

New York State: Health and Recovery Plan (HARP) Adult Behavioral Health Home and Community Based Services (BH HCBS) Provider Manual

New York State is reissuing the Adult Behavioral Health Home and Community Based Services (BH HCBS) Provider Manual that is used as a basis for the BH HCBS designation process. Please note this manual only includes Adult BH HCBS available to eligible individuals in Health and Recovery Plans (HARP) or HARP-eligible in HIV Special Needs Plans (SNPs). The BH HCBS included in this manual have been approved by CMS to be included in the HARP benefit package.

The BH HCBS manual describes the basic requirements for any entity designated to provide BH HCBS within New York's public behavioral health system. These entities may include:

- Behavioral health contracted and non-contracted providers, including those that provide rehabilitation, employment, community-based treatment, peer support, and crisis services.
- State entities providing behavioral health services, including mental health and/or substance use disorder services; or other organizations or clinicians that meet criteria.
- Hospitals providing specialized behavioral health services.
- Licensed/ Certified residential, inpatient and organizations providing mental health and/or substance use disorder clinical services.
- Programs currently providing outreach, peer, vocational, or rehabilitative services to individuals with substance use disorders (SUD) funded through Alternatives to Incarceration, Ryan White Federal funding, or funding from Department of Health and Mental Hygiene, NYC Department of Health, or the AIDS Institute.

The BH HCBS Manual includes information regarding services allowable and reimbursable as approved by CMS. This information includes service definitions and service requirements reflective of documents developed in accordance with Medicaid policies and protocols and submitted for approval. There is a separate [billing manual](#) outlining reimbursement rates and billing codes. Specifically, the BH HCBS Manual outlines the following:

1. Services Definitions & Descriptions
2. Provider Qualifications
3. Eligibility Criteria
4. Limitations/Exclusions
5. Allowed Modes of Delivery
6. Additional Service Criteria
7. Practitioner credentials for service provision

I. Introduction

The Centers for Medicare and Medicaid Services (CMS) has authorized various BH HCBS under their Medicaid waiver authority. BH HCBS were initially established to keep individuals out of hospitals, nursing homes or other institutions. Recipients had to be evaluated and assessed to meet an institutional level of care, i.e., they could be admitted to an institution if not for the availability of the BH HCBS waiver program.

Section 1915i of the Social Security Act was established as part of the Deficit Reduction Act of 2005. 1915i afforded States the opportunity to provide HCBS under the Medicaid State Plan without the requirement that Medicaid members need to meet the institutional level of care as they do in a 1915(c) HCBS Waiver. The intent is to allow and encourage states to use the flexibility of HCBS to develop a range of community-based supports, rehabilitation, and treatment services with effective oversight to assure quality. These services are designed to allow individuals to gain the motivation, functional skills, and personal improvement to be fully integrated into communities. The 1915i option acknowledges that even though people with disabilities may not require an institutional level of care (e.g., hospital, nursing home) they may still be isolated and not fully integrated into society. This isolation and lack of integration may have been perpetuated by approaches to service delivery which cluster people with disabilities, and don't allow for flexible, individualized services or services which promote skill development and community supports to overcome the effects of certain disabilities or functional deficits, motivation, and empowerment.

CMS allows states to include the flexibility of 1915i state plan services in 1115 Research and Demonstration Waivers. New York State has chosen to include 1915i-like BH HCBS in its 1115 Waiver amendment for behavioral health. The inclusion of these BH HCBS will give NYS managed care provider networks and most importantly, enrollees in managed care, a new range of BH HCBS in their benefit package. These services are designed to help overcome the cognitive and functional effects of behavioral health disorders and help individuals with behavioral health conditions to live their lives fully integrated into all aspects of their community.

The addition of these services to the benefit package will also assist NYS to meet the requirements of the Americans with Disabilities Act and the Olmstead Law. The primary goal is to create a supportive and empowering environment for people with behavioral health conditions to live productive lives within our communities.

CMS also requires state oversight to determine that the assessment is comprehensive, the planning process is person-centered and addresses services and support needs in a manner that reflects individual preferences and goals, the services were actually provided, and the person is assessed at least annually or when there is a change in condition (e.g., loss of housing, inpatient admission, etc.) to appropriately reflect service needs. CMS also requires assurances which the state, managed care plans and providers must monitor and report on to assure people receiving BH HCBS are receiving the appropriate services.

On March 17, 2014 CMS issued the Final HCBS Rule that established, upon other provisions, conformity across HCBS authorities for person-centered planning and allowable settings. The rule states that HCBS can only be provided in settings which are considered integrated community settings. New York State is reviewing these rules to determine how this will be addressed in certain housing, residential and day programs.

A person receiving HCBS must be assessed using a validated comprehensive assessment tool to determine their treatment, rehabilitation, and support needs. A comprehensive, person centered plan of care is then developed, and the person is then connected to appropriate services. The care plan must be developed in a "conflict free" manner, meaning the person conducting the assessment and developing the plan of care cannot direct referrals for service only to their agency or network. The person must have

choice among available providers. New York State has CMS approved safeguards to ensure that all conflict free requirements for the HCBS HARP benefit are met.

The provider manual describes these services in detail and the requirements for providers' participation. We look forward to working with managed care plans and provider networks to transform our system of care to one that supports rehabilitation and recovery from behavioral health conditions.

