th>Family Support and Training</th>
<th>Education Support Services</th>
<th>Peer Support Services</th>
<th>Employment Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSR*</td>
<td></td>
<td></td>
<td>YES</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>CPST</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Habilitation*</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Family Support and Training</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Education Support Services</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Support Services</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Employment Services</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

* PSR and Habilitation may only be provided at the same time by the same agency.

** All HARP Members are eligible for Crisis Respite Services
Adult BH Home & Community Based Services Overview
Adult BH HCBS Services

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Crisis Respite
  - Short-Term Crisis Respite
  - Intensive Crisis Respite
- Educational Support Services
- Individual Employment Support Services
  - Pre-vocational
  - Transitional Employment Support
  - Intensive Employment Support
  - On-going Supported Employment
- Empowerment Services -- Peer Supports
- Family Support and Training
Rehabilitation and Habilitation
PSR/CPST/Habilitation Services
# Rehabilitation/Habilitation
## Settings/Limitations/Exclusions and Staffing

<table>
<thead>
<tr>
<th>Setting</th>
<th>Limitations/Exclusions</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSR</td>
<td>Services must be offered in the setting best suited for desired outcomes, including home, or other community-based setting in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (see appendix). The setting may include programs that are peer driven/operated or peer informed and that provide opportunities for drop-in.</td>
<td>The total combined hours for Psychosocial Rehabilitation, Community Psychiatric Support and Treatment, and Habilitation are limited to no more than a total of 500 hours in a calendar year. Providers of service may include unlicensed behavioral health staff (see appendix). Workers who provide PSR services should periodically report to a supervising professional staff on participants’ progress toward the recovery and re-acquisition of skills.</td>
</tr>
<tr>
<td>Off site</td>
<td>The intent of this service is to eventually transfer the care to a place based clinical setting.</td>
<td>Staff to Member Ratio: 1:20.</td>
</tr>
<tr>
<td>CPST</td>
<td>Services must be offered in the setting best suited for desired outcomes, including home or other community-based setting.</td>
<td>The total combined hours for CPST, Psychosocial Rehabilitation (PSR) and Habilitation are limited to no more than a total of 500 hours in a calendar year. Decisions about how to balance caseloads will be left to the provider agencies as they see appropriate to ensuring quality of care and maintaining acceptable performance outcomes.</td>
</tr>
<tr>
<td>Off site</td>
<td>Services must be offered in the setting best suited for desired outcomes, including home or other community-based setting.</td>
<td></td>
</tr>
<tr>
<td>Habilitation</td>
<td>Habilitation may be delivered (on-site), or in the community (off-site). This service can be provided by the individual’s provider of housing services.</td>
<td>The total combined hours for Psychosocial Rehabilitation, Community Psychiatric Support and Treatment and Habilitation are limited to no more than a total of 500 hours in a calendar year. Providers of service may include unlicensed behavioral health staff (see appendix). Workers who provide this service should periodically report to a supervising by a professional staff on participants’ progress toward the recovery and re-acquisition of skills.</td>
</tr>
</tbody>
</table>
Crisis Respite
Short Term Crisis Respite &
Intensive Crisis Respite
### Short Term Crisis Respite

#### Settings/Limitations/Exclusions and Staffing

<table>
<thead>
<tr>
<th>Setting</th>
<th>Limitations/Exclusions</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site-based residential settings will offer a supportive home-like environment with a maximum preferred capacity of 8-10 individuals (fewer in rural areas), preferably in single rooms.</td>
<td>Crisis Respite services may be delivered by peers or unlicensed staff (see appendix):</td>
<td>Peer Respite staff will have experience as a recipient of mental health services with a willingness to share personal, practical experience, knowledge, and first-hand insight to benefit program enrollees.</td>
</tr>
<tr>
<td>• The setting must be code compliant.</td>
<td>No longer than 1 week per episode, not to exceed a maximum of 21 days per year. Individual stays of greater than 72 hours require prior authorization. Individuals requiring crisis respite for longer periods may be evaluated on an individual basis and approved for greater length of stay based on medical necessity.</td>
<td>Crisis Respite should have a Program Director (1 FTE) who will have 3-5 years of management experience working in a social service or related setting and will supervise Crisis Respite staff and coordinate the day-to-day activities associated with managing the Crisis Respite.</td>
</tr>
<tr>
<td>• Staffed and open 24 hours a day, seven days a week when a resident is present.</td>
<td>Peer Respite staff will possess the competency to meet requirements outlined in the job description, and will complete any relevant trainings within 90 days of employment. All Peer staff must be OMH or OASAS certified</td>
<td>There shall be a minimum of one staff person on-site for every four guests from 7 am to 8 pm.</td>
</tr>
<tr>
<td>• Residents should be allowed to leave and return as needed, maintaining employment and other daily activities to the extent possible.</td>
<td></td>
<td>• Between the hours of 8 pm and 7 am, there shall be a minimum of two staff on-site.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The director or a designee shall be available at all times by cell phone.</td>
</tr>
<tr>
<td>Short Term Crisis</td>
<td>To the greatest extent possible, guests will be encouraged to maintain contact with significant others, including family members, friends, and spouses. To facilitate this contact, guests may have visitors at any time that is convenient and practical for the guest as well as the operations of the crisis respite center.</td>
<td></td>
</tr>
</tbody>
</table>
# Intensive Crisis Respite

