



THE MANAGED CARE TECHNICAL ASSISTANCE CENTER OF NEW YORK

**Practical Facts about Adult Behavioral Health Home and Community Based Services
(Adult BH HCBS)**

Section I: Introduction:

The development of Health and Recovery Plans (HARPs) is intended to promote significant improvements in the Behavioral Health System as we move into a recovery- based Managed Care delivery model. A recovery model of care emphasizes and supports a person's potential for recovery by optimizing quality of life and reducing symptoms of mental illness and substance use disorders through empowerment, choice, treatment, educational, employment, housing, and health and well-being goals. Recovery is generally seen in this approach as a personal journey rather than a set outcome, and one that may involve developing hope, a secure base and sense of self, supportive relationships, self-direction, social inclusion, and coping skills. The Behavioral Health Home and Community Based Services (BH HCBS) provide opportunities for adult Medicaid beneficiaries with mental illness and/or substance use disorders to receive services in their own home or community.

This document is intended to be used as a guide for providers of Adult BH HCBS services, Health Home Care Managers and others who may be interested in learning more about Adult BH HCBS. It provides information on each HCBS service including what it looks like “on the ground”. This document provides the reader with definitions and examples of components of each of the Adult BH HCBS services. For a complete list of service definitions, service components, modality, setting, eligibility criteria, certification/provider qualification, and staffing ratio/case limits, please refer to the Adult BH HCBS Manual available at <https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf>. It should also be stressed that Adult BH HCBS are rehabilitative in nature and discreet from treatment and should be delivered primarily in the community.

The information provided in this document is current as of the date of the document. Always refer to the Adult BH HCBS Provider Manual, which can be found at <https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf>, for any updates, or submit your questions to PICM@oasas.ny.gov or MH-Managed-Care@omh.ny.gov.

Section II: Eligibility and Enrollment:

The recommendation for best practice in the timeframe from completing the NYS Eligibility Assessment to submitting the Plan of Care inclusive of BH HCBS to the Managed Care Organization is 30 days but no more than 90 days from the individual's date of enrollment to the Health Home, or from date of enrollment in the HARP or HIV SNP, whichever occurred later.

Health Home Care Managers will use the NYS Eligibility Assessment to determine if the HARP enrolled or HARP eligible HIV SNP enrollees are eligible for Adult BH HCBS. The NYS Eligibility assessment will determine Tier 1 or Tier 2 eligibility. Tier 1 eligibility includes employment, education and peer support services only. Tier 2 eligibility includes the full array of BH HCBS services.

*A note about restriction exception codes in EPACES/EMEDNY: Health Home Care Managers should verify current HARP or HIV SNP enrollment through EPACES/EMEDNY. HARP enrolled individuals are identified with one of the following restriction exception (RE) codes.

- H1- HARP Enrolled without HCBS
- H4-HIV SNP Enrolled, HARP Enrolled without HCBS

If the NYS Eligibility Assessment determines that the individual is eligible for BH HCBS, one of the following RE codes is also displayed in EPACES:

- H2-HARP Enrolled with Tier 1 BH HCBS Eligibility
- H3-HARP Enrolled with Tier 2 BH HCBS Eligibility
- H5-HIV SNP HARP-eligible with Tier 1 BH HCBS Eligibility
- H6-HIV SNP HARP-eligible with Tier 2 BH HCBS Eligibility
- H9-Individuals are HARP eligible but pending HARP enrollment