II. Values/Core Principles

The past 30 years have seen a transformation of the public behavioral health system. The State-operated adult psychiatric hospital census has declined from over 20,000 to under 2,900. Access to outpatient treatment, community supports, rehabilitation, and inpatient psychiatric services at general hospitals have expanded. More than 38,000 units of state supported community housing for people living with mental illness have been developed. These community-based resources have created a safety net which has helped the mental health system to evolve from a primarily hospital focused system to one of community support. The emergence of the peer recovery and empowerment movement in the 1990s has stimulated the shift in focus from support to recovery. The legal system's expansion of civil rights to include people with mental illness, as part of Olmstead Legislation and Americans with Disabilities Act, has begun to move policy from the concept of least restrictive setting to full community inclusion.

In 2008, New York State initiated detox reform that reduced incentives for unnecessary hospital detox and began the process of building community and ambulatory access to withdrawal symptom management for SUD patients who do not require a hospital level of care for safely discontinuing the use of substances. OASAS initiated ancillary withdrawal services to allow for the management of mild to moderate withdrawal symptoms in outpatient and inpatient settings. The goal will include access to medically supervised withdrawal management in all levels of care for symptom management where there is very low risk of medical complications of withdrawal. SUD individuals will be able to access treatment in the lowest level of care necessary to support long-term recovery.

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. Implementation of BH HCBS will help to create an environment where managed care plans, service providers, plan members, families, and government partner to help members prevent and manage chronic health conditions and recover from serious mental illness and substance use disorders. The partnership will be based on these core principles:

Person-Centered Care: Services should reflect an individual's goals and emphasize shared decision-making approaches that empower members, provide choice, and minimize stigma. Services should be designed to optimally treat illness and emphasize wellness and attention to the persons overall well-being and full community inclusion.

Recovery-Oriented: Services should be provided based on the principle that all individuals have the capacity to recover from mental illness and/or substance use disorders. Specifically, services should support the acquisition of living, employment, and social skills and be offered in home and community-based settings that promote hope and encourage each person to establish an individual path towards recovery.

Integrated: Services should address both physical and behavioral health needs of individuals. Care coordination activities should be the foundation for care plans, along with efforts to foster individual responsibility for health awareness.

Data-Driven: Providers should use data to define outcomes, monitor performance, and promote health and well-being. Performance metrics should reflect a broad range of health and recovery indicators beyond those related to acute care.

Evidence-Based: Services should utilize evidence-based practices where appropriate and provide or enable continuing education activities to promote uptake of these practices.

Trauma-Informed: Trauma-informed services are based on an understanding of the vulnerabilities or triggers experienced by trauma survivors that may be exacerbated through traditional service delivery approaches so that these services and programs can be more supportive and avoid re-traumatization. All programs should engage all individuals with the assumption that trauma has occurred within their lives. (SAMHSA, 2014)

Peer-Supported: Peers will play an integral role in the delivery of services and the promotion of recovery principles.

Culturally Competent: Culturally competent services that contain a wide range of expertise in treating and assisting people with Serious Mental Illness (SMI) and Substance Use Disorder (SUD) in a manner responsive to cultural diversity.

Flexible and Mobile: Services should adapt to the specific and changing needs of each individual, using off-site community service delivery approaches along with therapeutic methods and recovery approaches which best suit each individual's needs. BH HCBS, where indicated, may be provided in home or off-site, including appropriate community settings such as where an individual works, attends school or socializes.

Inclusive of Social Network: The individual, and when appropriate, family members and other key members of the individual's social network are always invited to initial meetings, or any necessary meetings thereafter to mobilize support.

Coordination and Collaboration: These characteristics should guide all aspects of treatment and rehabilitation to support effective partnerships among the individual, family and other key natural supports and service providers.

III. Eligibility and Enrollment

HARP enrollment is open to Medicaid beneficiaries age 21 and older with serious mental illness and/or substance use disorders. Individuals enrolled in HIV SNPs determined by the State to be HARP-eligible may also be eligible for BH HCBS. A detailed workflow of the Adult BH HCBS eligibility and referral process can be found on the [Department of Health website](#).

Individuals identified as HARP eligible must be offered care management through State-designated Health Homes. HARP eligible members are identified by the State on an ongoing basis and shared with the HARPs, which make assignments to Health Homes. As part of providing care coordination for an individual enrolled in a HARP or HIV SNP, the care manager will ensure the individual is informed of the BH HCBS benefits available to them, have a person-centered discussion with the individual about their recovery goal(s), and how BH HCBS may help achieve their goals.

HARP members who are interested in BH HCBS will be individually assessed for BH HCBS eligibility using the NYS Eligibility Assessment (EA), and if eligible, eligibility is determined for Tier 1 or Tier 2 BH HCBS. Tier 1 BH HCBS include employment and education support. Tier 2 includes Tier 1 services and

Habilitation. Non-Medical Transportation services are available for eligible individuals under either Tier 1 or Tier 2. If BH HCBS eligibility is determined based on the completed NYS EA, a Plan of Care will be developed. The Health Home Care Manager or Recovery Coordinator will work in collaboration with the individual and identify the BH HCBS that will be included in the Plan of Care. If BH HCBS eligibility is NOT determined based on the NYS EA, the Plan of Care cannot include BH HCBS. If an individual does not want BH HCBS, the Health Home Care Manager should note this and not conduct the EA.

