Home & Community Based Services (HCBS)

HCBS Overview, Key Components and Workflow
AGENDA

• Welcome
• HCBS Vision
• Key Components
• Who’s On First?
• Workflow
  ◦ Q&A
• HCBS Overview
  ◦ Q&A
NYS Managed Care Timeline

- **NYC-based Providers**: October 1\(^{st}\), 2015
- For providers outside of NYC around the rest of the state, the **start date will be no earlier than April 2016**.
- **Children’s Providers**: Will transition in 2017.
Managed Care Technical Assistance Center Overview

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.**
## Provider Education & Training

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HCBS Services Training:</strong> What workflow looks like both generally and specifically for HH Administrators, HCBS providers, and MCO’s.</td>
<td>June 15th 2015, NYC</td>
</tr>
<tr>
<td><strong>HCBS Service Webinar Series:</strong> more in depth review of the HCBS services within the clusters for HH staff, HCBS providers, and MCO’s</td>
<td>July 7-24, 2015, 10-11am</td>
</tr>
<tr>
<td><strong>Managed Care 101 Webinar:</strong> HH Staff</td>
<td>July 6th and July 20th, 2015</td>
</tr>
<tr>
<td><strong>Contracting Web Series:</strong> interactive training series with Adam Falcone for OMH &amp; OASAS Providers</td>
<td>Mid June-end of July</td>
</tr>
<tr>
<td><strong>Plan Billing Training:</strong> Working with Plans to provide training on clean bill and claim submission for OMH &amp; OASAS Providers</td>
<td>August 7th, 2015, NYC</td>
</tr>
<tr>
<td><strong>HCBS Plan of Care Training:</strong> Will be for HH staff</td>
<td>Tentatively Planned for September 2015</td>
</tr>
</tbody>
</table>
## HCBS Follow-up Services Training

3 week webinar series

<table>
<thead>
<tr>
<th>HCBS Service Cluster</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychiatric Rehab:</strong> CPST, PSR, and Habilitation</td>
<td>July 7, 2015</td>
</tr>
<tr>
<td><strong>Respite/Crisis:</strong> Short Term Crisis Respite, Intensive Crisis Respite</td>
<td>July 10, 2015</td>
</tr>
<tr>
<td><strong>Employment/Education:</strong> Education Support Services, Pre-Vocational, Transitional, Intensive Support Employment and Ongoing Supported Employment</td>
<td>July 14, 2015</td>
</tr>
<tr>
<td>Family Support and Training</td>
<td>July 17, 2015</td>
</tr>
<tr>
<td>Peer Supports</td>
<td>July 21, 2015</td>
</tr>
<tr>
<td>Non-Medical Transpiration</td>
<td>July 24, 2015</td>
</tr>
</tbody>
</table>
Visit [www.mctac.org](http://www.mctac.org) to view past trainings, sign-up for updates and event announcements, and access resources.

**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

[view more >](#)

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**mctac.info@nyu.edu**

[@CTACNY](https://twitter.com/CTACNY)
Services

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Crisis Intervention
  - Short-Term Crisis Respite
  - Intensive Crisis Intervention
- Educational Support Services
- Individual Employment Support Services
  - Prevocational
  - Transitional Employment Support
  - Intensive Employment Support
  - On-going Supported Employment
- Peer Supports
- Support Services
  - Family Support and Training
  - Non Medical Transportation
- Self Directed Services Pilot
## HCBS Designated Providers by Service

**Total Designated Agencies: 171**

<table>
<thead>
<tr>
<th>Service</th>
<th>Agencies</th>
<th>Services</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Psychiatric Support and Treatment (CPST)</td>
<td>87</td>
<td>Pre-vocational Services</td>
<td>100</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation (PSR)</td>
<td>124</td>
<td>Transitional Employment</td>
<td>42</td>
</tr>
<tr>
<td>Habilitation/Residential Support Services</td>
<td>92</td>
<td>Intensive Supported Employment (ISE)</td>
<td>65</td>
</tr>
<tr>
<td>Family Support and Training</td>
<td>111</td>
<td>Ongoing Supported Employment</td>
<td>66</td>
</tr>
<tr>
<td>Mobile Crisis Intervention</td>
<td>46</td>
<td>Education Support Services</td>
<td>66</td>
</tr>
<tr>
<td>Short-term Crisis Respite</td>
<td>26</td>
<td>Empowerment Services - Peer Supports</td>
<td>113</td>
</tr>
<tr>
<td>Intensive Crisis Respite</td>
<td>16</td>
<td>Non-Medical Transportation</td>
<td>53</td>
</tr>
</tbody>
</table>
# HCBS Designated Providers By Funding Source

<table>
<thead>
<tr>
<th>Office of Mental Health (OMH)</th>
<th>Office of Alcoholism and Substance Abuse Services (OASAS)</th>
<th>Both OMH &amp; OASAS</th>
<th>Other Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>29</td>
<td>44</td>
<td>27</td>
</tr>
</tbody>
</table>
147 HCBS designated providers have billed Medicaid