Section III: Adult Behavioral Health Home and Community Based Services

| Psychosocial Rehabilitation (PSR) | Community Psychiatric Support and Treatment (CPST) | Habilitation |
|---|---|--|
| <p>PSR services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their behavioral health condition. The intent of PSR is to restore the individual's functional level to the fullest possible and as necessary for integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention.</p> <p>CPST includes time-limited goal-directed supports and solution-focused interventions intended to achieve identified person-centered goals or objectives. The following activities under CPST are designed to help individuals to achieve stability and functional improvement in the following areas: daily living, finances, housing, education, employment, personal recovery and/or resilience, family and interpersonal relationships and community integration. CPST is designed to provide mobile treatment and rehabilitation services to individuals who have difficulty engaging in site-based programs who can benefit from off-site rehabilitation or who have not been previously engaged in services, including those who had only partially benefited from traditional treatment or might benefit from more active involvement of their family of choice in their treatment.</p> <p>Habilitation services are designed to assist individuals with a behavioral health diagnosis in acquiring, retaining and improving skills such as communication, self-help, domestic, self-care, socialization, fine and gross motor skills, mobility, personal adjustment, relationship development, use of community resources and adaptive skills necessary to reside successfully in home and community-based settings. These services assist individuals with developing skills necessary for community living and, if applicable, to continue the process of recovery from an SUD disorder. Services include things such as: instruction in accessing transportation, shopping and performing other necessary activities of community and civic life including self-advocacy, locating housing, working with landlords and roommates and budgeting. Services are designed to enable the participant to integrate full into the community and ensure recovery, health, welfare, safety and maximum independence of the participant.</p> <p>A comprehensive list of service components for PSR, CPST and Habilitation services can be found in the Adult BH HCBS manual at https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf.</p> | | |
| <ul style="list-style-type: none"> • Focus on restoring skills (psychosocial rehabilitation) • Rehabilitation counseling focused on independent living, social relationships, community engagement, personal autonomy, health and wellness, social skills, and personal care • May be provided by unlicensed staff | <ul style="list-style-type: none"> • Focus on time-limited rehabilitation and treatment for people who struggle to engage in site-based programs • Assisting the individual in identifying precursors or triggers that put them at risk, developing a crisis management plan, and support identifying resources | <ul style="list-style-type: none"> • Focus on acquiring and retaining new skills related to functioning • Instruction in areas such as accessing community resources, use of transportation options, developing and sustaining financial stability, activities |

| | | |
|---|---|--|
| <ul style="list-style-type: none">• May be provided 1:1 or in groups• May be provided on or off site | <ul style="list-style-type: none">• Engagement in supportive counseling, solution-focused interventions, emotional and behavioral management, and problem behavior analysis• Must be provided by professional staff• Must be provided 1:1• Provided offsite only | <p>of daily living, and civic engagement</p> <ul style="list-style-type: none">• May include modeling, training, and supervision to support the individual in gaining maximum independence• May be provided by unlicensed staff• Must be provided 1:1• May be provided on or off site |
|---|---|--|

Family Support and Training (FST)

Empowerment Services/Peer Support

FST: Training and support necessary to facilitate engagement and active participation of the family in the treatment planning process and with the ongoing instruction and reinforcement of skills learned throughout the recovery process. Training includes instruction about treatment regimens, elements, recovery support options, recovery concepts, and medication education specified in the Individual Service Plan and shall include updates, as necessary, to safely sustain the participant at home and in the community. All family support and training must be included in the individual's service plan and for the benefit of the Medicaid covered participant.

Peer Support services are peer-delivered services with a rehabilitation and recovery focus. They are designed to promote skills for coping with and managing behavioral health symptoms while facilitating the utilization of natural resources and the enhancement of recovery-oriented principles (e.g. hope and self-efficacy, and community living skills). Peer support uses trauma-informed, non-clinical assistance to achieve long-term recovery from a behavioral health disorder.

A comprehensive list of service components FST and Empowerment services can be found in the Adult BH HCBS manual at <https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf>.

- Services to assist the individual and family by providing training and workshops on topics including recovery orientation, advocacy, psychoeducation, crisis intervention medication education, relapse prevention, etc.
- Peers work in a variety of settings (outpatient, community and respite programs) to promote hope and resiliency and to foster engagement in recovery-oriented life roles
- Advocacy, outreach and engagement, self-help tools, recovery supports, transitional supports and pre-crisis and crisis supports
- Interventions may include motivational interviewing, advocacy, benefits advisement and planning, relapse prevention planning, connections to self-help groups, and instruction in wellness self-management
- Provided 1:1 or in a group setting on site or in the community