Re-assessment for BH HCBS eligibility will be conducted on an annual basis, and/or after a significant change in the member's condition warrants a change be made to the member's POC. Designated provider agencies will deliver the BH HCBS as described in this manual.

Adjustment Authority:

The state will notify CMS and the Public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i).

IV. Person-Centered Planning and Service Delivery

Based on an independent assessment of functioning and driven by the individual as much as possible, the written Plan of Care must meet the following CMS requirements:

1. Include services chosen by the individual to support independent community living in the setting of his or her own choice and must support integration in the community, including opportunities to seek employment, engage in community life, control personal resources, and to receive services within the community. Settings where BH HCBS are provided must: be selected from among options by the individual, optimize autonomy and independence in making life choices, and ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
2. Include the individual's strengths, capacities, and preferences.
3. Be developed to include clinical and support needs that are indicated by the independent functional assessment.
4. Be comprised of goals and desired outcomes that are chosen by the individual.
5. Include services and supports (paid by Medicaid, natural supports and other community supports) that will enable the individual to meet the goals and outcomes identified in the Plan of Care.
6. Include frequency, duration, and scope of BH HCBS identified in the Plan of Care.
7. Identification of risk factors and barriers with strategies to overcome them, including individualized back-up plans.
8. Provide necessary information and support to the individual to ensure that they can direct their planning process as much as possible.
9. Be timely and occur at least annually at times and locations of the individual's convenience.
10. Take into consideration the culture of the person served.
11. Provide a method for the individual to request updates to their plan.
12. Help promote the health and welfare of those receiving services.
13. Be written in a way that is clearly understandable by the individual.
14. Include the individual and the entity that is responsible for the oversight of the Plan of Care implementation, review of progress and need for modifications if desired outcomes are not being met or the individual's needs change.
15. Include individual attestation of choice of providers.
16. Include an informed consent of the individual in writing along with signatures of all individuals responsible for the plan implementation.
17. Be sent to all of the individuals and others involved in implementing and monitoring the Plan of Care; and
18. The Plan of Care should not include services that are duplicative, unnecessary, or inappropriate.

For more information about the required elements for a Plan of Care including BH HCBS, please view the following documents:

- [BH HCBS Plan of Care Federal Rules and Regulations checklist](#)
- [BH HCBS Plan of Care template](#)

V. BH HCBS Provider Designation

HCBS provider designation confirms that an agency has attested to provide BH HCBS within the agency’s scope of practice and consistent with the criteria articulated in the BH HCBS manual. Providers are only designated to provide the BH HCBS that are included within their application and approved by the state. HCBS provider designation does not guarantee that your agency will gain business for these services, nor does it mandate your agency must provide the designated services.

BH HCBS Attestation and Application Process:

The provider Attestation is an executive declaration that a provider meets the requirements to provide BH HCBS. Only one attestation form is necessary per agency, regardless of the number of services or site locations an agency plans to provide BH HCBS. Applicants must complete the site location, staffing, and written statement sections for each service you intend to provide. The application is designed for providers to demonstrate that they have the organizational capacity and culture to provide one or more of the BH HCBS. Applications will be reviewed based on an Agency’s staff qualifications, experience, and ability to meet HCBS criteria.

The initial deadlines for applications included December 2014 for New York City and September 2015 for the rest of State. Applications received after December 2015 will be reviewed by NYS OMH and OASAS periodically for designation of intended services. More information regarding Provider Designation and the application process can be found at the following links:

- [BH HCBS Provider Designation](#)
- [BHHCBS Application for Provider Designation](#)

VI. BH HCBS Definitions

Psychosocial Rehabilitation (PSR) (Removed)

This service has transitioned to [Community Oriented Recovery and Empowerment \(CORE\) Services](#).

Community Psychiatric Support and Treatment (CPST) (Removed)

This service has transitioned to [Community Oriented Recovery and Empowerment \(CORE\) Services](#).

Habilitation

Definition

Habilitation services are provided on a 1:1 basis and are designed to assist individuals with a behavioral health diagnosis (i.e., SUD or mental health) 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.

