Home & Community Based Services (HCBS) for Adults

Rehabilitation/Habilitation

July 31, 2015
Presenters:

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Paul Margolies, CPI
Managed Care Technical Assistance Center (MCTAC) 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.
Additional HCBS Training Topics

➢ New York State Community Mental Health Assessment

➢ HCBS Eligibility/Workflow

➢ Distinguishing other funded programs vs. HCBS

➢ HCBS Plan of Care
Goal of HCBS Overviews

Provide overview of HCBS Services including:

- Vision
- Definition
- Components
- Business/Billing Rules
- Examples
HCBS 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
  Rehabilitation
    • Prevocational
    • Transitional Employment Support
    • Intensive Employment Support
    • On-going Supported Employment

› Empowerment Services – Peer Supports

› Support Services
  • Family Support and Training
  • Non Medical Transportation

› Self Directed Services Pilot

The Managed Care Technical Assistance Center of New York
## HCBS Designated Providers by Service

**Total Designated Agencies: 171**

<table>
<thead>
<tr>
<th>Service</th>
<th>Agencies</th>
<th>Service</th>
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<tbody>
<tr>
<td>Community Psychiatric Support and Treatment (CPST)</td>
<td>87</td>
<td>Pre-vocational Services</td>
<td>100</td>
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<tr>
<td>Psychosocial Rehabilitation (PSR)</td>
<td>124</td>
<td>Transitional Employment</td>
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<td>Habilitation/Residential Support Services</td>
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<td>Mobile Crisis Intervention</td>
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<td>Intensive Crisis Respite</td>
<td>16</td>
<td>Non-Medical Transportation</td>
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# NYS Allowable Billing Combinations - DRAFT

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<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>
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Community Psychiatric Support and Treatment (CPST)

- Time-limited goal-directed supports and solution-focused interventions

- The following activities are designed to help persons with serious mental illness 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.

- Designed to provide mobile treatment and rehabilitation services to individuals who have difficulty engaging in site-based programs
Components

▶ Assist the individual and family members or other collaterals to identify strategies or treatment options

▶ Provide individual and their family supportive counseling, solution-focused interventions, emotional and behavioral management, and problem behavior analysis with the individual

▶ Facilitate participation in and utilization of strengths based planning and treatments

▶ Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location

▶ Provide ongoing rehabilitation support for individuals pursuing employment, housing, or education goals.

▶ Assist the individual with independent living skills

▶ Implement interventions using evidence-based and best practice techniques
Business/Billing Rules

- **Modality** – face-to-face intervention with the individual, family or other collaterals.

- **Setting**
  - Services must be offered in the setting best suited for desired outcomes, including home or other community-based setting.
  - Off site

- **Admission/Eligibility Criteria**
  - CPST services are intended to help engage individuals with mental health and/or a substance use diagnosis who are unable to receive site-based care or who may benefit from community-based services including those who had only partially benefited from traditional treatment or might benefit from more active involvement of their family in their treatment. In addition, this service is intended for individuals who are being discharged from inpatient units, jail or prisons, and with a history of non-engagement in services, transitioning from crisis services, and for people who have disengaged from care.

- **Limitations/Exclusions**
  - Community treatment for eligible individuals can continue as long as long as medically necessary, within the limits, based on the individual’s needs. The intent of this service is to eventually transfer the care to a place based clinical setting.
  - The total combined hours for CPST and Psychosocial Rehabilitation (PSR) and are limited to no more than a total of **500 hours** in a calendar year.
Business/Billing Rules Continued

› Certification/Provider Qualification
  ▪ Agencies who have experience providing similar services should already have a license to provide treatment services (i.e., Clinics, PROS, Intensive Psychiatric Rehabilitation Treatment (IPRT), Partial Hospitalization, Comprehensive Psychiatric Emergency Programs (CPEP), or currently utilize an evidence based or best practice off-site treatment model using licensed professionals.
  ▪ Licensed staff must provide this service.