- Peer delivered services designed to promote skills for coping with and managing symptoms while facilitating the utilization of natural supports. Peer services should assist the individual in initiating and maintaining recovery and enhancing the quality of personal family life in long term recovery
- Peers work in a variety of settings (outpatient, community, and respite programs) to promote hope and resiliency and to foster engagement in recovery-oriented life roles
- Interventions may include motivational interviewing, advocacy, benefits advisement and planning, relapse prevention planning, connections to self-help groups, and instruction in wellness self-management
- Provided 1:1 with a majority off-site or in the community

Short Term Crisis Respite

Intensive Crisis Respite

Short-term Crisis Respite is a short-term care and intervention strategy for individuals who have a mental health or co-occurring diagnosis and are experiencing challenges in daily life that create risk for an escalation of symptoms that cannot be managed in the individual's home and community environment without onsite supports.

Intensive Crisis Respite (ICR) is a short-term, residential care and clinical intervention strategy for individuals who are facing a behavioral health crisis, including individuals who are suicidal, express homicidal ideation, or have a mental health or co-occurring diagnosis and are experiencing acute escalation of mental health symptoms. In addition, the person must be able to contract for safety. Individuals in need of ICR are at imminent risk for loss of functional abilities, and may raise safety concerns for themselves and others without this level of care. The immediate goal of ICR is to provide supports to help the individual stabilize and return to previous level of functioning or as a step-down from inpatient hospitalization.

A comprehensive list of service components for Short-term and Intensive Crisis Respite services can be found in the Adult BH HCBS manual at <https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf>.

- Short term, residential care intended for individuals who are experiencing challenges that create risk for an escalation of symptoms that cannot be managed in the community
- Individuals are encouraged to continue to attend work or other activities
- Provided by Certified Peers (OMH or OASAS)

- Short term, residential care intended for individuals experiencing a crisis, including suicidal and/or homicidal ideation or are experiencing an acute escalation of mental health symptoms. The individual is at imminent risk for loss of functional abilities
- Individuals do not attend work or program while receiving ICR services
- Provided by a multidisciplinary team, including professional and unlicensed staff

Individual Education Support

Pre-Vocational Services

Transitional Employment

Intensive Supported Employment

Ongoing Supported Employment

Individual Employment/Education Support (IES) Services

IES services are defined to develop and support functional skills needed in the competitive work setting, and are provided 1:1 (face to face). IES services are person-centered, individualized and includes benefits planning. Each service clearly relates to the individual's employment goal and includes components to develop hard and soft skills needed to obtain and maintain competitive, integrated or self-employment, at or above the minimum wage. The individual must express a clear desire to obtain/maintain competitive employment.

IES service components include in-community referrals, linkages and resources. These service supports may include education support for learning and cognitive disabilities in the training or academic setting, or a rapid job search to obtain employment. Pre-

employment and transitional components may include support to improve soft and hard skills like punctuality and attendance, as well as job task completion and problem solving. Intensive and Ongoing employment support include the development of work skills that enable the individual to transition into an integrated, competitive work environment as well as assist the individual to identify reasonable accommodations for behavioral health challenges that may emerge while employed.

Review the comprehensive list of each IES service component in the Adult BH HCBS manual at <https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf>.

| | | | | |
|---|---|---|--|--|
| <p>Education Support services are time limited and offered to individuals with a clear desire to work in a competitive work environment, and require education support referrals for various disability services and accommodation(s) to participate in a secondary academic education or certified training program.</p> <p>Ongoing education support services are offered once the individual is successfully admitted to the education/training program.</p> | <p>Pre-vocational services are time limited support for individuals with a clear desire to work and require work related experiences necessary to learn or develop non -job-task-specific soft skills. Strong soft skills increase employability and retention in the integrated and competitive work environment.</p> | <p>Transitional Employment is a time limited service that supports an individual who requests assistance to improve a work record and work skills due to a limited work history and/or a current slip within the continuum of the individual's recovery. Service is only provided by clubhouse, psychosocial program, OASAS recovery center, or agency previously in receipt of BH HCBS designation.</p> | <p>Intensive Supported Employment Services consist of individualized and intense person-centered services that enable individuals with a clear desire to obtain and retain competitive employment, and require intensive employment support/accommodation to function in the competitive work environment. This service assures career growth to maintain employment.</p> | <p>Ongoing Supported Employment Services provide employed individual with direct and ongoing person-centered employment support to maintain and encourage career development within the continuum of the individual's recovery.</p> |
|---|---|---|--|--|