24 reported that they have never billed Medicaid before
## HCBS Designated Provider Types

<table>
<thead>
<tr>
<th></th>
<th>Hospitals</th>
<th>Community-Based Providers</th>
<th>State Psychiatric Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17</td>
<td>148</td>
<td>6</td>
</tr>
</tbody>
</table>
HCBS - Vision for SUD

• Expanding service system capacity
• Meeting challenges to engagement
• Unique needs of individuals in SUD recovery
• Developing unique service models
Key Components- DRAFT

- Service delivery system
  - Services vs. program
- How to choose between State Plan & HCBS services
  - Differences (between State Plan/HCBS)
  - Overlap
  - Clinical considerations -- client choice, current treatment
  - Exclusions
- Exclusions / co-enrollment rules
- Conflict free
- Co-mingling - No
- Space
- Staffing: Can be shared with appropriate allocations unless specifically prohibited by regulation
- Documentation requirements
  - Charting
  - Oversight
Key Components Continued-DRAFT

- Billing, UM, compliance, service cap
- NPI vs. MMIS vs. License
- InterRAI
- HCBS designated providers: contract requirements
- Communication
  - MCOs
  - Designated providers
  - Health Homes
  - All other providers
- Plan of Care (POC)
The CMS Final Rule requires that all home and community-based settings meet certain qualifications. These include that the setting:

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

<table>
<thead>
<tr>
<th>HCBS/State Plan Services</th>
<th>OMH Clinic/OLP</th>
<th>OASAS Clinic</th>
<th>OASAS Opioid Treatment Program</th>
<th>OMH ACT</th>
<th>OMH PROS</th>
<th>OMH IPRT/CDT</th>
<th>OMH Partial Hospital</th>
<th>OASAS Outpatient Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSR</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
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<tr>
<td>CPST</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Habilitation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Family Support and Training</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Education Support Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Peer Support Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Employment Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Who’s on First and Workflow

Presenter: Andrew Cleek, PsyD
Who’s On First?- DRAFT
Medicaid for Adult Behavioral Health Services
Managed Care Carve-In Draft

*Medicaid Buy-In TBD
Workflow

DRAFT
*Individuals have choice to receive HARP, Health Home and HCBS services. Appropriate firewalls and mitigation strategies will be put in place to ensure that the process is conflict free. Members will have a choice of a minimum of two providers.

** Initial POC will include recommended Home & Community Based Services (HCBS), Choices from plan’s network for provider selection (minimum of two) and selected providers

**Key:**
- **HCBS Eligibility Assessment** = subset of questions from Community Mental Health Suite of InterRAI and other HCBS eligibility questions
- **Full Assessment** = Community Mental Health Suite of InterRAI to determine array of HCBS services
- **Completed POC** = Plan of Care that includes Frequency and Duration of HCBS Services
• All individuals who meet the HARP targeting criteria will be offered choice of:
  – HARP Enrollment and Plan Selection
  – Health Home Enrollment
  – Use of HCBS if eligible

• HARP enrollees may choose the provider they prefer from a list of at least 2 providers where possible for each HCBS service included in the Plan of Care.

• With respect to conflict-free care management requirements for Health Homes:
  – To promote and ensure integrated care for the best interest of the client, it is possible that an individual may receive care management and direct care services from the same entity, however, in these instances the care management and direct service components will be under different administrative/supervisory structures.
  – There will be utilization management and quality oversight by the Managed Care Plans for Medicaid services.
  – There are appeal, grievance, fair hearing, and beneficiary complaint processes in place for both Managed Care and Health Home services.
Q & A
HCBS Overview

Presenter: Boris Vilgorin, MPA
Health Homes and Behavioral Health Transition to Managed Care

- All HARP members will be offered Health Home care management services
- It is anticipated that Health Homes will develop person-centered care that integrate physical and behavioral health services and include HCBS services
- The Community Mental Health (CMH) suite of the InterRAI has been customized for NYS and includes:
  - Brief Assessment to determine HARP and HCBS eligibility
  - Full Assessment to identify needs and assist in the development of a care plan including HCBS services
  - It is anticipated that Health Homes will conduct the InterRAI assessments for HCBS eligibility
- The CMH tool has been automated and will be included in the UAS Assessment tool portfolio
Care Management for HARP Members that Want HCBS Services and Decline Health Home Enrollment

- To encourage connectivity and enrollment in the Health Home, the preferred approach is for the Plan to contract with the HH to conduct InterRAI assessment and develop HCBS plan of care
  - HH (or other State designated entity) the Plan contracts with does InterRAI assessments (brief, full, and annual required Assessments for members receiving HCBS services)
  - HH (or other State designated entity) the Plan contracts with does HCBS plan of care, and any required update to HCBS plan of care. Single payment for initial POC and updates to be determined.
  - Plan approves HCBS Plan of Care.
  - Plan of care must be developed in accordance with HCBS Plan of Care requirements
  - Plan monitors implementation of HCBS plan of care in accordance with HCBS and Medicaid Managed Care Model Contract requirements, which includes ensuring the member accesses services included the plan of care; periodic updating of the care plan as a member’s needs change; and arrangement for InterRAI re-assessment at least annually.
  - The MCO must continue to work with the member to encourage Health Home enrollment and must monitor claims and encounter data of the member and look for opportunities (critical times e.g., appearance at emergency room or inpatient hospitalization) when it may make sense to have the Health Home outreach again to the member.
Care Management for HARP Members that Want HCBS Services and Decline Health Home Enrollment