**Settings/Limitations/Exclusions and Staffing**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Limitations/Exclusions</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Crisis</td>
<td>Intensive Crisis Respite services include a limit of 21 days per year. Individuals requiring Intensive Crisis Respite for longer periods than those specified may be evaluated on an individual basis and approved for greater length of stay based on medical necessity.</td>
<td>Agency must possess a current license to provide crisis and/or treatment services (i.e. clinic, Comprehensive Psychiatric Emergency Programs (CPEP), Partial Hospital, PROS, Psychiatric Inpatient or have licensed professionals who have a minimum of 1 year of experience in delivering off-site crisis services including conducting psychiatric evaluations and providing treatment.</td>
</tr>
<tr>
<td>Intensive Crisis</td>
<td>Have an acute medical condition requiring higher level of care.</td>
<td>Agency must demonstrate capacity for mobile crisis visits to be conducted by a minimum of 2 staff persons – one of whom must be a licensed clinician.</td>
</tr>
</tbody>
</table>

**Staffing Requirements**

- **1-10 Beds**
  - Requires 1 RN and 1 Mental Health Treatment Staff

- **11-20 Beds**
  - Requires 1 RN and 2 Mental Health Treatment Staff
Crisis Respite Based on Residential Settings

Respite staff should coordinate with HH care coordinators and MCOs to assist with the housing process (brokering enrollment in Health Homes, identifying housing readiness skills, etc.) and should focus care and discharge planning on moving the housing process along as they are able, but will not be expected or required to find housing or to hold recipients in Respite until housing is available.

- If someone enters a Respite program from a shelter, it is appropriate to discharge them back to a shelter
- If someone enters a Respite program from the street, it is strongly recommended that client be discharged to a shelter

Providers should develop policies and procedures and recipient consent and orientation processes to address these points.
Education and Individualized Employment Support Services
Education Support Services
Business/Billing Rules

- **Setting:** Ideal setting is in the educational setting site, but may be provided on site or off site

- **Admissions/Eligibility Criteria:** Individuals who have been assessed to need Education Support Services and clearly stated interest in obtaining employment with the skills obtained

- **Limitations/Exclusions:** The hours for supported education are limited to no more than a total of 250 hours per year

- **Certification/Provider Qualifications**
  - Education Specialists should possess a BA, and two years of experience supporting individuals in pursuing education goals
  - A supervisor may be unlicensed (see appendix) and requires a minimum of a BA (preferably a Masters in Rehabilitation or a relevant field), a minimum of three years of relevant work experience preferably as an education specialist. All staff should have minimum of two years working in the behavioral health field.
  - **Staffing Ratio/Case Limits:** Maximum caseload for a full-time education specialist is 20 individuals and proportional number for part-time staff.
# Individualized Employment Support Services Billing/Business Rules

<table>
<thead>
<tr>
<th>Daily Limits</th>
<th>Pre-Vocational</th>
<th>Transitional Employment</th>
<th>Intensive Employment *</th>
<th>On-Going Supported Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billed daily in 1 hour units with a limit of 2 units (2 hours) per day.</td>
<td>Billed daily in 15 minute units with a limit of 12 units (3 hours) per day.</td>
<td>Billed daily in 15 minute units with a limit of 12 units (3 hours) per day.</td>
<td>Billed daily in 15 minute units with a limit of 12 units (3 hours) per day.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>On/Off Site</th>
<th>May be provided on or off-site.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Limitations/Exclusions</th>
<th>The total combined hours (for pre-vocational services and transitional supported employment) are limited to no more than a total of 250 hours and a duration of 9 months of service in a calendar year.</th>
<th>250 Hours per Calendar Year</th>
<th>250 Hours per Calendar Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Admission Criteria</th>
<th>Individual must have made a clear decision to work in competitive employment in the community. **</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Certification/Provider Qualification</th>
<th>Employment Specialists may be unlicensed (see appendix) and should possess education and experience equivalent to an undergraduate degree in vocational services, disabilities services, business, personnel management, mental health or social services counseling.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A program manager requires a minimum of a BA (preferably a Masters in Rehabilitation or a behavioral health field) and a minimum of three years’ relevant work experience preferably as an employment specialist and minimum 18 months of management experience in a SUD rehab/treatment setting.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staffing Ratios</th>
<th>1:20 for staff to individual ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The recommended program manager to staff ratio is 1:10</td>
</tr>
</tbody>
</table>
Empowerment Peer and Family Support Services
Peer Services Business/Billing Rules

- BH HCBS peer supports may be provided in a variety of settings including, outpatient settings and in the community, and respite programs. The majority of the contacts with the individual should be offsite in the community.