Service Components

- Habilitation services may help individuals develop skills necessary for community living and recovery with ongoing assessment of individuals' functional status and development of rehabilitative goals, such as:
 - Instruction in accessing and using community resources such as transportation, translation, and communication assistance as identified as a need in the plan of care and services to assist the participant in shopping and performing other necessary activities of community and civic life, including self-advocacy; for example, coordinating and helping to secure TTY services, language bank services, or other adaptive equipment needs.
 - Instruction in developing or sustaining financial stability and security (e.g., understanding budgets, managing money, and the right to manage their own money). Assistance in developing financial skills through instruction of budget development, money management skills, and self-direction with regards to managing own funds and relapse triggers. (Specifically, if a resident has a representative payee, one goal must be to develop skills to manage more independently).
 - Skill training and hands-on assistance of instrumental activities of daily living, including assistance with shopping, cooking, cleaning, and other necessary activities of community and civic living (voting, civic engagement via community activities, volunteerism).
 - Habilitation provides onsite modeling, training, and/or supervision to assist the participant in developing maximum independent functioning in community living activities. The on-site modeling, cueing, and /or instruction and support may assist participant in developing maximum independent problem-solving, interpersonal, communication, and coping skills, including relapse prevention planning, integration/adaptation to home/community, on-site symptom monitoring, and self - management of symptoms.
 - Facilitation of family reunification through coordination of family services as applicable and self-advocacy instruction. The goal would be to facilitate communication with family members/natural supports to encourage the development of recovery support plans, i.e., medication compliance, ADL skills, and functional changes.
 - Housing preservation and advocacy training, including assistance with developing positive landlord-tenant relationships, and accessing appropriate legal aid services if needed including skills to successfully live with roommates.
 - Assistance with developing strategies and supportive interventions for avoiding the need for more intensive services such as inpatient detoxification, coordinating crisis services, and consulting with current service providers (including SUD providers, mental health providers, health care providers, family-friends-natural supports, parole-probation-drug courts, state vocational rehabilitation services and other stakeholders) to develop a plan for intervention.
 - Assistance with increasing social opportunities and developing social support skills that ameliorate life stressors resulting from the individual's disability and promote health, wellness, and recovery. For example, helping an individual to connect to community-based organizations based on individuals' identified interests that are available to the public and promote recovery and social integration.
 - Instruction in self-advocacy skills including activities designed to facilitate participants' ability to access social service systems (health care, substance abuse, employment, vocational rehabilitation, entitlements/benefits, self-help groups) and other recovery-oriented systems of care are included.
 - Instruction in developing strategies to manage trauma induced behaviors and/or PTSD as per a Trauma Informed Assessment.
 - The cost of transportation provided by residential service providers to and from activities is included as a component within the rate of the residential service. Providers of residential services are responsible for the full range of transportation services needed by the individuals they serve to participate in services and activities

specified in their recovery-oriented service plan. This includes transportation to and from recovery-oriented services and employment services, as applicable.

Modality

Habilitation is a face-to-face service that is delivered 1:1.

Setting

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.

Admissions/Eligibility Criteria

The Individual requires habilitation and onsite services that may include but are not limited to cognition (cognitive skills), functional status (ADLs), and recovery-oriented community support.

Providers who did not apply for both PSR and Habilitation are encouraged to apply for both of these services. Programs without a joint designation will not be allowed to serve individuals having both a PSR and Habilitation goal in their Plan of Care. The state will work with these programs to facilitate this process.

Limitations/Exclusions

The total hours for Habilitation are limited to no more than a total of 500 hours in a calendar year.

Time limited exceptions to this limit for individuals transitioning from institutions are permitted if prior authorized and found to be part of the cost-effective package of services provided to the individual compared to institutional care.

Certification/Provider Qualifications

Providers of service may include unlicensed behavioral health staff (see appendix). Staff who provide Habilitation services should periodically report to a professional staff on a participant's recovery and acquisition of skills.

Staffing Ratio/Case Limits

- Staff ratio of 1:20 or less.
- Supervisory ratio: 1:5 (1 supervisor to 5 Direct Care Staff).

Family Support and Training (Removed)

This service has transitioned to [Community Oriented Recovery and Empowerment \(CORE\) Services](#).

Short-term Crisis Respite (Removed)

This service has transitioned to [Residential Crisis Services](#).

Intensive Crisis Respite (Removed)

This service has transitioned to [Residential Crisis Services](#).

Education Support Services

Definition

Education Support Services are provided to assist individuals with mental health or substance use disorders who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment. Education Support Services consist of special education and related services as defined in Sections (22) and (25) of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (20 U.S.C. 1401 et seq.), to the extent to which they are not available under a program funded by IDEA or available for funding by the NYS Adult Career & Continuing Education Services Office of Vocational Rehabilitation (ACCES-VR) (The Vocational Rehabilitation component (ACCES-VR) encompasses many of the services that were previously part of Vocational and Educational Services for Individuals with Disabilities, or VESID).

Education Support Services may consist of general adult educational services such as applying for and attending community college, university, or other college-level courses. Services may also include classes, vocational training, and tutoring to receive a Test Assessing Secondary Completion (TASC) diploma, as well as support to the individual to participate in an apprenticeship program.

Supported education may include a component of motivational Interviewing to facilitate and engage the person in identifying their intrinsic motivation in order to activate the choice of going forward in an educational program to increase the opportunity to obtain a job of their choosing.

Individuals authorized for Education Support Services must relate to an employment goal or skill development documented in the service plan. Education Support Services must be specified in the service plan as necessary to enable the individual to integrate more fully into the community and to ensure the health, welfare, and safety of the individual. Examples of these goals would include, but not be limited to tutoring or formal classes to obtain a Test Assessing Secondary Completion (TASC) diploma, vocational training, apprenticeship program or formal classes to improve skills or knowledge in a chosen career, community college, university or any college-level courses or classes.

Ongoing supported education service components are conducted after an individual is successfully admitted to an educational program. Ongoing follow-along is support available for an indefinite period as needed by the participant to maintain their status as a registered student.

