

# Adult BH Home & Community Based Services (HCBS)

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Peer Services

November 2<sup>nd</sup> & 9<sup>th</sup> 2015

The Managed Care Technical Assistance Center of New York



# Agenda

- . Welcome
- . MCTAC Overview
- . Business/Billing Rules
- . Services Definition
- . Service Components
- . Example



# What is MCTAC?

MCTAC is a training, consultation, and educational resource center that offers resources to *all mental health and substance use disorder providers in New York State*.

## MCTAC's Goal

Provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the overall goal of preparing and assisting providers with the transition to Medicaid Managed Care.



# Who is MCTAC?



**McSILVER INSTITUTE**  
FOR POVERTY POLICY AND RESEARCH



# MCTAC Partners



# 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
  - Prevocational
  - Transitional Employment Support
  - Intensive Employment Support
  - On-going Supported Employment
- Peer Supports
- Family Support and Training
- Non Medical Transportation
- Self Directed Services Pilot (anticipated start date July of 2016)



# NYS Allowable Billing Combinations of OMH/OASAS State Plan Services and BH HCBS

HCBS/State Plan Services	OMH Clinic/OLP****	OASAS Clinic***	OASAS Opioid Treatment Program	OMH ACT	OMH PROS	OMH IPRT/CDT	OMH Partial Hospital*	OASAS Outpatient Rehab
PSR	Yes	Yes	Yes				Yes	
CPST						Yes/No	Yes	
Habilitation	Yes	Yes	Yes		Yes	Yes	Yes	
Family Support and Training	Yes	Yes	Yes			Yes	Yes	Yes
Education Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Peer Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Employment Services	Yes	Yes	Yes			Yes	Yes	Yes

\*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 except for individuals residing in excluded settings. However, MCOs can choose to provide crisis respite as an in lieu of service for those individuals.

\*\*\*If an individual receives OASAS state plan peer services through an OASAS clinic, then they are not eligible for HCBS peer services and vice versa

\*\*\*\*OLP= Other Licensed Professionals



## Allowable Billing Combinations of Adult BH HCBS and Adult BH HCBS

Adult BH HCBS Combinations	PSR	CPST	Residential Support Service	Family Support and Training	Education Support Services	Peer Support Services	Employment Services
PSR*		YES	YES	YES	YES	YES	YES
CPST	YES		YES	YES	YES	YES	YES
Habilitation*	YES	YES		YES	YES	YES	YES
Family Support and Training	YES	YES	YES		YES	YES	YES
Education Support Services	YES	YES	YES	YES		YES	YES
Peer Support Services	YES	YES	YES	YES	YES		YES
Employment Services	YES	YES	YES	YES	YES	YES	

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

\*\* All HARP Members are eligible for Crisis Respite Services except for individuals residing in excluded settings. However, MCOs can choose to provide crisis respite as an in lieu of service for those individuals.





# Business/Billing Rules

- › Billed daily in 15 minute units with a limit of 16 units (4 hours) per day.
- › May be provided on or off-site.
- › Staff transportation is billed separately as appropriate. Transportation claiming is done at the recipient level and then is only for a single staff member, regardless of the number of persons involved in providing the service.



# HCBS Utilization Thresholds

HCBS services will be subject to utilization caps at the recipient level that apply on a rolling basis (any 12 month period). These limits will fall into three categories:

- **Tier 1 -- Services include employment, education and peer supports services**
- **Tier 2 -- Includes the full array of Adult BH HCBS**

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.



# Setting & Admission Criteria

- Setting – Majority of the services should be provided offsite in the community, which may include: a person's home, homeless shelters, etc.
- Admission/Eligibility Criteria -- Based on assessed need and subject to periodic review of goals



# Limitations/Staffing

- **Limitations/Exclusions**
  - Limited to no more than a total of 500 hours in a calendar year
  - Individuals receiving OASAS state plan peer services cannot receive HCBS covered peer services.
  - **While an individual is incarcerated or institutionalized are not Medicaid reimbursable.**
- **Certification/Provider Qualification**
  - OMH established Certified Peer Specialist
  - OASAS established Certified Recovery Peer Advocate
  - **Supervision of peer support must be provided by a licensed behavioral health practitioner**
- › **Staffing ratios/case limits -- Maximum 1 FTE to 20 HCBS recipients.**



# Peer Services

- › **Peer-delivered services with a rehabilitation and recovery focus.**
- › **Designed to promote skills for coping with and managing behavioral health symptoms**
- › **Activities included must be intended to achieve the identified goals or objectives as set forth in the participants individualized recovery plan/service plan.**
- › **Emphasize the opportunity for peers to support each other in the restoration and expansion of the skills and strategies necessary to move forward in recovery.**