• Community Mental Health Assessment instrument modules are being developed to provide web-based training using the UAS training platform, schedule for availability mid-May
  ○ There are 12 training modules – each module takes about one hour
• Health Homes and others will access training via the UAS and must complete required training modules prior to being able access/use the CMH tool
• Care Managers must have access to HCS to access MAPP
• Care Managers must have their own HCS user account to access the CMH training
Care Management for HARP Members that Want HCBS Services and Decline Health Home Enrollment

- NYSDOH Health Commerce System (HCS) Link
  - [https://commerce.health.state.ny.us/public/hcs_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)
- 1500-CMH-Understanding the UAS-NY Course, once HCS and Role have been established
  - [https://commerce.health.state.ny.us/uasny/moodle/course/view.php?id=117](https://commerce.health.state.ny.us/uasny/moodle/course/view.php?id=117)
Psychiatric Rehabilitation Cluster

- Psychosocial Rehabilitation (PSR)
- Community Psychiatric Support & Treatment (CPST)
- Habilitation
Psychiatric Rehabilitation Cluster

Overview

• Designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their behavioral health condition
• Restore the individual’s functional level to the fullest possible
Habilitation

• Assist participants with a behavioral health diagnosis in acquiring, retaining and improving skills necessary to reside successfully in home and community-based settings.

• Assist participants with developing skills necessary for community living and, if applicable, to continue the process of recovery from an substance use disorder.
Respite/Crisis Cluster

- **Short Term Crisis Respite**
- **Intensive Crisis Respite**
Respite/Crisis Overview

- For individuals experiencing challenges in daily life that create risk for an escalation of symptoms that cannot be managed in the person’s home and community environment without onsite supports including:
  - Experiencing challenges in daily life that create imminent risk for an escalation of symptoms and/or a loss of adult role functioning but who do not pose an imminent risk to the safety of themselves or others
  - A challenging emotional crisis occurs which the individual is unable to manage without intensive assistance and support

- Crisis respite is provided in site-based residential settings. Crisis Respite is not intended as a substitute for permanent housing arrangements.

- Do not need an InterRAI prior to referral or placement
Education and Employment Cluster

- **Education Support Services**
- **Pre-Vocational Services**
- **Transitional Employment Support**
- **Intensive Support Employment (ISE)**
- **Ongoing Supported Employment**
Education and Employment Services

Overview

• Assist individuals who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.

• May consist of adult educational services such as applying for and attending college. Participants authorized for Education Support Services must relate to an employment goal or skill development documented in the service plan.

• Pre-vocational services are time-limited services that prepare a participant for paid or unpaid employment.
• Strengthen the participant’s work record and work skills toward the goal of achieving competitive employment

• Provides learning and work experiences where the individual can develop general, non-job-task-specific strengths and soft skills that contribute to employability.

• These services consist of intensive supports that enable individuals to obtain and keep competitive employment

• Service can be provided after a participant successfully obtains to competitive and integrated employment.

• Ongoing follow-along support available for an indefinite period as needed by the participant.
Family Support and Training (FST)

Definition

• Training and support necessary to facilitate engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.

• Training includes instruction about treatment regimens, elements, recovery support options, recovery concepts, and medication education specified in the Individual Recovery Plan and shall include updates, as necessary, to safely maintain the participant at home and in the community.
Peer Supports
Definition

- Peer-delivered services with a rehabilitation and recovery focus. 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.

- Activities included must be intended to achieve the identified goals or objectives as set forth in the participants individualized recovery plan.

- The structured, scheduled activities provided by this service 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.
Non Medical Transportation

Definition

• Non-medical Transportation services are offered, in addition to any medical transportation furnished under the State Plan.

• Non-medical Transportation services are necessary, to enable participants to gain access to HCBS services.
Links to OMH/OASAS Documents – Manual, Billing Manual and Fee Schedule


• Fee Schedule and Rate Codes: http://www.omh.ny.gov/omhweb/bho/phase2.html
Timeline for HARP Member Letters

• July 25\textsuperscript{th} letters will begin being mailed to the first group of HARP eligible recipients. (approximately 20K)

• August 25\textsuperscript{th} letters will begin being mailed to the second group of HARP eligible recipients. (approximately 20K)

• September 25\textsuperscript{th} letters will begin being mailed to the final group of HARP eligible recipients. (approximately 20K)

• The groupings will be determined by the birth month of the recipient
Thank you for participating!

Please visit http://www.mctac.org/
http://www.ctacny.com/ and to sign up for additional offerings and trainings.
Visit www.mctac.org to view past trainings, sign-up for updates and event announcements, and access resources.