Service Components

Service components include:

- Providing support in a variety of educational settings, such as classroom and test-taking environments.
- Serve as a resource clearinghouse for educational opportunities, tutoring, financial aid and other relevant educational supports and resources.
- Provide linkages to education-related community resources including supports for learning and cognitive disabilities.
- Assist with admission applications and registration.
- Identify financial aid resources and assist with applications.
- Assist with transitions and/or withdrawals from programs such as those resulting from mental health or substance abuse challenges, issues and medical conditions and other co-occurring disorders.
- Orient individual to school settings, navigating the school system and student services particularly disability services.
- Providing cognitive remediation services to improve executive functioning abilities such as attention, organizing, planning, and working memory.
- Conducting a needs assessment, based on employment goal to identify education/training requirements, personal strengths, and necessary support services.
- Evaluate educational/ career plan on an ongoing basis and revise as needed in response to individuals' needs and recovery process.

- Assist with skill development including study skills, note taking, time and stress management and social skills in relation to mental health and SUD history and other related issues.
- Providing advocacy support to obtain accommodations such as requesting extensions for assignments and different test-taking setting if needed for documented cognitive or learning disability.
- Providing instruction on self-advocacy skills in relation to independent functioning in the educational environment.

Modality

This is a face-to-face service that is provided 1:1.

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
- Documentation is maintained in the file of each individual receiving this service that the service is not otherwise available under section 110 of the Rehabilitation Act of 1973 or the IDEA.
- Can only access this service if other appropriate state plan services are not available or appropriate.

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.
- Staff should have knowledge in the following areas: disability accommodations and assistive technology, financial aid, student loan default, SUD recovery resources on campus, etc.

Staffing Ratio/Case Limits

- Maximum caseload for a full-time education specialist is 20 individuals and proportional number for part-time staff.

Empowerment Services - Peer Supports (Removed)

This service has transitioned to [Community Oriented Recovery and Empowerment \(CORE\) Services](#).

Pre-vocational Services

Definition

Pre-vocational services are time-limited services that prepare an individual for paid or unpaid employment. This service specifically provides learning and work experiences where the individual with mental health and/or disabling substance use disorders can develop general, non-job-task-specific strengths and soft skills that contribute to employability in competitive work environment as well as

in the integrated community settings. Pre-vocational services occur over a defined period of time and with specific person centered goals to be developed and achieved, as determined by the individual and his/her employment specialist and support team and ongoing person-centered planning process as identified in the individual's person-centered Plan of Care, Pre-vocational services provide supports to individuals who need ongoing support to learn a new job and/or maintain a job in a competitive work environment or a self-employment arrangement. The outcome of this pre-vocational activity is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

Service Components

Service components include:

- Teach concepts such as: work compliance, attendance, task completion, problem solving, and safety, and, if applicable, teach individuals how to identify obstacles to employment, obtain paperwork necessary for employment applications, and how to interact without the use of drugs with people who have not used drugs especially in the workplace.
- Coordinate scheduled activities outside of an individual's home that support acquisition, retention, or improvement in job-related skills related to self-care, sensory-motor development, daily living skills, communication community living, improved socialization, and cognitive skills. This could include opening and maintaining a bank account for work-related direct deposit.
- Gain work-related experience considered crucial for job placement (e.g., volunteer work, time-limited unpaid internship) and career development.

Services do not include development of job specific skills.

Modality

Pre-vocational services are face-to-face services and are 1:1.

Setting

This service is generally provided at the program 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.

Admissions/Eligibility Criteria

Individuals must have a clear desire to work in competitive employment.

Limitations/Exclusions

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.

For all employment supports services, documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program.
- Payments that are passed through to users of supported employment programs
- Payments for training that is not directly related to an individual's supported employment program.

When Pre-vocational services are provided at a work site where individuals are competitively employed, payment is made only for the adaptations, supervision, and training required by individuals receiving services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting or work environment.

Certification/Provider Qualifications

- 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.
- A supervisor 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 in a rehab or SUD treatment setting and minimum 18 months of disability/employment case management experience.

Staffing Ratio/Case Limits

- Maximum caseload for a full-time employment specialist is 20 clients and respective proportions for part-time staff.
- The recommended program manager to staff ratio is 1:10.

Transitional Employment

Definition

This service is designed to strengthen the individual's work record and work skills toward the goal of achieving assisted or unassisted competitive employment at or above the minimum wage paid by the competitive sector employer. This service is provided, instead of Intensive Supported Employment, only when the individual specifically chooses this service and may only be provided by clubhouse, psychosocial club program, OASAS recovery center, or agency previously in receipt of a BH HCBS designation for this service.

This service specifically provides learning and work experiences where the individual with behavioral health and/or substance use disorders can develop general, non-job-task-specific strengths and soft skills that contribute to employability in the competitive work environment in integrated community settings paying at or above minimum wage.

The outcome of this activity is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

Service Components

Service components include:

- Provide time-limited employment and on-the-job training in one or more integrated employment settings as an integral part of the individual's vocational rehabilitation growth.
- Provide support to individuals to gain skills to enable transition to integrated, competitive employment.
- Training activities provided in regular business, industry, and community settings
- Promote integration and interaction between individuals with and without disabilities in the workplace.