Non-Medical Transportation

- Transportation services available for individuals to access authorized HCBS services and destinations that are related to a goal included in the plan of care (POC)
- Services are intended to help an individual initiate a new activity, rather than maintain an existing one
- Recurring activities must be detailed in the POC and must be related to the goal
- The HHCM must complete a justification for the service within the POC
- Transportation to non-routine locations in the community that support acquisition of a goal
- Examples include job interviews, college fairs, wellness seminars, work or school orientation, recovery workshops, etc.
- May be in the form of a cab or taxi, reimbursement for public transportation or transportation provided by natural supports

Section IV: Limitations and Exclusions

- The total combined hours of **Community Psychiatric Support and Treatment, Psychosocial Rehabilitation and Habilitation** are limited to no more than 500 hours per calendar year.
- The total combined hours for **Family Support and Training** are limited to no more than a total of 40 hours per calendar year.
- **Peer support** services are limited to no more than a total of 500 hours per calendar year. Individuals receiving SUD outpatient treatment may not receive Peer Supports if they are receiving an OASAS state plan peer service.
- **Crisis Respite services** may be 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.
- **Intensive Crisis Respite** services are provided at 7 days maximum. ICR services include a limit of 21 days per year. Those who require longer periods of ICR may be evaluated on an individual basis and approved for greater length of stay based on medical necessity. Individuals who have an acute medical condition requiring a higher level of care may not be eligible for ICR.
- The hours for **Supported Education** are limited to no more than a total of 250 hours per year. An individual can only access this service if other appropriate state plan services are not available or appropriate.
- 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 per calendar year.
- **Intensive Supported Employment** is limited to 250 hours per calendar year.
- **Ongoing Supported Employment** is limited to 250 hours per calendar year.

Section V: Settings

- **Psychosocial Rehabilitation** may be provided on or off-site (in the community).
- **Community Psychiatric Support and Treatment** **must** be offered in the setting best suited for the desired outcomes, including home or other community-based setting.
- **Habilitation** may be delivered on-site or in the community (off-site). This service can be provided by the individual's housing provider.
- **Family Support and Training** may be provided onsite or off-site, where an individual lives and community locations such as where an individual works or socializes.
- **Empowerment Services/Peer supports** may be provided in a variety of settings, including outpatient settings and in the community and in respite programs. The majority of the contacts with the individual should be off-site in the community.
- **Short-term Crisis Respite** services are site-based residential settings that offer a supportive, home-like environment with a maximum preferred capacity of 8-10 individuals (fewer in rural areas), preferable in single rooms. The setting must be code compliant, staffed and open 24 hours a day, seven days a week when a resident is present. Residents should be allowed to leave and return as needed, maintaining employment and other daily activities to the extent possible. 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.

- It is encouraged that individuals receive **Intensive Crisis Respite** services in the most integrated and cost-effective setting appropriate to meet their respite needs, preferably in a residential, community-based setting.
- The ideal setting for **Individual Education Support** service is the educational setting site. This service may also be provided on or off-site.
- **Pre-Vocational** services are generally provided on site but also includes support at a work location where the individual may acquire work-related experience such as volunteering and internships in the community.
- **Transitional Employment** may only be provided by a clubhouse, psychosocial club program, OASAS recovery center, or agency previously in receipt of a BH HCBS designation for this service.
- **Intensive Supported Employment** is generally, based on individual need, provided at an employment program but can also be provided at a location of the individual's choosing that may include the workplace.
- **Ongoing Supported Employment** services may be provided in any community location as well as at the workplace. Its primary focus is to support individuals to manage behavioral health disorders in a manner that will not jeopardize their employment. Focus and delivery of Ongoing Supported Employment may not duplicate vocational services for which the person is eligible through Rehabilitation Services Act (RSA/ACCES-VR).

Please email questions and concerns to the following OASAS and OMH mailboxes

PICM@oasas.ny.gov

MH-Managed-Care@omh.ny.gov