- BH HCBS Peer support services are limited to no more than a total of 500 hours in a calendar year. Individuals receiving SUD outpatient treatment may not receive Peer Supports, if they are receiving an OASAS state plan peer service.

- **Note**: BH HCBS peer services while an individual is incarcerated or institutionalized are not Medicaid reimbursable. Time spent on the phone with individuals is not Medicaid reimbursable. The cost of admission to an event (i.e., sports event or concert) is not Medicaid reimbursable. Advocacy for community improvement (not specific to the Medicaid eligible individual) is not Medicaid reimbursable.

- BH HCBS Peer support providers must have a certification as of the following:
  - OMH established Certified Peer Specialist
  - OASAS Certified Peer Advocate

- **Staffing**: 1 FTE to 20 Consumers
Family Support Services Business/Billing Rules

- This is a face-to-face service which may be provided 1:1 or in groups consisting of family members.
- This service can be provided onsite and where an individual lives and community locations such as where an individual works or socializes.
- The total combined hours for Family Support and Training are limited to no more than a total of 40 hours in a calendar year.
- Unlicensed staff (see appendix) may provide this service.
- Staffing Ratio/Case Limits
  - 1:15 for staff to individual ratio,
  - 1:16 for groups with family members.
Documentation Requirements & Quality Assurance/Improvement
Documentation Requirements

- Adult BH HCBS Service Specific Assessment
- Encounter Note
- Individual Service Plan
- Discharge Plan

It is recommended that HCBS providers have a copy of the Plan of Care and NYS Community Mental Health Assessment.
BH HCBS Documentation requirements for individual service encounters:

- Name of consumer
- Type of service provided
- Date of service provided
- Location of service
- Duration of service, including start and end times
- Description of interventions to meet Plan of Care goals
- Outcome (s) or progress made toward goal achievement
- Follow up/ next steps
- Your name, qualifications, signature and date
Quality Assurance Reviews

- Quality Assurance reviews and claims audits will be conducted by NYS or its designee, including Local Government Units, to ensure providers comply with the rules, regulations, and standards of the program, and may be conducted without prior notice.

- The Quality Assurance reviews will focus on program aspects, but may include technical requirements such as billing, claims, and other Medicaid program requirements.

- Managed care plans may also be developing protocols to oversee the provision of these services in their provider networks.
CMS Settings Rule

Summary of CMS Final Rule Regarding Settings

The CMS final rule requires that all Home and Community Based settings meet certain qualifications.

These include that the setting:

- Is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity, and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.
CMS Settings Rule Cont.

- Under the final CMS rule, in a provider-owned or controlled residential setting, the following conditions must be met:

1) The unit can be owned, rented or occupied under an agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under landlord tenant law.

2) Each individual has privacy in their sleeping or living unit:
   - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.

3) Individuals sharing units have a choice of roommates in that setting.

4) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

5) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

6) Individuals are able to have visitors of their choosing at any time.

7) The setting is physically accessible to the individual.
## Adult BH HCBS Residential Settings

<table>
<thead>
<tr>
<th>Adult BH HCBS Approved Settings</th>
<th>Still Under Review</th>
<th>Adult Residential Not Meeting CMS Standard for Community Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>• OMH Supported Housing</td>
<td>• OMH Apartment Treatment Programs</td>
<td>• OMH Community Residence</td>
</tr>
<tr>
<td>• Independent Community Housing</td>
<td>• OMH CR-SRO</td>
<td>• OMH Adult Home</td>
</tr>
<tr>
<td></td>
<td>• OMH SP-SRO</td>
<td>• OMH Housing located adjacent to and on State Hospital Grounds (not for profit and state run)</td>
</tr>
<tr>
<td></td>
<td>• OMH 100% special needs SP-SRO</td>
<td>• OASAS Intensive Residential</td>
</tr>
<tr>
<td></td>
<td>• OMH SP-SRO Mixed Use</td>
<td>• OASAS Community Residence</td>
</tr>
<tr>
<td></td>
<td>• OASAS Supportive Living</td>
<td>• OASAS Inpatient Rehab</td>
</tr>
<tr>
<td></td>
<td>• OASAS Residential Reintegration/Scatter Site Setting</td>
<td>• OASAS Residential Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>• Shelters</td>
<td>• OASAS Residential Reintegration/Congregate Setting</td>
</tr>
</tbody>
</table>