- Provide Transitional Employment supports during placement. This support includes initial and ongoing employment planning and advancement, employment assessment not otherwise covered in the annual career planning, job placement, job development, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching, benefits counseling, training, and planning transportation.
- Training or referral to a training program.
- Plan transportation to and from work.
- Encourage and improve motivation and self-confidence to work in competitive employment
- Teach Activities of Daily Living (ADL) skills specific to the Transitional Employment placement and may include but is not limited to appropriate dress, hygiene, walk, talk, and eye contact, money management, dealing with address outstanding warrants, and legal and criminal justice history, time management, and the collection of work-related documentation and credentials
- Offer services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting
- Provide on the job supports, to include:
 - On-site job training
 - Assisting the participant to develop natural supports in the workplace that support recovery, without the use of substances.
 - Adopt an identity as a worker.
 - Accept responsibility for decisions.
 - Examine past work experiences for setbacks and successes.
 - Consider potential for transferability of skills.
 - Coordinate with the individual to identify employers and subsequently coworkers, as necessary, who may be able to accommodate the individual in meeting employment expectations, to address work related and personal issues as they may arise

Modality

Transitional Employment is a face-to-face intervention that is provided 1:1.

Setting

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.

Admissions/Eligibility Criteria

- An individual must have made a clear decision to work in competitive employment in the community regardless of limited or unsuccessful work history, or present status of sobriety and/or abstinence.
- The basic tenet of Transitional Employment is that all individuals are capable of working in competitive employment in the community even without prior training and all individuals interested in employment should be given the opportunity.

Limitations/Exclusions

The total combined hours for pre-vocational 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.

Additionally, Transitional Employment placements should be part-time and time-limited, usually 15-20 hrs./week from 6-9 months in duration.

For all employment supports services, documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not

claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program,
- payments that are passed through to users of the state VR supported employment programs, and
- payments for training that is not directly related to an individual's supported employment program.

When employment support services are provided in a competitive and integrated work site where individuals without disabilities are employed, payment is made only for the adaptations, supervision, and training required by individuals who receive services as a result of their disabilities and does not include payment for the supervisory activities rendered as a normal part of the business setting.

Certification/Provider Qualifications

- Employment Specialists may be unlicensed (see appendix) and should possess education and experience equivalent to an undergraduate degree in vocational services, business, personnel management, disability, mental health, or social services counseling.
- A program manager requires a minimum of a BA (preferably a Masters in Rehabilitation or a behavioral health field), a minimum of three years' relevant work experience working in a vocational rehabilitation or SUD treatment setting and include a minimum of 18 months of disability/employment case management experience.

Staffing Ratio/Case Limits

- Maximum caseload for a full-time employment specialist is 20 clients and respective proportions for part-time staff.
- The recommended program manager to staff ratio is 1:10.

Intensive Supported Employment (ISE)

Definition

ISE services that assist recovering individuals with MH/SUDs to obtain and keep competitive employment. These services consist of intensive supports that enable individuals to obtain and keep competitive employment at or above the minimum wage. This service uses evidence-based principles of the Individual Placement and Support (IPS) model.

This service is based on Individual Placement Support (IPS) model which is an evidence-based practice of supported employment. It consists of intensive employment supports that enable individuals for whom competitive employment at or above the minimum wage is unlikely, absent the provision of supports, and who, because of their clinical and functional needs, require supports to perform in a regular work setting.

Individual Employment Support Services are individualized, person-centered services that provide supports to individuals who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement. Individuals in a competitive employment arrangement receiving Individual Employment Support Services are compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this activity is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

Service Components

Components include:

- Assist the individual to locate a job or develop a job on behalf of the individual via the use of Individualized Placement and Support services that include rapid job search including acquisition of hard and soft skills to retain employment, training and systematic instruction, as well as providing support for the job application process such as resume writing, interviewing and application submission.
- Support the individual to establish or maintain self-employment, including home-based self-employment.
- Provide ongoing job-related discovery and assessment.

Provide job placement, systematic job development, job coaching, negotiation with prospective employers, job analysis, job carving (creating, modifying, or customizing a community-based job such that it can be successfully performed by an individual on supported employment), customize employment training and systematic instruction, benefits counseling support, training and planning, transportation, asset development and career advancement services, customized employment, and other workforce support services. Workforce support services include benefits counseling support (e.g., personalized benefits counseling that assists individuals in obtaining personalized information about their government entitlements), training and planning, transportation navigation, asset development and career advancement services.

Modality

Intensive Supported Employment is a face-to-face intervention and is provided 1:1.

Setting

This service 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.

Admissions/Eligibility Criteria

- In order to achieve a successful outcome in ISE, an individual must have made a clear decision to work in competitive employment in the community.
- The basic tenet of ISE is that all individuals are capable of working in competitive employment in the community even without prior training and all individuals interested in employment should be given the opportunity.
- The ongoing level of care criteria including service duration, intensity and effectiveness should be reviewed by the BH HCBS provider and/or the MCO at least quarterly.

Limitations/Exclusions

250 hours per calendar year.

For all employment supports services, documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program,
- payments that are passed through to users of supported employment programs,
- and payments for training that is not directly related to an individual's supported employment program.

When employment support services are provided at an integrated work site where individuals without disabilities are employed, payment is made only for the adaptations, supervision, and training required

by OMH participants who receive services as a result of their disabilities but does not include payment for the supervisory activities rendered in as a normal part of the regular business setting.