# Components

## Advocacy

- Assistance seeking and obtaining benefits and entitlements
- Assisting recipients in participating in shared decision making
- Linkage to and systems navigation
- Benefits advisement and planning
- Development of psychiatric advance directives (PAD)
- Assistance advocating for self-directed services



# Components Cont.

## Outreach and Engagement

- **Companionship and modeling of recovery lifestyle**
- **Raising the awareness of existing services, pathways to recovery and helping a person to remove barriers that exist for access to them**
- **Interim visits with individuals after discharge from Hospital Emergency Rooms, Detox Units or Inpatient Psychiatric Units**



# Components Cont.

## Self-help tools

- Assist selecting and utilizing self-directed recovery
- Assists in selecting goals and utilizing activities that bring a sense of passion, purpose and meaning into his/her life
- Assist individuals to help connect to natural supports that enhance the quality and security of life
- Connecting individuals to “warm lines”
- Connections to self-help groups in the community





# Components Cont.

## Recovery Supports

- Recovery education and coaching for individuals and their family members.
- One to one peer support
- Person centered goal planning that incorporates life areas such as community connectedness, physical wellness, spirituality, employment, and self-help
- Assisting with skills development that guides people towards a more independent life



# Components Cont.

## Transitional Supports

- **Bridging from jail or prison to a person's community and/or home (note: that peer supports while in jail are not Medicaid reimbursable)**
- **Bridging from institutions to a person's community and/or home (note: that peer supports while in an institution are not Medicaid reimbursable)**
- **Bridging from general hospitals to a person's community and/or home**
- **Bridging from a person's home to the community**



# Components Cont.

## Pre-crisis and Crisis Supports

- **Providing companionship when a person is in an emergency room or crisis unit or preparing to be admitted to detox, residential or other service to deal with crisis**
- **Providing peer support in the person's home or in the community to support them before (or in) a crisis or relapse**
- **Developing crisis diversion plans or relapse prevention plans**



# Example



# Links to OMH/OASAS Documents – Manual, Billing Manual and Fee Schedule

## › HCBS Manual:

<https://www.omh.ny.gov/omhweb/News/2014/hcbs-manual.pdf>

## › HARP Billing Manual:

<https://www.omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf>

## › Fee Schedule and Rate Codes:

<http://www.omh.ny.gov/omhweb/bho/phase2.html>



# Adult BH HCBS In Person Trainings

- › 10/26 -- Crisis Respite
- › 10/27 – Employment Education
- › 10/28 -- Family Support
- › 11/2 – Peer Supports
- › 11/6 – Family Support
- › 11/9 – Peer Supports
- › 11/13 – Hab/Rehab/CPST
- › 11/16 – Hab/Rehab/CPST
- › TBD (in-person or web-based) -- Non-Medical Transport



Visit [www.mctac.org](http://www.mctac.org) to view past trainings, sign-up for updates and event announcements, and access resources.



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## Upcoming Events

Tuesday, February 10, 2015

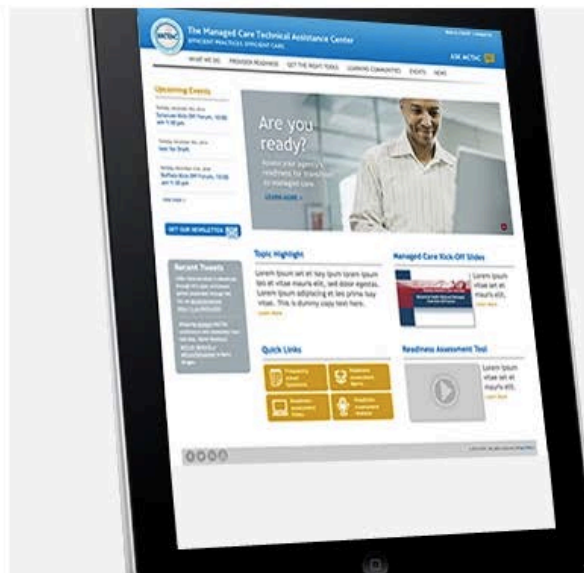
Contracting for Managed Care  
Webinar Overview and Office  
Hours, 10 am - 12 pm

Thursday, February 26, 2015

Readiness Assessment Follow-up  
Webinar

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[mctac.info@nyu.edu](mailto:mctac.info@nyu.edu)



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