*OMH: Office of Mental Health, OASAS: Office of Alcoholism and Substance Abuse Services*
Adult BH HCBS Designation Changes and Manual

- Providers who are interested in becoming a new designated Adult BH HCBS provider or changing their existing designation status by:
  - Adding New Adult BH HCBS
  - Removing Adult BH HCBS
  - Inactive Status

- Should notify the state by emailing at omh.sm.co.HCBS-Application@omh.ny.gov

- Providers should also inform Managed Care Organizations of any changes to their HCBS designation.

Frequently Asked Questions (FAQ)
Frequently Asked Questions

‣ Are Home and Community Based Services (HCBS) only made available for HARP eligible clients?
• Yes, HCBS services are only available to clients that are enrolled in a HARP or an HIV SNP after they've undergone a brief and full assessment using the New York State Community Mental Health Assessment and the assessment has indicated that they are eligible and for which services. For more information consult a recent workflow presentation.

‣ Will Managed Care Organizations know who the designated Home and Community Based Services (HCBS) providers are? How will CM know who the HCBS providers are and which ones are in each plan's network?
• Yes, Plans are provided this information and the list of the designated providers is also publicly available on the OMH website, and can be accessed here. CM should have a list of designated providers and should also have a list of HCBS providers in each plan's network.

‣ Can homeless clients use the Crisis Respite Home and Community Based Service?
• If an individual is HARP eligible, yes, but note that Crisis Respite has usage caps outlined in the HCBS manual and MCTAC trainings.

‣ How do agencies identify if a client is HARP/HCBS eligible?
• HARP/HCBS eligibility information is available using ePaces.

‣ Are HARPs required to have case managers? How are clients assigned to Home Health Care Managers?
• Yes, HARPs are required to have case managers. The expectation is that most face to face care management will be done through the Health Homes. Each Health Home has its own assignment process.
Tools and Resources
Plan Matrix

A comprehensive one-stop resource for New York State Medicaid Managed Care plan information

Search by Region

Search by County

Search by Plan

Please note: Rest-of-State MCOs are currently conditionally designated by NYS.
Plans by Region (Long Island)

Affinity Health Plan, Inc.
Subcontracting to BHO: Beacon Health Options
Counties available: New York, Kings, Bronx, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester
View Information for: General, Contracting, Utilization, Credentialing, Billing, All

EmblemHealth
Additional names: Health Insurance Plan of Greater New York
Subcontracting to BHO: Beacon Health Options; Montefiore (CMO)/University Behavioral Associates
Counties available: New York, Kings, Bronx, Queens, Richmond, Nassau, Suffolk, Westchester
View Information for: General, Contracting, Utilization, Credentialing, Billing, All

Empire Blue Cross Blue Shield HealthPlus
Additional names: AMERIGROUP Community Care, HealthPlus, an Amerigroup Company, Anthem, AMERIGROUP New York, LLC.
Subcontracting to BHO: No
Counties available: New York, Kings, Bronx, Queens, Richmond, Nassau, Suffolk, Putnam
View Information for: General, Contracting, Utilization, Credentialing, Billing, All

Fidelis Care New York
Additional names: FCNY, New York State Catholic Health Plan, HealthierrLife
Subcontracting to BHO: No
Counties available:
View Information for: General, Contracting, Utilization, Credentialing, Billing, All
HealthFirst PHSP, Inc.

**Address:**
100 Church Street
New York, NY 10007
Phone: (212) 801-6000

### GENERAL INFORMATION

**Additional Names:**
Health First, Neighborhood Health Provider (NHP)

**Subcontracting to BHO:**
No

**HARP:**
- ✔ HealthFirst Personal Wellness Plan

**Counties Available:**
- New York (Medicaid, CHP, Commercial, FIDA)
- Kings (Medicaid, CHP, Commercial, FIDA)
- Bronx (Medicaid, CHP, Commercial, FIDA)
- Queens (Medicaid, CHP, Commercial, FIDA)
- Richmond (Medicaid, CHP, Commercial, FIDA)
- Nassau
- Suffolk

### CONTACT INFORMATION

**General Information:**
Ann Nurse
Phone: (212) 801-6257
Email: anurse@healthfirst.org

Lori Campbell
Phone: (347) 574-6589
Email: lcampbell@healthfirst.org

Kaleena Colón
Phone: (212) 209-6490
Email: kcolon@healthfirst.org
Questions and Discussion

Visit www.mctac.org to view past trainings, sign-up for updates and event announcements, and access resources.