› Staffing ratios/case limits
  ▪ Decisions about how to balance caseloads will be left to the provider agencies as they see appropriate to ensuring quality of care and maintaining acceptable performance outcomes.
OMH– CPST Case Example

James is a 45 year old African American man who has been hospitalized over a dozen times in the past 25 years. He has been diagnosed with Bipolar Disorder. He doesn’t like to attend mental health programs and is currently unwilling to attend a clinic for medication and counseling.

However, James is open to the idea of a licensed social worker visiting him and his family at their home. (James currently lives with his sister and her husband.)

Although James is not comfortable with receiving a mental health diagnosis, he does recognize that there are times when his thinking and actions result in problems for him and also for those around him. He wants to deal with this, since when this occurs, he is likely to return to the hospital.

He is now meeting weekly with a social worker at home.

The social worker asked if he would be willing to involve his sister and her husband as supports for his treatment and he agreed. They agreed as well.

James and the social worker are now working on developing a wellness and relapse prevention plan. He is able to identify supports and activities that keep him well and also triggers, thoughts and behaviors that result in problems for him. His sister and her husband are also sharing their observations, which help to round out the picture.

The next step will be for James to put this plan into action.
Psychosocial Rehabilitation (PSR)

› Designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers.

› Activities included must be intended to achieve the identified goals or objectives as set forth in the individual’s Recovery Plan.

› The intent is to restore the individual’s functional level to the fullest possible.
Components

▶ **Independent Living:** Develop and strengthen the individual’s independent community living skills and support community integration

▶ **Social:** Establishing and maintaining friendships and a supportive recovery social network

▶ **Community:** Support the identification and pursuit of personal interests
Components Continued

- **Health:** Develop constructive and comfortable interactions with health-care professionals
  - Relapse Prevention Planning
  - Managing chronic medical conditions, mental health symptoms and medications; establishing good health routines and practices

- **Social Skills:** Engaging with people respectfully, appropriate eye contact, conversation skills, listening skills and advocacy skills

- **Wellness:** meal planning, healthy shopping and meal preparation, nutrition awareness, exercise options

- **Personal care:** grooming, maintaining living environment, managing finances and other independent living skill
Business/Billing Rules

› Modality – face-to-face

› Setting

- Services must be offered in the setting best suited for desired outcomes, including home, or other community-based setting in compliance with Medicaid regulations. The setting may include programs that are peer driven/operated or peer informed and that provide opportunities for drop-in.
- Services may be provided individually or in a group setting and should utilize (with documentation) evidence-based rehabilitation and recovery. The program should utilize all goal-directed individual and group task to meet the goals identified above.
- On or off site.

› Admission/Eligibility Criteria

- An individual must have the desire and willingness to receive rehabilitation and recovery services as part of their individual recovery plan, with the goal of living their lives fully integrated in the community and, if applicable, to learn skills to support long-term recovery from substance use through independent living, social support, and improved social and emotional functioning.

› Limitations/Exclusions

- These services may complement, not duplicate, services aimed at supporting an individual to achieve an employment-related goal in their plan of care. The total combined hours for Psychosocial Rehabilitation and Community Psychiatric Support and Treatment are limited to no more than a total of 500 hours in a calendar year.
Certification/Provider Qualification

- Providers of service may include non-licensed behavioral health staff. Workers who provide PSR services should periodically report to a supervising licensed practitioner on participants’ progress toward the recovery and re-acquisition of skills.

Staffing ratios/case limits

- Staff to Member Ratio: 1:20
- For Group: Maximum 10 Participants
Amy is a 36 year old Caucasian woman who was diagnosed with schizophrenia in her late teens. She’s had numerous short term hospitalizations in local hospitals over the years and was recently discharged after 7 months in a state inpatient facility.

Amy is looking forward to “life in the community”. She’s currently living with her elderly parents in the house where she was raised.

Prior to the onset of her mental illness, she was a popular teenager with a number of friends.

She now feels socially isolated and would like to make new friends. However, she doesn’t feel comfortable doing this.

One goal that she has established in her Recovery Plan is “making new friends”.

She has recently begun to work with a rehabilitation staff member who sees her individually once a week and also leads a social skills group that she attends each week.

In their individual sessions, Amy is focusing on conversation skills, including how to begin and continue conversations with people in her daily life. Her counselor models these skills and Amy practices them in these sessions. She then tries them out during the week and reports back on how well or not so well things went.