Certification/Provider Qualifications

- Employment Specialists may be unlicensed (see appendix) and should possess education and experience equivalent to an undergraduate degree in vocational services, business, personnel management, disability, mental health, or social services counseling.
- A supervisor requires a minimum of a BA (preferably a Masters in a behavioral health field) and a minimum of three years' relevant work experience preferably as an employment specialist or in a behavioral health treatment setting; and includes a minimum 18 months of disability/employment experience.

Staffing Ratio/Case Limits

- Maximum caseload for a full-time Employment Specialist is 20 clients and respective proportions for part-time staff.
- The recommended program manager to staff ratio is 1:10.

Ongoing Supported Employment

Definition

This service is provided after an individual successfully obtains and becomes oriented to competitive and integrated employment.

Ongoing follow-along support is available for an indefinite period as needed by the individual to maintain their paid competitive employment position. Individual employment support services are individualized, person centered services providing supports to individuals who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement. Individuals in a competitive employment arrangement receiving Individual Employment Support Services are compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by other individuals without disabilities.

Service Components

Service components include:

- Provide support in a variety of settings, particularly work sites where individuals with and without disabilities are employed:
 - Assists individuals to determine identify reasonable accommodations necessary to manage MH mental health symptoms or SUD triggers that may emerge at work
 - Provides activities needed to retain paid work including job coaching and non-work task related training
 - Ongoing Supported Employment services may include assessment of issues and linkage/referral to other recovery-oriented community resources as appropriate
- Provide activities needed to sustain paid work by individuals, including supervision and training:
 - Provides supports to individuals who are currently employed in settings that are competitive and integrated
 - Assists individuals to establish positive workplace relationships, including interactions with supervisors, and co-workers
 - Helps individuals to build and sustain skills in the workplace, including time management, co-worker relationships and/or interactions, understanding supervisory

- roles and expectations, and accessing workplace supports, including EAP and job training for career advancement
- Providing reminders of effective workplace practices and reinforcement of recovery skills gained during the period of intensive supported employment services:
 - Assist individuals to manage behavioral health issues that may impact their recovery and ability to sustain long term employment.

The basic tenet of ISE is that all individuals are capable of working in competitive employment in the community even without prior training and all individuals interested in employment should be given the opportunity to work.

Modality

Ongoing Supported Employment is a face-to-face intervention and is provided 1:1.

Setting

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).

Admissions/Eligibility Criteria

Must have made a clear goal to maintain employment in work in a competitive work environment employment located in the community.

Limitations/Exclusions

250 hours per calendar year.

For all employment supports services, documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program,
- payments that are passed through to users of supported employment programs, and
- payments for training that is not directly related to an individual's supported employment program.

When employment support services are provided at a work site where individuals without disabilities are employed, payment is made only for the adaptations, supervision, and training required by participants receiving services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

Certification/Provider Qualifications

- Employment Specialists may be unlicensed (see appendix) and should possess education and experience equivalent to an undergraduate degree in vocational services, business, personnel management, disability, mental health, or social services counseling.

- A supervisor requires a minimum of a BA (preferably a Masters in a behavioral health field or vocational rehabilitation counseling) and a minimum of three years' relevant work experience preferably as an employment specialist or in a behavioral health treatment setting; and a minimum 18 months of disability/employment experience.

Staffing Ratio/Case Limits

- Maximum caseload for a full-time employment specialist is 20 clients and respective proportions for part-time staff.
- The recommended program manager to staff ratio is 1:10.

VII. Appendix

A. BH HCBS Provider Competencies in Evidence Based Practices:

Professional staff, unlicensed staff and certified peers who provide BH HCBS are encouraged to become trained on the various evidence-based practices (EBPs). Free modules on various EBPs are available on the Website of Columbia University's [Center for Practice Innovation's website](#). The New York State Office of Mental Health (OMH) and Office of Addiction Services and Support (OASAS) and the Department of Psychiatry, Columbia University, established the Center for Practice Innovations at Columbia Psychiatry and New York State Psychiatric Institute in November 2007, to promote the widespread use of evidence-based practices throughout New York State. CPI uses innovative approaches to build stakeholder collaborations, develop and maintain practitioners' expertise, build agency infrastructures that support implementing and sustaining evidence-based practices and direct staff competence. CPI is available to collaborate with agencies to increase the use of EBPs and improve staff clinical competencies.

Staff and Supervisor training requirements are described in the [Adult BH HCBS Staff Training Requirements Memo](#).

The [Northeast Addiction Technology Center](#) has many training resources for SUD BH HCBS providers on substance use disorders as well as on SUD evidence-based practices.