The skills training group is another place to practice these skills. All of the group members have goals that would benefit from social skills training and see the connection between attending this group and accomplishing their goals.

Amy’s rehabilitation staff member meets with her supervisor, a licensed psychologist, once a week to review her efforts and Amy’s progress.
22 year old White male with heroin addiction, living with several other roommates.

Previous attempts at recovery unsuccessful when returning home from residential treatment.

Utilizing his recovery coach skills, was able to get JD to begin to talk about his life and struggles. It was the person centered approach of the Recovery Center, which allowed JD to choose his path to recovery.

Group settings were not comfortable for him, he felt one to one counseling would be a better choice. JD was referred to counseling a service provided at the center. JD was also supported by a peer recovery coach, someone he could reach out to in between his sessions which are weekly, or as needed.

As a result of his involvement at the Recovery Center, JD has since returned to his NA group on a regular basis, spent an entire fun filled weekend with his mother in New York, and recently attended a musical concert, with friends.
Habilitation

- Typically provided on a 1:1 basis and are designed to assist participants in acquiring, retaining and improving skills such as
  - Communication and Socialization
  - Self-help
  - Domestic and Self-care
  - Fine and gross motor skills
  - Mobility
  - Personal adjustment
  - Relationship development
  - Use of community resources and adaptive skills

- Assist participants with developing skills necessary for community living. Services include things such as:
  - Instruction in accessing transportation
  - Shopping and performing other necessary activities 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 endure recovery, health, welfare, safety and maximum independence of the participant.
Components

➢ Instruction in accessing and using community resources
➢ Instruction in developing or maintaining financial stability and security
➢ Skill training and hands-on assistance of instrumental activities of daily living
➢ Habilitation/Residential Supports provide onsite modeling, training, and/or supervision to assist the participant in developing maximum independent functioning in community living activities.
➢ Facilitation of family reunification through coordination of family services as applicable and self-advocacy instruction.
➢ Housing preservation and advocacy training
Components Continued

- Assistance with developing strategies and supportive interventions for avoiding the need for more intensive services

- Assistance with increasing social opportunities and developing social support skills that ameliorate life stressors resulting from the participant’s disability and promote health, wellness and recovery.

- Instruction in self-advocacy skills including activities designed to facilitate participants’ ability to access social service systems

- Instruction in developing strategies to manage trauma induced behaviors and/or PTSD as per a Trauma Informed Assessment
Business/Billing Rules

› Modality – face-to-face, individually

› Setting
  ▪ Habilitation Services may be delivered in a home (on-site), or in the community (off-site) and may be provided by the provider of housing services of the individual if that provider is designated for this service.

› Admission/Eligibility Criteria
  ▪ An Individual requires residential support, rehabilitation, and onsite services that may include, but are not limited to: cognition (cognitive skills), functional status (ADL), and recovery-oriented community support.

› Limitations/Exclusions
  ▪ The total combined hours for Habilitation are limited to no more than a total of 250 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.
  ▪ if an individual is receiving PSR and HAB it must be provided by the same provider.
Business/Billing Rules Continued

➢ Certification/Provider Qualification
   ▪ Non-licensed Staff may provide this service.

➢ Staffing ratios/case limits
   ▪ Staff Ration of 1:15 or less.
   ▪ Supervisory ratio: 1:5 (1 supervisor to 5 Direct Care Staff).
OMH—Habilitation Case Example

- Maria is a 28 year old Latina woman who was diagnosed with schizo-affective disorder at age 17. She’s spent many of the past 10 years in hospitals, and was recently discharged from a state facility after spending two years in that hospital.
- In between hospitalizations, she has typically lived with her parents.
- For the first time, she is now living in a community residence that is run by a local non-profit agency.
- Maria is not familiar with the bus system and has never independently used buses in the past.
- Maria has expressed a strong desire to learn how to use the bus system. This will allow her to visit her parents and also attend a recovery center in her town.
- She is now working closely with a staff member to learn how to do this. This staff member began by taking her on bus rides and literally modeling the steps involved. These include finding the bus stop, identifying the stops nearest her parents’ home and the recovery center, and communicating her desire to get off the bus. She is also learning how to identify the cost of each trip and how to prepare her money so that she has exact change when boarding the bus.
- After Maria has observed the staff member completing these tasks, she will begin to do these things one at a time under the guidance and observation of the staff member.
- The plan is for Maria to become fully competent in all of these tasks, without the need for supervision from staff.
OASAS—Habilitation Case Example

› 65 year old Caucasian homeless male living in supportive housing.

› Poly substance use and mental illness and chronic medical condition.

› Hoarder, Lack cooking skills, Money management

› Independent, developing friendships, following relapse prevention plan, avoiding unnecessary hospitalizations due to lack of management of diabetes.
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
# Provider Education & Training

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Timeline</th>
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<tr>
<td><strong>HCBS Services Training</strong>: What workflow looks like both generally and specifically for <strong>HH Administrators, HCBS providers, and MCO’s</strong>.</td>
<td>June 15th 2015, NYC</td>
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<tr>
<td><strong>HCBS Service Webinar Series</strong>: more in depth review of the HCBS services within the clusters for <strong>HH staff, HCBS providers, and MCO’s</strong></td>
<td>July 14-31, 2015</td>
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<tr>
<td><strong>Managed Care 101 Webinar</strong>: <strong>HH Staff</strong></td>
<td>July 6(^{th}) and July 20(^{th}), 2015</td>
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<td><strong>Contracting Web Series</strong>: interactive training series with Adam Falcone for <strong>OMH &amp; OASAS Providers</strong></td>
<td>Mid June-end of July</td>
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<td><strong>Plan Billing Training</strong>: Working with Plans to provide training on clean bill and claim submission for <strong>OMH &amp; OASAS Providers</strong></td>
<td>August 7(^{th}), 2015, NYC</td>
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<tr>
<td><strong>HCBS Plan of Care Training</strong>: Will be for <strong>HH staff</strong></td>
<td>Tentatively Planned for September 2015</td>
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# HCBS Follow-up Services Training

*All slides and recorded webinars can be found at MCTAC.org*

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<th>HCBS Service Cluster</th>
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<tr>
<td>Peer Supports</td>
<td>July 14, 2015</td>
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<tr>
<td>Family Support and Training</td>
<td>July 17, 2015</td>
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<tr>
<td><strong>Employment/Education:</strong> Education Support Services, Pre-Vocational, Transitional, Intensive Support Employment</td>
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<td>Non-Medical Transpiration</td>
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<td><strong>Respite/Crisis:</strong> Short Term Crisis Respite, Intensive Crisis Respite</td>
<td>July 29, 2015</td>
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<td><strong>Psychiatric Rehab:</strong> CPST, PSR, and Habilitation</td>
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Integrated Managed Care Billing Guidance Training
August 7th, New York City

AUDIENCE: All NYC adult mental health, substance use, and HCBS providers should attend this training. It is also open to Managed Care Organizations, behavioral health electronic health records and clearing houses.

- This training is specifically designed for agency finance, revenue cycle and billing staff. (*Please note: this training will not address hospital-based inpatient services) Please limit registration to no more than 3 people per agency.

Two **identical but separate training times** will be offered:
- a morning session from **9am-12pm**
- an afternoon session from **1-4 pm**.

**Location:**
- Both will take place at the NYU Kimmel Center, Eisner and Lubin Auditorium (4th Floor), 60 Washington Square South, New York, NY 10010.

This three-hour training will cover:
- A field-by-field discussion and instructions on how to complete the UB-04 billing form
- Billing guidance for clean claim submission
- Timely Technical Assistance for Billing

Please register for one of the sessions at MCTAC.org.
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.

The Managed Care Technical Assistance Center
EFFICIENT PRACTICES. EFFICIENT CARE.

WHAT WE DO PROVIDER READINESS GET THE RIGHT TOOLS LEARNING COMMUNITIES EVENTS NEWS

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 >

Missed the Kick-off Series?
View a video recording from the Albany presentation.

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@CTACNY

The Managed Care Technical Assistance Center of New York