B. Staffing Guidelines:

- I. **Professional staff** means practitioners possessing a license or a permit from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness and substance use disorders and shall include the following:
 - a. **Certified Rehabilitation Counselor (CRC)** is certified with a national Certified Rehabilitation Counselor (CRC) designation by The Commission on Rehabilitation Counselor Certification (CRCC) that sets the standard for quality rehabilitation counseling services in the United States and Canada. All VR staff within the OASAS treatment provider system must adhere to the [Code of Ethics set forth by the NYS Ethics Commission](#) and/ or the [Commission on Rehabilitation Counselor Certification \(CRCC\)](#).
 - b. **Creative arts therapist** is an individual who is currently licensed as a creative arts therapist by the New York State Education Department or possesses a creative arts therapist permit from the New York State Education Department.
 - c. **Licensed practical nurse** is an individual who is currently licensed as a licensed practical nurse by the New York State Education Department or possesses a licensed practical nurse permit from the New York State Education Department.
 - d. **Licensed psychoanalyst** is an individual who is currently licensed as a psychoanalyst by the New York State Education Department or possesses a permit from the New York State Education Department.
 - e. **Licensed psychologist** is an individual who is currently licensed as a psychologist by the New York State Education Department or possesses a permit from the New York State Education Department and who possesses a doctoral degree in psychology, or an individual who has obtained at least a master's degree in psychology who works in a federal, state, county or municipally operated clinic. Such master's degree level psychologists may use the title "psychologist," may be considered professional staff, but may not be assigned supervisory responsibility.
 - f. **Marriage and family therapist** is an individual who is currently licensed as a marriage and family therapist by the New York State Education Department or possesses a permit from the New York State Education Department.
 - g. **Mental health counselor** is an individual who is currently licensed as a mental health counselor by the New York State Education Department or possesses a permit from the New York State Education Department.
 - h. **Nurse practitioner** is an individual who is currently certified as a nurse practitioner by the New York State Education Department or possesses a permit from the New York State Education Department.
 - i. **Nurse practitioner in psychiatry** is an individual who is currently certified as a nurse practitioner with an approved specialty area of psychiatry (NPP) by the New York State Education Department or possesses a permit from the New York State Education Department.
 - j. **Physician** is an individual who is currently licensed as a physician by the New York State Education Department or possesses a permit from the New York State Education Department.

- k. **Physician assistant** is an individual who is currently registered as a physician assistant by the New York State Education Department or possesses a permit from the New York State Education Department.
- l. **Psychiatrist** is an individual who is currently licensed to practice medicine in New York State, who (i) is a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or (ii) is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board.
- m. **Registered professional nurse** is an individual who is currently licensed as a registered professional nurse by the New York State Education Department or possesses a permit from the New York State Education Department.
- n. **Social worker** is an individual who is either currently licensed as a licensed master social worker or as a licensed clinical social worker (LCSW) by the New York State Education Department, or possesses a permit from the New York State Education Department to practice and use the title of either licensed master social worker or licensed clinical social worker.

II. Unlicensed Staff:

- a. Unlicensed staff must be at least 18 years of age and have a high school diploma or equivalent, and 1-3 years of relevant experience working with individuals with SUD disorders and/or SMI or a BA degree.
- b. A Certified Peer Specialist/Certified Recovery Peer Advocate, or equivalently qualified by education in the human services field or a combination of work experience and education, with one year of education substituting for one year of experience. A LMHP or QHP shall be available at all times to provide supervision, back up, support and/or consultation.

Direct service staff should be appropriately licensed or credentialed, trained, and experienced practitioners with appropriate skills for engaging family members; providing education about substance use disorder/mental illness and its treatment; possessing information on community resources; guidance on how to manage or cope with substance use disorder relapse, maladaptive behaviors; emotional support and counseling; crisis planning; and problem-solving skills training.

III. Certified Peer:

- a. **OMH - Certified Peer Specialist**
- b. **OASAS - Certified Recovery Peer Advocate**

IV. State Credentialed Staff:

- a. **CASAC:** Staff person who holds a credential by the Office of Addiction Services and Supports as a Credentialed Alcohol and Substance Abuse Counselor.
- b. **CASAC-T:** Staff person who holds a credential by the Office of Addiction Services and Supports as a Credentialed Alcohol and Substance Abuse Counselor-in-training.

V. Other Credentialed Staff:

Certified Psychiatric Rehabilitation Practitioner (CPRP): Staff person who holds a credential

from the Psychiatric Rehabilitation Association as a practitioner working within the adult mental health system.

C. BH HCBS Documentation & Quality Assurance Reviews

BH HCBS Documentation requirements for 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.

D. Guidance for Behavioral Health Home and Community Based (BH HCB) Non-Medical Transportation Services for Adults in HARPs and HARP Eligible Individuals in SNPs

Non-Medical Transportation (NMT) is an Adult Behavioral Health Home and Community Based Service. More information regarding this service, including the service definition and how the benefit can be accessed, can be found in the [NMT Guidance](#).

E. BH HCBS Settings Overview

The CMS Final Rule (§441.301(c)(4) and §441.710) defines the qualities that all home and community-based settings must possess in order to be in compliance with the rule. In the final rule, CMS also clarifies which settings do NOT qualify as home and community-based settings.

According to CMS, settings that **DO NOT MEET** the definition of being home and community based are:

- A nursing facility;
- An institution for mental diseases;
- An intermediate care facility for individuals with intellectual disabilities;
- A hospital; or
- Any other locations that have qualities of an institutional setting, as determined by the Secretary.

In addition, the final rule 441.301(c)(5)(v) specifies that the following settings Are **Presumed to Have the Qualities of an institution** (and therefore likely do not meet the HCBS standard without documentation to support otherwise):

- Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,

- Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Settings should be fully integrated into the broader community to the same degree of access as individuals not receiving Medicaid HCBS.

CMS has created a [Settings Requirements Compliance Toolkit](#).

Included in the toolkit are [exploratory questions to assist in the assessment of residential settings](#).

Additionally, there are [exploratory questions to assist in the assessment of non-residential settings](#).